Form 990

Return of Organization Exempt From Income Tax

2018

Department of the Treasury

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.

Open to Public

| Interna | al Reven | lue Service | ► Go to V | vww.irs.gov/Form990 to | or instructions | and the latest int | ormation | <u>!</u> | | Inspection |
|--------------------------------|-------------|---|---------------------------------------|-------------------------------------|-----------------------|-----------------------|---------------------------------------|--|------------|-----------------------------|
| <u> </u> | or the | 2018 calend | ar year, or tax year begir | nning | | , 2018, and e | nding | | | , 20 |
| B (| Check if | applicable | C Name of organization Hope | Plaza, Inc., | | | | | آ ہ | Employer Identification no. |
|] / | Address (| change | Doing business as | • | | | | | 23 | -2326694 |
|] , | Name ch | ange | Number and street (or P O bo | x if mail is not delivered to stree | t address) | | Room/su | nte | ε . | Telephone number |
|] | nıtıal retu | um | 2001 West Lehi | gh Avenue | | | Ш | | (2 | 15)226-7600 |
| F | Final retu | urn/terminated | City or town, state or province | , country, and ZIP or foreign pos | tal code | | | | G | Gross receipts |
| 7 / | mended | d return | Philadelphia, | PA 19132 | | _ | | | 1 , | 916,548 |
|] / | oplication | on pending | F Name and address of principal | | | -// | H(a) 15 | s this a group retu | ım for sub | - Fa |
| | | | | | | ϵ | / | re all subordir | | |
| 1 | ax-exen | npt status | 501(c)(3) 501(c) (|) ◀ (insert no) | 47(a)(1) or | 527 | | | | (see instructions) |
| | Vebsite: | | | 0 | | | H(c) | Group exemp | | |
| | | | Corporation Trust Ass | ociation Other ► | ··· | L Year of formation: | L984 | M State of | | |
| Pa | | Summar | | Oddaoi: Oddao | | L TOUT OF TOTAL CONT. | -504 | I III OIGIC OI | icgai co | |
| | 1 | | be the organization's miss | ion or most significant ac | tivities. The | organizatio | n was | created | l to | bring |
| | 1. | = | empowerment into | = | | | | | - | |
| 9 | | | inorities and dis | | | | | | | |
| ם | | | | advantaged Citi | Zens Lind | ODS, CLAIRI | ng, an | d prace | ment | In the |
| ě | | Charlethia | ' | - december and its assessment | and or dispensed. | of more than OFS/ | of its mot | | | |
| Activities & Governance | 2 | | ox ► if the organization | | | oi more than 25% | OI ILS MEC | 1 | <u>, </u> | 4.5 |
| 9 | 3 | | oting members of the gove | • • • • | • | | | · · · · ⊢ | 3 | 13 |
| ies | 4 | | ndependent voting member | | | • • • • • • • | • • • • | · · · · ⊢ | 4 | |
| ₹ | 5 | | r of individuals employed in | • | irt V, line 2a) | • • • • • • • • • | • • • • | · · · · ⊢ | 5 | 4 |
| PG | 6 | | r of volunteers (estimate if | | | | • • • • | · · · · - | 6 | 8 |
| | 7a | | ed business revenue from | | | | | <u> </u> | 7a | 0 |
| | <u> Ь</u> | Net unrelate | d business taxable income | from Form 990-T, line 3 | <u> </u> | | • • • • • | • • • • ' | 7b | 0 |
| | - | | | | | <u> </u> | Pr | lor Year | _ | Current Year |
| _ | 8 | Contributions | and grants (Part VIII, line | 1h) | | | | | | 0 |
| Revenue | 9 | Program ser | vice revenue (Part VIII, line | e 2g) | | | | 745,7 | 792 | 915,886 |
| | 10 | Investment in | ncome (Part VIII, column (/ | A), lines 3, 4, and 7d) . | | | | | | 662 |
| æ | 11 | | ie (Part VIII, column (A), lir | | | | | | | 0 |
| | 1 <u>2</u> | Total revenue | e - add lines 8 through 11 (| must equal Part VIII, colu | WENT (AT) (AT) | | | 745,7 | 792 | 916,548 |
| | 13 | Grants and s | imilar amounts paid (Part | IX, column (6) lines 1-3) | | 7 | | | | 0 |
| | 14 | Benefits paid | | | 0 | | | | | |
| | 15 | Salaries, oth | 125,0 |)52 | 121,234 | | | | | |
| Expenses | 16a | Professional | fundraising fees (Part IX.) | column (A) line 11e) | | J.][| | | | 0 |
| Æ | Ь | Total fundras | sing expenses (Part IX, co | lumn (D), line 25) | RECEIV | 0 | | | | |
| 찚 | 17 | | ses (Part IX, column (A), lii | | | | | 865,9 | 96 | 981,545 |
| | 18 | • | es. Add lines 13-17 (must | • |). line 25) | | | 991,0 | | 1,102,779 |
| | 19 | • | s expenses. Subtract line | | · · | | | (245,2 | | (186,231) |
| - 8 | | | | <u> </u> | | | Reginging | of Current Ye | | End of Year |
| Net Assets or Fund Balances | 20 | Total assets | (Part X, line 16) | | | <u> </u> | | 1,436,0 | | 1,487,240 |
| Asse | 21 | | • • • | | | - | | 1,795,2 | | 2,032,686 |
| 25 | 22 | | r fund balances. Subtract | | | | | (359,2 | | |
| Pai | | Signatu | | into 21 tion into 20 | • • • • • • • • • | ••••• | - | (333,2 | 113// | (545,446) |
| | | | sare that I have examined this retu | m. including accompanying sche | edules and statements | and to the best of my | knowledge a | nd belief it is | | |
| | | | daration of preparer (other than off | | | | | | | |
| | | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | 1 ather /1 | adda: | | | | | | |
| Sign | 1 | Signatur | e of officer | ou ask | | | | | Date | |
| | | CIM | actho 1 | Addison. | THE OF THE | | | , | <u> </u> | - 29-2019 |
| Her | E | #Wina and | onnt name and title | (ausvil) | 18casur | U | | | /U | 17-W17 |
| | | <u> </u> | | <u> </u> | | Data | · · · · · · · · · · · · · · · · · · · | | | |
| | | Print/Type pre | • | Preparer's signature | 3 Freevan | Date | 0 | heck r | | |
| Paid | | | Freeman | Novai! | > Treeman | 10-27-2019 | | elf-employed | | 201583352 |
| - | parer | | · · · · · · · · · · · · · · · · · · · | & Bonnema PLLC | | | Firm's Ell | <u>v </u> | | |
| Jse | Only | , , | P.O. BON | : 514 | | | Phone no |) | | |
| | | 19 | Circle P | ines MN 55014 | | | <u></u> | 541 | -610 | -9338 |
| | | | return with the preparer sh | | tions) | | | · · · · · | | . 🗌 Yes 🔀 No |
| ~ D | anor | ork Doduction | on Act Aletine, see the se | noroto instructions | | | | 4 | | F 800 (0040) |

| Form | n 990 (2018) Hope Plaza, Inc., 23-2326694 Page |
|------|--|
| | rt 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 |
| | The organization was created to bring economic empowerment into North Philadelphia to give |
| | hope to the community in order to assist minorities and disadvantaged citizens find jobs, |
| | training, and placement in the community. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? |
| | If "Yes," describe these changes on Schedule O. |
| 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 \$ 1,079,344 including grants of \$) (Revenue \$ 915,886) |
| | Continued to operate a commercial retail center offering ground and building leases which |
| | stimulates employment, management and ownership opportunities for minority and disadvantaged |
| | residents in the area, which meets a critical need of the residents in an economically |
| | blighted section of Philadelphia. |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ 1,079,344 |
| EEA | Form 990 (201 |

A1750

94 Page 3

|Part||V| Checklist of Required Schedules

| | | | Yes | No_ |
|------|--|--------------|-------------------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| _ | complete Schedule A | 1 | Х | 7.5 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | 32 |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 4 | | х |
| 5 | election in effect during the tax year? If "Yes," complete Schedule C, Part II | - | | Λ |
| 3 | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | - | | |
| ٠ | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | <u> </u> | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| ē | | | | |
| | complete Schedule D, Part VI | 11a | X | |
| t | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more | | | 37 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more | 44. | 1 | v |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | - [| X |
| - | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | $\overline{\mathbf{x}}$ | |
| f | | 116 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | | | | |
| | Schedule D, Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | · | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | _ [| | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | i | 7.5 |
| 16 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 46 | | v |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | -+ | <u> </u> |
| 17 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| - | If "Yes," complete Schedule G, Part III | 19 | - 1 | X |
| 20 a | | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 1 | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| | | | | |

| | | | Yes | No |
|------|---|-------|-------------------------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | • | | } |
| | employees? If "Yes," complete Schedule J | _23_ | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | i | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| þ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05- | | v |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | 056 | | v |
| 00 | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 20 | | ^ |
| 21 | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | - 22 |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| - | Schedule L, Part IV | 28b | | х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| _ | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | · | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| þ | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| D | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | • • • | · · · · | ليا |
| 4.5 | Enterthe annihamment of the Day 2 of Farm 4000 Fator 0 of not annihal | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | - | $\overline{\mathbf{x}}$ | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 000 (| 2046 |

| Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A tray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a barik account, securities account, or other financial accounts? 4a If "Yes," than if filed a Form 990-T for this year? If "No! to line 3b, provide an explanation in Schedule 0 3b If "Yes," then the name of the foreign country 5e If "Yes," then the name of the foreign country 5e If "Yes the print the name of the foreign country 5e If Yes the print the name of the foreign country 5e If Yes to line 5 and 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5 and 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," do the organization related with every solicitation an express statement that such contributions or gifts were not tax deductible with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 7d If "Yes," do the organization receive a payment in excess of \$75 made party as a contribution and partyly for goods and services provided to the payor? 7d If "Yes," do the organization shall be done or devised the organization fore form 8282? 7e Did the organization shall be contribution of qualified inf | | 990 (2018) Hope Plaza, Inc., 23-2326 | 694 | F | Page |
|---|------|--|--------------|-----------------|----------|
| 2a Enter the number of emptoyees reported on Form W.3, Transmitted of Wage and Tax Statements, Liefe of the Scaledard year ending with or within the year overed by this return b If at least one is reported on line 2a, did the organization file all required federal emptoyment tax returns? 3b Out the organization have unisated business gross concised \$1,000 on orne duming the year? 3c Out the organization have unisated business gross concised \$1,000 on orne duming the year? 3c Out the organization have unisated business gross concised \$1,000 on orne duming the year? 3c A Aray time duming the calendary year, did the organization frieval in interest in, or all signature or other authority over, a harancul allocount in a foreign country (such as a bark account, securbes account, or other financial account)? 4c A real year for the name of the fereign country 5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization apartly to a prohibited tax shelfer transaction at any time duming the tax year? 5c Very the country of the organization that it was or is a partly to a prohibited tax shelfer transaction? 5c Very the country of the organization that it was or is a partly to a prohibited tax shelfer transaction? 5c Very the country of the organization have a financial protection of the organization and the organization of the organization and the organization will be organization and the organ | Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| Sistements, lived for the calendary year enting with or within the year covered by this return 1 20 X Note, if the sum of lines 14 and 28 is greater than 250, you may be required to e-fife (see instructions) 2 30 Lived the sum of lines 14 and 28 is greater than 250, you may be required to e-fife (see instructions) 3 30 Lived the sum of lines 14 and 28 is greater than 250, you may be required to e-fife (see instructions) 3 30 Lived 15 L | | | | Yes | No |
| b It al least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines is and 2a in greater than 250, you may be required to #like em instructions) Description of the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it fixed a Form 990-T for the year? If "Yo" to line 3b, provide an explanation in Schedule 0 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account) account any other financial accounts (FBAR). 5a If "Yes," that if fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have for a profibeted six shelter transaction of the profit of the year? 5b Was the organization have arround gross receipts that are normally greater than \$100,000, and did the organization the foreign 896-T? 6c Does the organization have arround gross receipts that are normally greater than \$100,000, and did the organization the foreign 896-T? 6c Does the organization have arround gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable accordinate contributions or gifts were not tax deductable accordinate to the payor? 7c Organizations that may receive deductable contributions under section 170(c). 8d Did the organization network and secsion \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If Yes," did the organization network deductable contributions under section of the year organization and partly with the payor accordance or the year of the goods or services provided? 7b Did the organization selected and year pay premium with a contribution and partly for goods and services provided to the payor? 8c Did the organization selecte | 2a | | | | |
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| a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational instrution subject to the section 4968 excise tax on net investment income? 16 X | 9 | | — | | |
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| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | , , , , | | | |
| Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tarning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | 1 | | |
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| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | · · · · · · · · · · · · · · · · · · · | 12a | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X If "Yes," see instructions and file Form 4720, Schedule N. | ь | | | , | |
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| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X | а | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X | | | | | |
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| c Enter the amount of reserves on hand | | 1 1 | ļ, | ء . د | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X | С | | 1 | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X | 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year | | | | | |
| excess parachute payment(s) during the year | | | | | |
| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | 15 | | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | | | |
| | 16 | | 16 | | X |
| | | · | | | |

| Form | n 990 (2018) Hope Plaza, Inc., 23-232 | 5694 | F | age 6 |
|----------|---|-------------|--------------|----------|
| Pa | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for | ra "No" | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi | ons. | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | | . 🛛 |
| Sec | ction A. Governing Body and Management | | | |
| | | <u></u> | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 1: | <u> </u> | • | 1 |
| | If there are material differences in voting rights among members of the governing body, or | ł | 1 | |
| | If the governing body delegated broad authority to an executive committee or similar | 1 | | |
| | committee, explain in Schedule O. | 1 | | 1 |
| b | Enter the number of voting members included in line 1a, above, who are independent | <u> </u> | ļ | l |
| 2 | 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? | · 2 | ļ | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 1 _ | 1 | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | . 3 | ļ | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | . 4 | ļ | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | . 5 | ļ | X |
| 6 | Did the organization have members or stockholders? | . 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | _ | | ٦, |
| | one or more members of the governing body? | . 7a | | X |
| Þ | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 1_ | | ., |
| _ | stockholders, or persons other than the governing body? | · 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 1 | | } |
| | the year by the following: | | | |
| a | The governing body? | . 8a | X | - |
| Þ | Each committee with authority to act on behalf of the governing body? | . <u>8b</u> | X | ├ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | . 9 | | v |
| 500 | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | . 9 | l | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | - | V | |
| 100 | Dud the organization have local chanters branches or affiliates? | . 10a | Yes | No X |
| 10a b | Did the organization have local chapters, branches, or affiliates? | · 10a | - | <u> </u> |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | . 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | . 11a | х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | . | 1 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | . 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | 1 |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | . | | |
| · | describe in Schedule O how this was done | . 12c | | |
| 13 | Did the organization have a written whistleblower policy? | . 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | . 14 | | X |
| 15 | 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? | | | · |
| а | The organization's CEO, Executive Director, or top management official | . 15a | | X |
| b | Other officers or key employees of the organization | . 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | , |
| | with a taxable entity during the year? | . 16a | | Х |
| 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? | . 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed Pennsylvania | | | |
| 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 Don 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: | | | |
| | Martha Addison (215)226-7600, 2001 West Lehigh Avenue, Philadelphia, PA 19132 | | | |

| n 990 (2018) | Hope Plaza, Inc., | 23-2326694 | Page 7 |
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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 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Crieck this box in Heither the organization flor any relate | u organizatio | Tony | <i>y</i> G 13 | aicu | ally | Cuite | 111.01 | ilicer, director, or ti | 1 | |
|---|-------------------|---|-------------------|----------|-----------------|------------------------------|----------|---------------------------------------|---|-----------------------|
| | 1 | (C) | | | | | | | | |
| (A) | (B) | | Position | | | | (D) | (E) | (F) | |
| Name and Title | Average | (do not check more than one box, unless person is both an | | | | | | Reportable | Reportable | Estimated |
| Than a do This | hours per | 1 | | | | /trustee) | | compensation | compensation from | amount of |
| | week (list any | | | | | | | from | related | other |
| | hours for related | 9 5 | 5 | g | \$ | 8 1 | 7 | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | organizations | Individual trustee or director | nstitutional trus | Officer | Key employee | ghes | me me | (W-2/1099-MISC) | (** = ********************************* | organization |
| | below dotted | ctor | ona | | npio | 8 8 | | | | and related |
| | line) | uste | 12. | | /66 | npe | | | | organizations |
| | | ě | itee | | | Highest compensated employee | | | | |
| | | | | | | 8 | | | | |
| | | | | | | | | | | |
| (1) Martha Addison | 10.00 | | | | | | | | | |
| Treasurer | 40.00 | Х | | X | | | | | 56,700 | 0 |
| (2) Stanley Hill | 10.00 | | | | | | | | | |
| Board Member | | X | _ | | | | | | 0 | 0 |
| (3) Glen Spaulding, Pastor | 10.00 | | | | | | | |] | |
| President | 40.00 | X | | X | | | | | 208,481 | 0 |
| (4) Carl Rivers | 10.00 | | | | | | İ | | | |
| Board Member | | X | | | | | | | 0 | 0 |
| (5) William Bond | 10.00 | | | ļ | | | | | | |
| Board Member | | X | | | | | | (| 0 | 0 |
| (6) Darnell Turner | 10.00 | | | i | İ | | | | | |
| Board Member | | X | | | | | | (| 0 | 0 |
| (7) Marc McCoy, Rev | 10.00 | | | | | | | | | |
| Board Member | [| Х | | | | | | (| o | 0 |
| (8) Fannita Whitt | 10.00 | | | | | | | | | |
| Board Secretary | 25.00 | х | | X | | | | (| 28,600 | 0 |
| (9) Stephen McQueen, Pastor | 10.00 | | | | | | | 2 | | |
| Board Member | 25.00 | $ \mathbf{x} $ | | | İ | | | C | 42,710 | o |
| (10)Therlow Paulin II, Pastor | 10.00 | | | | $\neg \uparrow$ | | | | | |
| Vice President | 25.00 | x | | X | | ļ | | C | 42,753 | 0 |
| (11)Larry Richardson, Rev | 10.00 | | | | | | \neg | | | |
| Board Member | | x | | | ļ | | | C | ٥ | o |
| (12)Thomasina Cornish | 10.00 | | | | | | | | <u> </u> | |
| Board Member | | $ \mathbf{x} $ | | | | | | C | 0 | 0 |
| (13)Jeffery Lowenthal | 10.00 | | | \neg | | | \neg | | | |
| Board Member | | x | | | | | - | c | o | 0 |
| (14) | | | \neg | \dashv | | | | · · · · · · · · · · · · · · · · · · · | | - |
| | - | | | | | | | | | |
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| 1 41 | WII Section A. Officers, Directors, Trustees | , Key Linpic | yees, | anu | ing | 1166 | St COII | ibei | saled Limployee | (continued) | | | |
|--|--|--|-------------|-----------------------|---------|------------------|---------------------------------|----------|---------------------------------------|--|-------------------------------|---|----------------|
| | Name and title | | box, | unless er and | pers | ition ore th | nan one both an (trustee) | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | | - |
| | | week (list any hours for related organizations below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | organizations (W-2/1099-MISC) | or | mpensati from the ganization nd relate ganization | e on ed |
| <u>(15)</u> | | | ļ | | | | | | | | ļ | | •• |
| <u>(16)</u> | | | | | | | | | | | | | |
| (17)_ | | | | | | | : | | | - | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21)_ | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24)_ | | | | | | | | | | | | | |
| (25)_ | | | | | | | | | | | | | |
| 1b | Sub-total | | | | | | | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | | 0 | 379,244 | | | 0 |
| 2 | Total number of individuals (including but not limited | | | | | | | nore | than \$100,000 of | | | | , , |
| | reportable compensation from the organization - | | | | | | | | | 0 | | , | · · · · |
| _ | | | | | | | | _ | | | | Yes | No |
| 3 | Did the organization list any former officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i> | | - | | - | | _ | | • | | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of rep | | | | | | | | | • • • • • • • | - | | |
| | organization and related organizations greater than | | | | | | - | | | | | | |
| | ındıvidual | | | | | | | | | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or accrue or | • | | • | | | _ | | | | | | |
| Socti | for services rendered to the organization? If "Yes," | complete So | hedul | e J fe | or st | ıch _i | persor | <u> </u> | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 5 | | X |
| 1 | on B. Independent Contractors Complete this table for your five highest compensate | d independer | nt contr | racto | rs th | nat re | eceive | d mo | ore than \$100,000 | of | | | |
| | compensation from the organization Report comper year. | nsation for the | calen | ndar | year | enc | ding wi | th or | within the organiz | ation's tax | | | |
| | (A) (B) | | | | | | | | | (C) | | | |
| Name and business address Description of services Co | | | | | | | | | Comp | pensatio | ח | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | . | | | | | | | | | | | |
| 2 | Total number of independent contractors (including | hut not limite | d to th | nse i | lictor | l ah | ove) 14 | ho. | | | - | | |
| ~ | received more than \$100,000 of compensation from | | | | 1315 | . au | ∪+c) W | | | | | | |

| | | Check if Schedule O contains | a response | e or no | ote to any line in th | s Part VIII | <u></u> | <u> </u> | <u> [</u> |
|------------------------------------|----------|--|---------------|---------|-----------------------|---|--|---|---|
| | | • | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a | Federated campaigns | | 1a | | | | | |
| Giffs, Grants illar Amoun's | Ь. | | | 1b | | † - | ± , | ,, | |
| ខ្មុ | C | Fundralsing events | | 1c | | | | | |
| īfs, | d | | | 1d | | ۱۰ " | | | |
| 2 E | e | | | 1e | | 1 | | | |
| Sis | | All other contributions, gifts, gra | | 10 | | 1 | | 1 | Į |
| E E | ' | and similar amounts not include | | 1f | | | | | |
| Contributions, (and Other Simi | _ | Noncash contributions included | | | <u> </u> | 1 ' 1 | | | , , , , |
| ೮ ≝ | 9 | | | | | | * * N | -1 1 22 | 44 / 1 K) |
| | h | Total. Add lines 1a-1f | •••• | • • • • | | | | 751 45 ° O * | 1 2 1 1 1 1 1 1 1 |
| 9 | | | | | Business Code | | | | |
| E E | | | | | 531120 | 915,886 | 915,886 | · · · · · · · · · · · · · · · · · · · | |
| ě | þ | | | | | | | | |
| Program Service Revenue | C | | | | | | | | |
| | d | | | | | | | | |
| | е | | | | | | | | |
| go d | L | All other program service revenu | | | | | | | |
| | 9 | Total. Add lines 2a-2f | | • • • | | 915,886 | | ٠,٠ | the same of the |
| | 3 | Investment income (including dividend other similar amounts) | | | | 662 | 662 | | |
| | 4 | Income from investment of tax-ex | empt bond | proce | eds▶ | | | | |
| | 5 | Royalties | | | | | • | | |
| | | | (ı) Real | | (ii) Personal | | | | |
| | 6a | Gross rents | | | | 1 | | | |
| | Ь | Less: rental expenses | | | | | , | • | - |
| | 1 | Rental income or (loss) | | | | 1 | | | |
| | | Net rental income or (loss) | | | | | | | |
| | 1 | Gross amount from sales of | (i) Secuntie | | (II) Other | | | | |
| | | assets other than inventory | (// 000011111 | - | | | 1 | | . , |
| | b | Less. cost or other basis and sales expenses | | | | | | - . | |
| | C | Gain or (loss) | | | | | | | - |
| | d | Net gain or (loss) | | | | | | | |
| enua | 8a | Gross income from fundraising | | | | | | | |
| Ę | | events (not including \$ | | | | | ; | | • |
| Other Rev | ļ | of contributions reported on line | lc) | _ | | | | " | |
| ě | | See Part IV, line 18 | | . а | | | | | |
| ₿ | ь | Less direct expenses | | . ь | |] | | | |
| | | Net income or (loss) from fundral | | | | | | | |
| | 1 | Gross income from garning activi | - | | | | | | |
| | | See Part IV, line 19 | | . а | • | | | | |
| | ь | Less. direct expenses | | | | 1 | | | |
| | 1 | Net income or (loss) from gaming | | | | | | | |
| | [| Gross sales of inventory, less | , | | | | | | |
| | | returns and allowances | . | . а | | | | | |
| | b | Less: cost of goods sold | | . ь | | , | | | |
| | 1 | Net income or (loss) from sales of | | | | | | | |
| | | Miscellaneous Revenue | - | | Business Code | | | | |
| | 11a | | | | | | | * | |
| | b | | | | | | | | |
| | С | | | _ | | | | | - |
| | | All other revenue | | | ·· · · · | | | | |
| | - | Total. Add lines 11a-11d | | | | | | | |
| | | Total revenue. See instructions | | | | 916,548 | 916,548 | a | |
| | <u> </u> | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 720,740 | | |

Part IX | Statement of Functional Expenses

| Sec | tion 501(c)(3) and 501(c)(4) organizations must complete all c | | nızations must comple | te column (A). | |
|--------|--|-----------------------|------------------------|---|--------------------|
| | Check if Schedule O contains a response or note to | | | | |
| | not include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| | 9b, and 10b of Part VIII. | | expenses | general expenses | 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 | | | | 92 3 7 |
| | 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 | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 101 001 | 404 404 | | |
| 7 | Other salaries and wages | 121,234 | 121,234 | <u> </u> | |
| 8 | Pension plan accruals and contributions (include | | | | |
| ^ | section 401(k) and 403(b) employer contributions) | | ····· | · · · · · · · · · · · · · · · · · · | <u> </u> |
| 9 | Other employee benefits | | | | <u></u> |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): Management | 20.000 | 20.000 | | |
| a | | 30,000 | 30,000 | | |
| b | Legal | 52,411 9,222 | 52,411 | 9,222 | |
| c d | Lobbying | 9,222 | | 9,466 | |
| 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 | | | <u> </u> | |
| 9 | (A) amount, list line 11g expenses on Schedule O) | 8,395 | 8,395 | | |
| 12 | Advertising and promotion | 0,333 | 0,333 | | |
| 13 | Office expenses | 423 | | 423 | |
| 14 | Information technology | 423 | • | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 663,396 | 663,396 | | |
| 17 | Travel | | 000,000 | | l |
| 8 | Payments of travel or entertainment expenses | | | - · · · · · · · · · · · · · · · · · · · | |
| _ | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 58,064 | 58,064 | | |
| 23 | Insurance | 74,329 | 74,329 | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | u .a, . | | | , , |
| | line 24e amount exceeds 10% of line 25, column | | . 20 | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | , <u>s</u> |
| а | Leasing Commissions | 71,360 | 71,360 | | |
| b | Sales Tax on Services | 9,692 | | 9,692 | |
| c | Miscellaneous | 155 | 155 | | |
| d | Service charges | 4,098 | | 4,098 | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e . | 1,102,779 | 1,079,344 | 23,435 | 0 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation Check here 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) Beginning of year | | (B) End of year |
| | 1, | Cash - non-interest-bearing | 71,681 | 1 | 28,964 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 17,632 | 4 | 13,870 |
| | 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 | | | |
| | | sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| | | organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| us I | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a 5, 234, 022 | (19) - AL +11 - A 17. | 424 | ية، إن ويقيز خويد⊒ي − نف. |
| | b | Less accumulated depreciation 10b 3,789,616 | 1,346,738 | 10c | 1,444,406 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,436,051 | 16 | 1,487,240 |
| | 17 | Accounts payable and accrued expenses | 41,434 | 17 | 12,423 |
| | 18 | Grants payable | | 18 | |
| 1 | 19 | Deferred revenue | 31,688 | 19 | 27,245 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
|] | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | · · · · · · · · · · · · · · · · · · · | 21 | ······································ |
| Se les | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | <u></u> | |
| | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | <u> </u> |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 1 | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| l | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| ŀ | | of Schedule D | 1,722,144 | 25 | 1,993,018 |
| | _26_ | Total liabilities. Add lines 17 through 25 | 1,795,266 | 26 | 2,032,686 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and complete lines 27 through 29, and lines 33 and 34. | | | 1 |
| Sec | 27 | · · · · · · · · · · · · · · · · · · · | (350 315) | 27 | |
| lan l | 27 | Unrestricted net assets | (359,215) | 27 | (545,446) |
| 8 | 28 29 | Temporarily restricted net assets | | 28 29 | |
| | 29 | Organizations that do not follow SFAS 117 (ASC 958), check here | | 25 | matadaria pi jan A i a |
| Ē | | complete lines 30 through 34. | | " | |
|) g | 30 | Capital stock or trust principal, or current funds | | 30 | |
| 38 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ž | 33 | Total net assets or fund balances | (359,215) | 33 | (545,446) |
| ł | 34 | Total liabilities and net assets/fund balances | 1,436,051 | 34 | 1,487,240 |
| | | | | | |

| Form | n 990 (2018) Hope Plaza, Inc., | <u>23-232669</u> |) 4 | <u>Р</u> | age 12 |
|------|---|------------------|----------------|----------|--------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | · · · · · · · | <u></u> | | - 🗆 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | . 1 | | 916, | 548 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | 1, | 102, | 779 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | . 3 | (| 186, | 231) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | . 4 | (| 359, | 215) |
| 5 | Net unrealized gains (losses) on investments | | | | |
| 6 | Donated services and use of facilities | . 6 | | | |
| 7 | Investment expenses | . 7 | | | |
| 8 | Prior period adjustments | . 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | . 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | . 10 | (| 545, | 446) |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | . | | \Box |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | 1 4 9 |
| | Schedule O. | | <u> </u> | | لتا |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | Ţ. | |
| | reviewed on a separate basis, consolidated basis, or both: | | | ļ., | پ د |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | , | - |
| b | Were the organization's financial statements audited by an independent accountant? | | _2b | X | L |
| | 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: | | | ١. | ١. |
| | Separate basis Consolidated basis Both consolidated and separate basis | | į | | |
| С | 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? | | 2c | <u> </u> | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | 4 |
| | Schedule O. | | 1 | #. | , |
| 3a | 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? | | 3a | | X |
| 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 | | 3b | L | |
| EEA | | | Form | 990 (| 2018) |

SCHEDULE A

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.

2018 Open to Public

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer Identification number

Hope Plaza, Inc. 23-2326694 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) П 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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: X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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, 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 II, Type III, T functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Page 2

<u>23,/2326694</u>

| | (Complete only if you check Part III. If the organization f | | | | | | y under |
|-------|--|---------------------------------------|-----------------|-------------|---------------------|---------------------|-----------|
| | tion A. Public Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | · · · · · · · · · · · · · · · · · · · | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | - | | / | | | |
| 5 | The portion of total contributions by | | 1 | , | | | |
| | 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 | | 1 | | | | |
| Sec | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | | | | <u> </u> | | |
| 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. (s | ee instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop here | | | | | | ▶□ |
| Sec | tion C. Computation of Public Su | pport Percent | age | | | | |
| 14 | Public support percentage for 2018 (line 6, c | ` ' | , , | ** | | | % |
| 15 | Public support percentage from 2017 Sched | | | | | <u> </u> | <u>%</u> |
| 16a | 33 1/3% support test - 2018. If the organiz | | | | | | _ |
| | box and stop here. The organization qualif | | | | | | ▶ ∐ |
| b | 33 1/3% support test - 2017. If the organiz | | | | | | _ |
| | this box and stop here. The organization q | • | | | | | ▶ ⊔ |
| 17a | 10%-facts-and-circumstances test - 2018 | • | | · · | | | |
| | 10% or more, and if the organization meets | | = | | • | | |
| | Part VI how the organization meets the "fact | | - | | s a publicly suppor | ted | _ |
| | organization | | | | | | ▶ ⊔ |
| D | 10%-facts-and-circumstances test - 2017 | - | | | | o line | |
| | 15 is 10% or more, and if the organization r | | | | - | anh. | |
| | Explain in Part VI how the organization mee | | | _ | • | ciy | . m |
| 10 | supported of garlization | | | | | | ▶ ⊔ |
| 18 | , | | | | | | . □ |
| | instructions | · · · · · · · · | <u> </u> | | | · · · · · · · · · · | <u> </u> |

23-2326694

(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.) |
|--------------------------------------|-------------------------------|---------------------------|
| ii gio organizanon lano lo quam | | |

| Se | ction A. Public Support | | | | | | |
|------------|--|----------------------|--|---------------------|-----------------------|---------------------------------------|-----------|
| Cal | endar year (or fiscal year beginning in) > | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,333,332 | 1,411,741 | 706,809 | 745,792 | 915,886 | 5,113,560 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 . | | : | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | : | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 1,333,332 | 1,411,741 | 706,809 | 745,792 | 915,886 | 5,113,560 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | ar rando estado 4 em | Name and the second of the sec | வர் செல்ல வெறும் | 9 g - 4 4 4 5 5 5 4 1 | يتراجي والمواجع المراجع | 5,113,560 |
| Se | ction B. Total Support | | | | | | |
| Cald | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | 1,333,332 | 1,411,741 | 706,809 | 745,792 | 915,886 | 5,113,560 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 3,121 | 1,188 | | | 662 | 4,971 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 3,121 | 1,188 | | | 662 | 4,971 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 1,336,453 | 1,412,929 | 706,809 | 745,792 | 916,548 | 5,118,531 |
| 14 | First five years. If the Form 990 is for the or organization, check this box and stop here. | | | | | | |
| Se | ction C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2018 (line 8, co | | |) | | 15 | 99.90 % |
| 16 | Public support percentage from 2017 Schedu | | | | <u></u> | 16 | 99.95 % |
| <u>Se</u> | ction D. Computation of Investmen | | | | | · · · · · · · · · · · · · · · · · · · | |
| 17 | Investment income percentage for 2018 (line | | = | | | 17 | 0.00 % |
| 18 | Investment income percentage from 2017 Sc | | | | | 18 | 0.00 % |
| 19a | 33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box | | | | | | ▶ 🏻 |
| | 33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this | box and stop here | . The organization | qualifies as a publ | licly supported org | anization | |
| <u> 20</u> | Private foundation. If the organization did n | ot cneck a box on | ine 14, 19a, or 19 | D, CNECK this box a | na see instruction | s | ▶ ⊔ |

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.)

| | | Organizations |
|--|--|----------------------|
| | | |
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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))? If "Yes," provide detail in Part VI.
- **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? *If "Yes," provide detail in Part VI*.
- c 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
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| Sched | 1016 A (Form 990 or 990-EZ) 2018 RODE Plaza, Inc., 23-2326694 | | r | aye |
|-------|---|-----------|--------|----------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | 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 | ' | | ļ |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | - | | i |
| | controlled the organization's activities. If the organization had more than one supported organization, | 1 | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | 1 | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | organizations and what conditions of restrictions, if any, applied to such powers during the tax year. | — | | |
| 2 | 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? If "Yes," explain in Part | | ٠. | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | | | |
| ~ | supervised, or controlled the supporting organization. | 2 | L | L |
| Sec | tion C. Type II Supporting Organizations | | V | T AL - |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | 1 |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 1 3 | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | L | Ĺ |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | # 1 | | 1 |
| | 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? | 1 | | L |
| 2 | 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? If "No," explain in Part VI how | | | |
| | | 2 | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | - | | \vdash |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | ĺ |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | ĺ |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | [<u></u> | | l |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | struct | tions) |).). |
| а | | | • | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| 'see in | struci | tions |
| 2 | Activities Test. Answer (a) and (b) below. | . 1 | Yes | |
| a | | | | |
| _ | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | ĺ |
| | 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 | | | 1 |
| | that these activities constituted substantially all of its activities. | 2a | | |
| h | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| D | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | l |
| | | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 25 | | <u>-</u> |
| ^ | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| а | 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? Provide details in Part VI. | 3a | | |
| þ | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Sche | dule A (Form 990 or 990-EZ) 2018 Hope Plaza, Inc., | | 23-23 | 26694 | Page |
|------|---|---------|-----------------------|---------------------|-------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | • | |
| | instructions. All other Type III non-functionally integrated supporting organi | zations | must complete Section | | |
| Sec | tion A - Adjusted Net Income | | (A) Prior Year | (B) Curre (optio | |
| 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 | | | | |
| CC | ollection of gross income or for management, conservation, or | | | | |
| m | aintenance of property held for production of income (see instructions) | 6 | | | |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | |
| Sec | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Curre (optio | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| in | structions for short tax year or assets held for part of year): | ļ | | | |
| | Average monthly value of securities | 1a | | | |
| | Average monthly cash balances | 1b | | | |
| | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other | | | , | an |
| fa | actors (explain in detail in Part VI): | | | 1 | _ |
| 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, | | | | |
| se | ee 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 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sec | tion C - Distributable Amount | | | Current ' | Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | |
| | Enter 85% of line 1. | 2 | | | |
| | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | - | | |
| | Enter greater of line 2 or line 3. | 4 | | | - |
| | Income tax imposed in prior year | 5 | | | • |

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

| | ule A (Form 990 or 990-EZ) 2018 Hope Plaza, Inc., | | 23-23 | 26694 Page 7 |
|----------|---|-----------------------------|---|---|
| Pai | rt V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continued) | · |
| Sec | ction D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | npt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizat | ions | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is respons | sive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| 8 | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable 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 Part VI). See | | | |
| | instructions. | | | |
| | Excess distributions carryover, if any, to 2018 | | , -, | |
| | From 2013 | | | |
| b | From 2014 | | | |
| C | From 2015 | | | 6 |
| d | From 2016 | | · | |
| | From 2017 | | *************************************** | |
| f | Total of lines 3a through e | | | J |
| | Applied to underdistributions of prior years | | ******* | |
| | Applied to 2018 distributable amount | | | |
| <u>i</u> | Carryover from 2013 not applied (see instructions) | | | |
| _j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | *************************************** |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7: | | | ······································ |
| | Applied to underdistributions of prior years | | | |
| þ | Applied to 2018 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | γ | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | · |
| | greater than zero, explain in Part VI. See instructions. | | | ······································ |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7. | e de orange e tr | ويتوملة بدوس ويو | ب≉ به وبو |
| | Excess from 2014 | | | |
| a | LAUGUS HUIH LUIT | l | l | |

b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

| Page 8 7b; Part Section Ic, 2a, 2b, Section E, | |
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| Schedule A (Form | n 990 or 990-EZ) 2018 Page |
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| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, |
| | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| | illes 2, 3, and 6. Also complete this part for any additional illionnation. (See instructions.) |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Same of the organization

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

OMB No 1545-0047

2018

Open to Public Inspection

| | of the organization | |
|----|--|---------------------------------|
| | pe Plaza, Inc., | 23-2326694 |
| Pa | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account | S. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) . | |
| 3 | Aggregate value of grants from (dunng 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 chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | |
| Pa | rt II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| • | Preservation of land for public use (e.g., recreation or education) Preservation of a historically in | mportant land area |
| | Protection of natural habitat Preservation of a certified hist | |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation | anyation |
| ~ | easement on the last day of the tax year. | Held at the End of the Tax Year |
| _ | Total number of conservation easements | 2a |
| a | The state of the s | 2b |
| b | | |
| C | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| _ | historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization | ation 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 | п., п., |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e | asements during the year |
| | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease | ments during the year |
| | ▶ \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) | |
| | and section 170(h)(4)(B)(ii)? | ∐ Yes ∐ No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme | • |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de | escribes the |
| | organization's accounting for conservation easements. | |
| Pa | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 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 furth | nerance of |
| | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala | ance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth | nerance 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, pr | |
| | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| | Assets included in Form 990, Part X | |

| Sched | ule D (Form 990) 2018 Hope Plaza, In | | ····· | | | | 23-2326694 | | Page 2 |
|------------|---|---|---------------------------------------|----------------|---------------------------------------|-------------------|---|---------------|--------------|
| Pa | rt III Organizations Maintaining (| Collectio | ns of Art, His | torical Tr | easures, | or Other Sim | ilar Assets | (continu | ied) |
| 3 | Using the organization's acquisition, accession, | and other r | ecords, check any | of the follow | ving that are | a significant use | of its | | |
| | collection items (check all that apply): | | | | | | | | |
| a | Public exhibition | d | Loan or exc | hange progra | ams | | | | |
| ь | Scholarly research | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | - | | |
| 4 | Provide a description of the organization's colle | ctions and | explain how they f | urther the ord | ganızation's | exempt purpose | ın Part | | |
| | XIII. | | | | , | | | | |
| 5 | During the year, did the organization solicit or re | ceive dona | tions of art, historic | cal treasures | or other sin | nılar | | | |
| • | assets to be sold to raise funds rather than to b | | | | | | | Yes | ☐ No |
| Pai | rt IV Escrow and Custodial Arran | _ | | gariizationo | CONCOLIOTY: | | | | |
| | Complete if the organization ar | _ | | 990 Parl | t IV line 9 | or reported | an amount o | n Form | |
| | 990, Part X, line 21. | .0 | | , 000, r a.r. | | , or reported | an amount o | | |
| 12 | Is the organization an agent, trustee, custodian | or other inte | rmediany for contr | ibitions or o | ther accete r | | | | |
| Ia | | | ····· | | | | | ☐ Yes | □No |
| . | If "Yes," explain the arrangement in Part XIII an | | | | | • • • • • • • | | ∐ 169 | I40 |
| Ь | ii res, explain the altangement in Part Alti all | a complete | the following table | 7 | | | Amount | | |
| | Daniel and the same | | | | | 4- | Amount | | |
| C | Beginning balance | | | | | | | | |
| a | Additions during the year | | | | | | | | |
| e | Distributions during the year | | | | | | | | |
| _ T | Ending balance | | | | | | | | П. |
| 2a | Did the organization include an amount on Form | | | | | | | | ∐ No |
| | If "Yes," explain the arrangement in Part XIII. C | heck here if | the explanation h | as been prov | rided on Parl | XIII | • | | <u> Ш</u> |
| Pai | T V Endowment Funds. | | W | 000 0-4 | . 11.7 Page of | • | | | |
| | Complete if the organization ar | nswered ' | "Yes" on Form | 990, Pan | T | | · · · · · · · · · · · · · · · · · · · | | |
| | | (a) Curre | nt year (b) | Pnor year | (c) Two year | s back (d) Thre | e years back (e | e) Four years | back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| C | Net investment earnings, gains, and | | | | | | | | |
| | losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the current | year end b | alance (line 1g, co | lumn (a)) he | ld as: | | | | |
| а | Board designated or quasi-endowment ▶ | | % | | | | | | |
| b | Permanent endowment ▶ % | | _ | | | | | | |
| C | Temporarily restricted endowment ▶ | % | • | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | equal 100% | 6. | | | | | | |
| 3a | Are there endowment funds not in the possessi | | | held and ac | tministered fo | or the | | | |
| | organization by | | | | | | | Yes | No |
| | - | | | | | | Г | 3a(i) | |
| | (ii) related organizations | | | | | | - | 3a(ii) | 1 |
| ь | If "Yes" on line 3a(ii), are the related organization | ons listed as | required on Sche | dule R? | | | F | 3b | |
| 4 | Describe in Part XIII the intended uses of the or | | • | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | - | | | | | |
| | Complete if the organization ar | | 'Yes" on Form | 990. Part | IV. line 1 | 1a. See Form | 990. Part X | line 10 | _ |
| | Description of property | | Cost or other basis | 1 | r other basis | (c) Accumulat | | d) Book value | |
| | bosonphion of property | " | (investment) | 1 | other) | depreciation | · · | n book value | , |
| 1a | Land | | <u> </u> | 1 | · · · · · · · · · · · · · · · · · · · | , , , , , , | - | | |
| b | Buildings | · · · · | · · · · · · · · · · · · · · · · · · · | E / | 086,429 | 3,762 | 341 | 1,324, | 088 |
| - | Leasehold improvements | ••• | | 3,0 | 000,445 | 3,/02 | , 341 | 1,364, | 700 |
| C | _ | \cdots | | + | 147 503 | | 275 | 120 | 210 |
| d | Equipment | | | - | 147,593 | 27 | ,275 | 120, | 210 |
| e Takal | Add lines 1s through 1s. (Column (d) must es | | 100 Part V salven | n (B) /ma 10 | 20.1 | L | | 1 444 | 406 |

| Schedule D (Form | 1990) 2018 Hope Plaza, Inc. Investments - Other Securities. | • 1 | 23-23 | 26694 Page |
|-------------------|---|--|---|---------------------------------------|
| rait VII | Complete if the organization answered | d "Yes" on Form 990. Par | t IV. line 11b. See Form 990 | . Part X. line 12. |
| | (a) Description of security or category | (b) Book value | (c) Method of valuati | |
| | (including name of security) | (-) | Cost or end-of-year market | |
| (1) Financial | derivatives | | | |
| (2) Closely-h | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | · · · · · · · · · · · · · · · · · · · | |
| (C) | | | | · |
| (D) (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| |) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII | Investments - Program Related. | , | | |
| | Complete if the organization answered | d "Yes" on Form 990, Par | t IV, line 11c. See Form 990 | , Part X, line 13. |
| • | (a) Description of investment | (b) Book value | (c) Method of valuation | on |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Cost or end-of-year market | value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) (8) | | | | |
| (9) | | | | |
| |) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. | | - | |
| | Complete if the organization answered | "Yes" on Form 990, Par | t IV, line 11d. See Form 990 | , Part X, line 15. |
| | | scription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | · · · · · · · · · · · · · · · · · · · |
| (8) | | | | |
| | nn (b) must equal Form 990, Part X, col (B) line 15 | 1 | | |
| Part X | Other Liabilities. | ·/ · · · · · · · · · · · · · · · · · · | • | |
| · | Complete if the organization answered | l "Yes" on Form 990. Par | t IV. line 11e or 11f. See For | m 990. Part X. |
| | line 25. | , · | , | , |
| l. | (a) Description of liability | (b) Book value | | |
| (1) Federal | income taxes | | | . , |
| (2) Due t | o Deliverance Evangelistic | 1,989,518 | معادي م تو | |
| (3) Tenan | t Deposits | 3,500 | | |
| (4) | | | | |
| (5) | | ······································ | | حاجب بيد ويوريه |
| (6) | | | · · · · · · · · · · · · · · · · · · · | 3 · F · · · · · · · · · · · · · |
| (7) | | | Free trop - Free Free Strategies | 25 (4.7) (A. 0) (A. 0) |

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 XIIL

1,993,018

(9)

Total. (Column (b) muşt eyual Fonn 990, Part X, col. (B) line 25.)

| che | fule D (Form 990) 2018 Hope Plaza, Inc., | 23-2326694 | Page 4 |
|---------|--|---------------|--------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | . 1 | 916,548 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | \dashv | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е 3 | Subtract line 2e from line 1 | | 916,548 |
| 3 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | . 3 | 310,348 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | . 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | . 5 | 916,548 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | - | |
| 1 | Total expenses and losses per audited financial statements | . 1 | 1,102,779 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | . 3 | 1,102,779 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b |) | 1 102 770 |
| 5 Da | rt XIII Supplemental Information. | . 9 | 1,102,779 |
| | ide 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 | |
| | art 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 J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer Identification number

23-2326694 Hope Plaza, Inc., **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) o If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee Dunng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a a Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X Х If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X X If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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| NOTE: THE SUITE OF COLUMNIS (DIVI) THE EACH INSTITUTE HIGH HIGH THE LOCAL AND SECTION A, THE TAIL APPLICABLE COLUMN (D) AND THE TOTAL THE THE MOVIDIA. | ช 5 | ACT IISIEU IIIONIOUALIT | its equal me lotal at | mount of Form 990, F | an VII, Section A, line 1a | , applicable column (U) and | (E) amounts for that indi- | vidual. |
|--|------------|-------------------------|---|-------------------------------------|--|-----------------------------|---------------------------------|---|
| (A) Name and Title | · | (I) Base compensation | (II) Base (II) Bonus & incentive reportable compensation compensation | (III) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

23-2326694

Department of the Treasury Internal Revenue Service Name of the organization

Hope Plaza, Inc.,

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

01. Management duties delegation (Part VI, line 3) Hope Plaza utilizes an outside property management company to perform day-to-day duties with respect to property leasing and maintenance. All major decisions are made by Hope Plaza officers and directors. 02. Form 990 governing body review (Part VI, line 11) A draft of the Form 990 is provided to the Board members prior to filing. The Members review the draft and provide comment and questions. Any necessary changes are incorporated to a final which is provided to the Board before it is filed. The final is signed by an officer and filed. 03. Form 990 availability to public (Part VI, line 18) Certain financial documents are available to the public upon request - including the Form 990. 04. Governing documents, etc, available to public (Part VI, line 19) Selected governance documents are available to the public upon request.