

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0087

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section X 501(c)(3) 408(e) 220(e) 408A 530(a) 528(a)

Print or Type

HOPE HOUSE FOUNDATION

Number, street, and room or suite no. If a P O box, see instructions

801 BOUSH STREET, SUITE 302

City or town, state or province, country, and ZIP or foreign postal code

NORFOLK, VA 23510

54-0804383

E Unrelated business activity code (See instructions)

900099

C Book value of all assets at end of year

F Group exemption number (See instructions.)

6,145,807.

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of DIANE BEAMAN Telephone number 757-625-6161

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes a 'RECEIVED' stamp from NOV 22 2019 OGDEN, UT.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Lists various deductions from 14 to 32.

For Paperwork Reduction Act Notice, see instructions.

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for Total Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for Tax and Payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Includes lines 56-58 for Statements Regarding Certain Activities and Other Information.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: CAREN LYNNE SEAGLE, EXECUTIVE DIRECTOR. Signature of officer, Date, Title.

Paid Preparer Use Only: JAMES E PRINCE III, BDO USA, LLP, 150 BOUSH STREET, SUITE 1100, NORFOLK, VA 23510. Preparer's signature, Date, Firm's name, Firm's EIN, Phone no.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A apply to the organization? (Yes/No columns)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

Table with 3 main sections: 1. Description of property (rows 1-4), 2. Rent received or accrued (columns a, b, 3(a)), (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 8 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a, b), 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes Totals and Total dividends-received deductions.

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals row for Schedule F with instructions for adding columns 5 and 10, and 6 and 11.

Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col 3 plus col 4).

Totals row for Schedule G with instructions for entering data on page 1, Part I, line 9, column (A) and (B).

Schedule I-Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals row for Schedule I with instructions for entering data on page 1, Part I, line 10, col (A) and (B), and on page 1, Part II, line 26.

Schedule J-Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7, 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals row for Schedule J (Part I) with instruction to carry to Part II, line (5).

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.)

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

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

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

ATTACHMENT 1SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
CAREN LYNNE SEAGLE 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	EXECUTIVE DIRECTOR	0	0.
MATTHEW FINE 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
JOSHUA HARRIS 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
ANNE STANDING 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	TREASURER	0	0.
WHITNEY KATZ 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
JANET DAVIS 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	VICE PRESIDENT	0	0.
JONATHAN GRAY 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	PRESIDENT	0	0.
PAM KATRANCHA 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
SARAH MCCOY 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
RICHARD C MAPP III 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.

ATTACHMENT 1 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
TOM MOSS 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	SECRETARY	0	0.
JOSHUA HOWELL 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
DIANA WHITE 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
DOROTHY CLARK 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
DR TOM MCCUNE 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
SHANNON LAYMAN-PECORARO 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
SCOTT GURLINGER 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
IRVIN HARDELL 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
BRYAN FOWLER 801 BOUSH STREET, SUITE 302 NORFOLK, VA 23510	DIRECTOR	0	0.
TOTAL COMPENSATION			<u>0.</u>