14.	\ .	•
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Fo	6. 99	U= I
	ت سرت ۱۰۰۰	-

Exempt Organization Business Income Tax Return

201	18
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		Ι		•	y tax unuer			(e))		l	2018
Depa	artment of the Treasury		endar year 2018 or oth Go to w	ww.irs.gov/For	rm990T for instru	ictions a	and ending and the lat	est informati	on .	Open	to Public Inspection for
Inter	nal Revenue Service	▶ Do	not enter SSN nun	nbers on this f	orm as it may be	made p	ublic if yo	ur organizat	ion is a 501(c)(3).	501(c	(3) Organizations Only
A B	Check box if address changed Exempt under section	Name of organization (Check box if name changed and see instructions) D Employer identification (Employees' trust									
[X 501(C)(03)	Print	HEBRON H	HOUSE O	F HOSPIT	'ALI'	ry, I	NC.			
ĺ	408(e) 220(e)	or	20.141								
Ì	408A 530(a)	Туре	111 EAS	MAIN	STREET				E Unrelated bus	iness ac	tivity code
Ī	529(a)	, ,	City or town, state or	province, country,	and ZIP or foreign p	ostal code			(See instruction		,
<u> </u>	Book value of all assets		WAUKESHA		5 .		53186	5			1
	Book value of all assets at end of year	F G	roup exemption nu		structions) >						
	1,420,965		heck organization		501(c) corpo	ration	5	01(c) trust	401(a) trust		Other trust
H	Enter the number of the SEE STATEM	organiza	ation's unrelated tr						nrelated trade or b	usines	
	Parts I–V If more than o				at the and of th	0.00000				•	one, complete
	Schedule M for each add			· ·		e pievio	us seme	ice, complet	e rans rand ii, co	mpiete	;
						oront o	ubordioni			_	Yes No
	Ouring the tax year, was f "Yes," enter the name					arem-st	ubsidiary	controlled gr	oup /		∐ Yes ∐ No
J	The books are in care of	▶ T	HE ORGANI	ZATION			·	Tele	phone number	26	2-549-8720
Pa	art Unrelated	l Trade	e or Business	<u>Income</u>			(A)	Income	(B) Expenses		(C) Net
1a	Gross receipts or sales	s .									
b	Less returns and allow	ances		c Balar	nce >	1c					
2	Cost of goods sold (Sc	hedule /	A, line 7)			2					4222-**********************************
3	Gross profit Subtract I	ine 2 fro	m line 1c			3					
4a	Capital gain net income	e (attach	ı Schedule D)			4a					
b	Net gain (loss) (Form 4797	7, Part II, I	ine 17) (attach Form	4797)		4b		F 0	ECENED		
С	Capital loss deduction	for trust	S			4c	_ .	1 K	Series Series Series Series Series Series	18I	
5	Income (loss) from partnership a	and S corpo	ration (attach statement)			5			3/ 6 E 7019	191	
6	Rent income (Schedule	e C)				6		ISI N	04 29 5010	10	<u></u>
7	Unrelated debt-finance	d incom	e (Schedule E)			7		8	No. of the last of		
8	Interest, annuities, royalties	s, and rer	nts from controlled or	ganization (Sche	edule F)	8		7	GDEN, UT		<u> 1</u>
9	Investment income of a sec	ction 501	(c)(7), (9), or (17) org	anization (Sched	dule G)	9					
10	Exploited exempt activi	ity incom	ie (Schedule I)			10					
11	Advertising income (So	hedule .	J)			11			 		
12	Other income (See inst	tructions	, attach schedule)	J		12			<u></u>		
13	Total. Combine lines 3					13		0			0
Pa	rt I) Deduction	ns Not	Taken Elsewl	nere (See ii	nstructions for	or limit	ations c	n deductio	ons.) (Except fo	r con	ıtrıbutions,
			be directly con			o bus	iiiess iii	come.)			
14	Compensation of office Salaries and wages	ers, airec	tors, and trustees	(Schedule K)					_	14	
15 46	Repairs and maintenan								_	15 16	
16 17	Bad debts	, ;,							-	17	
17 40	Interest (attach schedu		instructions)						 	18	
18 10	Taxes and licenses	16) (566	mstructions)						<u> </u>	19	
19 20	Charitable contributions (Se	oo inctriic	tions for limitation rul	ine)					<u> </u>	20	
20 21	Depreciation (attach Fo			es)			1	21	<u> </u> -		
21 22	Less depreciation (attach Fo			compore on ref	turn			22a		2b	0
22	· m	ieu on S	Criedule A ariu eis	ewilere on rei	tarri		i	ZZ4	· -	23	
23	Depletion Contributions to deferre	.d	onaction plans							24	
24	Contributions to deferre		ensation plans						-		
25 26	Employee benefit progr		odulo I)							25 26	
26 27	Excess exempt expens		•						<u> </u>	27	
27	Excess readership cost	•							_		
28 20	Other deductions (attac									28	
29	Total deductions: Add		-			at h== C	00 fee 1	. 12	<u> </u>	29	
30	Unrelated business taxa			-					_	30	
31	Deduction for net opera	-		-		ary 1, 20	ו see) מו כ	ristructions)		1	
32	Unrelated business taxa				5U		 .			2	- 000 T (22.5)
AAC	For Paperwork Reduc	tion Act	. Notice, see instr	uctions.						5	Form 990-T (2018)

	m 990-T (2018) HEBRON HOUSE OF HOSPITALITY, INC. 39-1414365			Page
<u>P</u>	art III Total Unrelated Business Taxable income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		1	
	instructions)	33	<u>: </u>	
34	Amounts paid for disallowed fringes	34		
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see		ł	
	instructions)	35	<u> </u>	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		į	_
	of lines 33 and 34	36	<u> </u>	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	_ 37		1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	ł		
	enter the smaller of zero or line 36	38	<u> </u>	0
	art IV Tax Computation			
39		▶ 39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	.	i	
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax. See instructions	41		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income. See instructions	43		
<u>44_</u>	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0
_P	art V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
b	Other credits (see instructions) 45b		ľ	
C	General business credit. Attach Form 3800 (see instructions) 45c		1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		1	
е	Total credits. Add lines 45a through 45d	45e	;	
46	Subtract line 45e from line 44	46		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48	7	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49		
50a	Payments A 2017 overpayment credited to 2018 50a			
b	2018 estimated tax payments 50b	7		
c	Tax deposited with Form 8868 50c	_		
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d	\dashv		
e	Backup withholding (see instructions) 50e	_		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f 50f	\dashv		
	Other credits, adjustments, and payments Form 2439			
g	Form 4136 Other Total 50g			
E4		ے ا	İ	
51 52	Total payments. Add lines 50a through 50g	51	 	
52 52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	+	0
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	 	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ► Refunded ►	55		
Ра	art VI Statements Regarding Certain Activities and Other Information (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file			Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign country			1 1
	here ▶			X_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?		X
	If "YES," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under genalties of perjugat declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be	elief, it is		
Sig	true, correct, and complete (Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		May the IRS d	iscuss this return rer shown below
Her			(see instruction	rer shown below ns)?
	Signature of officer Date Title		– } X Ye	es No
	Preparer's signature Preparer's signature	Check	If PTIN	
ر. امار		ا ام	` LJ "	CE004
Paid				.65204 FOO 4 1 5
		n's EIN ▶	<u></u>	500415
se	Only 1800 E MAIN ST STE 100		262 54	0 0444
	Firm's address WAUKESHA, WI 53186-6800 Phot	ne no		8-0444
			Form 9	90-T (2018)

-		N HOUSE O					39-1414365			P	age 3
Sch	nedule A – Cost of Go	ods Sold. Ente	<u>r meth</u>	od of invento	ory valuation 🕨						
1	Inventory at beginning of y	ear 1		6	Inventory at end	of y	ear	6			
2	Purchases	2		7	Cost of goods	sold	. Subtract				
3	Cost of labor	3	·		line 6 from line 5						
4a	Additional sec 263A costs				ın Part I, line 2			7			
	(attach schedule)	4a		8 Do the rules of section 263A (with respect to						Yes	No
b	Olher costs	4b		property produced or acquired for resale) apply						163	INU
_	(attach schedule) Total, Add lines 1 through										
5	nedule C – Rent Incom		Propor	ty and Porc	to the organization		acad With Baal Bron	,		<u>. </u>	L
		ile (FIOIII Real I	Toper	ty and reis	onal Property	Le	aseu with Real Prop	erty	,		
	ee instructions)					-					
1. Des	comption of property				 						
<u>(1)</u>	N/A					_					
(2)											
(3)											
(4)											
		2. Rent recer	ed or accr	ued							
	(a) From personal property (if the p	percentage of rent		(b) From real an	d personal property (if the	ne	3(a) Deductions	directly	connected with the ii	ncome	
	for personal property is more that	-	İ	percentage of rent f	or personal property exc	eeds	ın columns 2	2(a) and	l 2(b) (atlach schedul	le)	
	more than 50%)		50% or if the rent is based on profit or income)								
(1)											
(2)							- 				
(3)			 			-					
(4) Takal			Total								
Total					-		(b) Total deduction				
	otal income. Add totals of c	, ,	o). Enter	•			Enter here and on pa				
	and on page 1, Part I, line 6				<u> </u>		Part I, line 6, column	(B) P			
Sch	edule E – Unrelated D	<u>Jebt-Financed</u>	ncom	e (see instruc	tions)						
				2 Gross	s income from or	-	3. Deductions directly			0	
	1 Description of debt-fir	nanced properly	allocable to debt-financed			debt-fin.	anced p	ed properly			
					property		(a) Straight line depreciation		(b) Other deductions		
							(attach schedule)		(atlach sched	lule)	
(1)	N/A										
(2)											
(3)						\neg					
(4)								$\neg \vdash$			
<u> </u>	4 Amount of average	5 Average adjusted t	asis		Column				8 Allocable dedu	uctions	
	acquisition debt on or	of or allocable to			divided		7 Gross income reportable		(column 6 x total of		s
	allocable to debt-financed property (attach schedule)	debt-financed proper (attach schedule	-	by	column 5	- ((column 2 x column 6)	ļ	3(a) and 3(b		
	page 1, tale 1,					0/		+	_		
(1)				-		%		+-			
(2)						%		-			
(3)						%			-		
(4)						%		_			
						- }	Enter here and on page 1,		nter here and o		
							Part I, line 7, column (A)		Part I, line 7, col	lumn (R)
Total	s				•	• L			<u> </u>		
<u>Total</u>	dividends-received deduc	tions included in co	8 nmulo								

Page 4

Schedule F - Interest, Ann	uities, Royal	ties, and Ren						(see instru	ctions)		
1. Name of controlled	1	2 Employer	Exem	pi Controllet	Olgan	Organizations				T	
organization		entification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5 Part of column 4 th included in the control organization's gross in		6. Deductions directly connected with income in column 5	
(1) N/A											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiza	ations										
7 Toyobla Isaama		Net unrelated income oss) (see instructions)		9 Total of specified payments made		10. Part of column sincluded in the con organization's gross		e controlling	1	11 Deductions directly onnected with income in column 10	
(1)					_						
(2)											
(3)											
(4)	3										
Totals					•	Er		s 5 and 10 d on page 1, column (A)	En	dd columns 6 and 11 ter here and on page 1, int I, line 8, column (B)	
Schedule G – Investment li	ncome of a S	ection 501(c)	(7), (9)	, or (17) O	rganiz	atior	ı (see ır	nstructions)	1.		
1 Description of income	-	2. Amount of in	ncome	directly o	fuctions connected schedule)			4 Set-asides		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A									_		
											
(0)									\neg		
(4)									_		
Totals	>	Enter here and or Part I, line 9, colu	umn (A)	Advartiai						nter here and on page 1, art I, line 9, column (B)	
Schedule I – Exploited Exe	mpt Activity	income, Otne	<u>er inan</u>	Advertisii	ng inc	ome	(see in:	structions)			
2. Gross unrelated 1 Description of exploited activity business incomfrom trade or business		3 Expenses directly connected with production of unrelated business income		4. Net income (to from unrelated tr. or business (colu 2 minus column If a gain, compu cols 5 through	ade umn 3) ute	5 Gross income from activity that is not unrelated business income		attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)											
(3)											
4)				-							
Enter here and on page 1, Part I, line 10, co! (A)		Enter here and on page 1, Part I, tine 10, col (B)						Enter here and on page 1, Part II, line 26			
Totals ► Schedule J – Advertising In	come (see ins	structions)								<u> </u>	
Part I Income From P			Conso	lidated Ba	sis						
100110110111			1							7 Excess readership	
1. Name of perrodical	2. Gross advertising income 2. Gross advertising advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			costs (column 6 minus column 5, but not more than column 4)							
1) N/A											
2)].	
3)											
4)										7	
	i										
Totals (carry to Part II, line (5))	L										

Enter here and on

page 1, Part I,

line 11, col (A)

Totals from Part I

Totals, Part II (lines 1-5)

Porm 990-T (2018) HEBRON HOUSE OF HOSPITALITY, INC. 39-1414365
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4 Advertising 7 Excess readership 2. Gross gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6. Readership advertising 1. Name of periodical 2 minus col 3) If minus column 5, but advertising costs ıncome costs іпсоте a gain, compute not more than cols 5 through 7 column 4) (1) N/A (2) (3)

Schedule K - Compensation of Officers, Direct	ors, and Trustees (see instructions)		
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	

Enter here and on

page 1, Part I,

line 11, col (B)

Form 990-T (2018)

Enter here and

on page 1, Part II, line 27

Federal Statements

FYE: 12/31/2018

39-1414365

Page 1

Statement 1 - Form 990-T - Primary Unrelated Business Activity

Description

THE ORGANIZATION HELD OWNERSHIP INTERESTS IN FIVE PARTNERSHIPS. IN 2018 THE PARTNERSHIPS SOLD THE BUILDINGS AND TERMINATED THE PARTNERSHIPS. THE FOLLOWING SUMMARIZES THE RESULTS.

3% INTEREST IN ST.CATHERINE COMMONS, LLC
THIS PARTNERSHIP HAD A GAIN OF \$37,775 REPORTED ON THE
SALE OF THE ASSETS. THERE ARE NET LOSSES FROM THE CURRENT
AND PRIOR YEARS OF \$26,243 TO OFFSET THIS GAIN. THIS
PROPERTY IS DEBT FINANCED HOWEVER THE ORGANIZATION
BELIEVES THAT THEY ARE EXEMPT FROM UBTI SINCE IT WAS
DIRECTLY RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE. THE
ORGANIZATION ACTED AS A CHODO TO OBTAIN FUNDS TO FINANCE
10 UNITS AS LOW INCOME UNITS.

3% INTEREST IN ST. CATHERINE COMMONS II, LLC THIS PARTNERSHIP HAD A GAIN OF \$120,406 REPORTED ON THE SALE OF THE ASSETS. THERE ARE NET LOSSES FROM PRIOR YEARS OF \$16,512 TO OFFSET THE GAIN. THIS PROPERTY IS NOT DEBT FINANCED SO NOT SUBJECT TO UBTI.

1% INTEREST IN CAPRI WEST ALLIS, LLC
THIS PARTNERSHIP HAD A GAIN OF \$861 REPORTED ON THE SALE
OF THE ASSETS. THERE IS A LOSS OF \$1,209 TO OFFSET THIS
GAIN. THIS PROPERTY IS DEBT FINANCED HOWEVER THE LOSS WILL
OFFSET THE GAIN. THE ORGANIZATION BELIEVES THEY ARE EXEMPT
FROM UBTI SINCE IT IS DIRECTLY RELATED TO THE
ORGANIZATION'S EXEMPT PURPOSE.

18% INTEREST IN KILLARNEY KOURT, LLC
THIS PARTNERSHIP HAD A GAIN OF \$562,572 REPORTED ON THE
SALE OF THE ASSETS. THERE ARE NET LOSSES OF \$122,204 FROM
THE CURRENT AND PRIOR YEARS TO OFFSET THIS GAIN. THIS
PROPERTY IS NOT DEBT FINANCED AND IS NOT SUBJECT TO UBTI.

3% INTEREST IN GABLES HIMMEL PROPERTY, LLC.
THIS PARTNERSHIP HAD A GAIN OF \$317,816 REPORTED ON THE
SALE OF THE ASSETS. THERE ARE NET LOSSES FROM THE CURRENT
AND PRIOR YEARS OF \$302,781 TO OFFSET THIS GAIN. THIS
PROPERTY IS DEBT FINANCED HOWEVER THE ORGANIZATION
BELIEVES THAT THEY ARE EXEMPT FROM UBTI SINCE IT WAS
DIRECTLY RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE. THE
ORGANIZATION ACTED AS A CHODO TO OBTAIN FUNDS TO FINANCE
10 UNITS AS LOW INCOME UNITS.