Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY





August 8, 2019

Mr. Mike Wilbanks Hope Enterprise Corporation #4 Old River Place Jackson, MS 39202

Dear Mike,

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has gualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2019.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

W. Bryan Cherry, CPA W. Bryan Cherry, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

Hope Enterprise Corporation #4 Old River Place Jackson, MS 39202

Prepared By:

Carr, Riggs & Ingram, LLC 400 W Pkwy PI, Suite 300 Ridgeland, MS 39157

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – https://cricpa.sharefile.com/share/filedrop. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2019

Form	887	'9-	EO
Form	001	U	

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service

year 2018, or fiscal year beginning	, 2018, and ending	

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

ZU IÕ

Employer identification number

64-0851798

, 20

HOPE ENTERPRISE CORPORATION

For calendar

Name and title of officer

MITCHELL T WILBANKS DEPUTY CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	16,174,799.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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Officer's signature	• ▶									D	Date ►						
Part III	Certificat	ion a	nd Aut	henti	cation												
ERO's EFIN/PI	N. Enter you	ır six-c	igit elect	ronic fi	ling identific	atior	י ו		_		14.5						
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Form	330

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



B checket C Name of organization D Employer identification number Address HOPE ENTERPRISE CORPORATION 64-0851798 Origo Dusiness as 64-0851798 Number of store (or P0.box)(I mails not delivered to street address) Room/sulte E Telephone number Figure #4 OLD RIVER PLACE Go one receive 5 17,820,932. Market Same As C ABOVE H(a) is this agroup return for subordinates? Yes No Market Same As C ABOVE Monthly and address of principal officer WILLIAM BYNUM Same As C ABOVE H(b) Are at acconduces notacet Yes No H Tax exempt status: S01(c)(3) 501(c) (.) < (insert no.) 104947(a)(1) or 5027 H(b) Are at acconduces notacet H(b) Are at acconduces notacet No H(c) Areadow <	AI	or the	2018 calendar year, or tax year beginning and	enaing							
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Doing Dusiness as 04-031796 Preum Free 44 OLD RIVER PLACE Room/suite E Telephone number 601-944-1100 City or town, state or province, country, and ZIP or foreign postal code ACREMENT Acressed SAME AS C ABOVE Holl Still a group return for subordinates? Holl Still a group return for subordinates? I Taxexempt status: IS 001(c)(1) ≤ (insert no.) 4947(a)(1) or EI Hell Still a group return for subordinates? Wes IX no Holl Areas J Website: WWW.HOPE-EC.ORG H(b) Ker all autoritate isculated? Yes IX no Holl Areas I Taxexempt Status: IX 501(c)(1) ≤ (insert no.) 1947(a)(1) or EI Year of formation: 193 M State of legal domicile: MS Part II Summary 1 Briefly describe the organization's mission or most significant activities: TO STRENGTHEN COMMUNITIES AND IMPROVE LIVES IN ECONOMICALLY DISTRESSED AREAS OF THE MID SOUTH BY 2 Check this box ▶ I the organization discontinue d its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part V, line 1a) 3 14 4 Number of rotein part Vill, column (A), lines 13 5 101, 575.83, 235, 716, 232, 726, 225, 729, 232, 776, 232, 736, 2326, 232, 776, 232, 736, 232, 776, 232, 776, 232, 235, 772, 238, 256, 232, 572, 24, 394, 23, 2325, 772, 24, 101, 151, 16, 174, 799, 100, 575, 683, 055,		chang	HOPE ENTERPRISE CORPORATION								
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9 Program service revenue (Part VIII, line 2g) 2,534,394. 2,325,702. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 228,366. 525,589. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 101,575. 83,950. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,101,161. 16,174,799. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,660,080. 655,050. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 3,768,527. 4,158,588. 16a Professional fundraising fees (Part IX, column (D), line 25) 1,459,574. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0,767,568. 17,885,538. 15,581,206. 19 Revenue less expenses. Subtract line 18 from line 12 3,215,623. 593,593. 10 Total assets (Part X, line 16) 57,029,805. 61,030,857. 21 Total liabilities (Part X, line 26) 24,596,300. 28,114,550.											
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 57,029,805. 61,030,857. 21 Total liabilities (Part X, line 26) 24,596,300. 28,114,550.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)								
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)		19	Revenue less expenses. Subtract line 18 from line 12		3,215,623.	593,593.					
	OL			Be							
	sets	20	Total assets (Part X, line 16)								
	tAs	21	Total liabilities (Part X, line 26)			28,114,550.					
	-Ne	22	Net assets or fund balances. Subtract line 21 from line 20		32,433,505.	32,916,307.					

Part II Signature Block

т

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 officer) is based on all information of which preparer has any knowledge.

Sign		Signature of	officer							Date			
Here		MITCH Type or prin	ELL T WI t name and title	LBANKS	, DEP	UTY CFO)						
	Prin	t/Type prepar	er's name		Pr	reparer's signatu	ire		Date		Check] PTIN	
Paid	w.	BRYAN	CHERRY,	CPA	w.	. BRYAN	CHERRY,	CPA	08/08	/19	ii self-employed	P0044	8834
Preparer	Firm	n's name 🕒	CARR, F	RIGGS &	INGR	RAM, LLC				Firm's	EIN 🕨	72-139	6621
Use Only	Firm	n's address 🕨	400 W E	PKWY PL	, SUI	TE 300							
			RIDGELA	ND, MS	3915	57				Phone	e no.601	.853.7	050
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)												
832001 12-3	B32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)												

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	HOPE ENTERPRISE CORPORATION 64-0851798 Page 2
Pa	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: TO STRENGTHEN COMMUNITIES AND IMPROVE LIVES IN ECONOMICALLY DISTRESSED
	AREAS OF THE MID SOUTH BY PROVIDING ACCESS TO QUALITY FINANCIAL
	PRODUCTS/SERVICES.
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	3 3 3 3 3 3 3 3
	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 \$ 7,718,587. including grants of \$ 505,000.) (Revenue \$ 1,134,033.)
	DEVELOPMENT FINANCE SPECIALIZES IN LOANS TO SMALL TO MEDIUM SIZED
	MANUFACTURING AND SERVICE BUSINESSES.
4b	(Code:) (Expenses \$672,750. including grants of \$102,200.) (Revenue \$1,669,485.)
	TECHNICAL ASSISTANCE TO SMALL AND MEDIUM SIZED MANUFACTURING AND
	SERVICE BUSINESSES IN THE AREA OF MANAGMENT CONSULTING IN THE AREAS OF
	IMPROVEMENTS OF PROCESSES AND SYSTEMS.
4c	(Code:) (Expenses \$804,941. including grants of \$) (Revenue \$113,257.)
	HOUSING INITIATIVE PROVIDES FINANCE FOR AFFORDABLE HOUSING TO FAMILIES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,224,270. including grants of \$ 47,850.) (Revenue \$ 18,466.)
4e	Total program service expenses ► 10,420,548.

<u>Form 990 (</u>		-		CORPORATION
Part IV	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		v
-	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?	-		v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		v
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	х	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u></u>	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	Х	

Form	990	(2018)
	330	(2010)

Form 990 (2018) HOPE ENTERPRISE CORPORATION Part IV Checklist of Required Schedules (continued)

			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		X
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	Х	
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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X 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? If "Yes," complete			
	Schedule L, Part I	25b		X 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		X X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, 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		x
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		X X
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 X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X 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 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 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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		77	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		37	
	If "Yes," complete Schedule R, Part V, line 2	36	Х	<u> </u>
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 19?		77	
Dar	Note. All Form 990 filers are required to complete Schedule 0	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 55			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2018)

Part V Statements Regarding Other IRS Flings and Tax Compliance (contrued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 27.6 Xes Xes <td< th=""><th></th><th>990 (2018) HOPE ENTERPRISE CORPORATION 64-0851</th><th>798</th><th>Р</th><th>age 5</th></td<>		990 (2018) HOPE ENTERPRISE CORPORATION 64-0851	798	Р	age 5		
2a Enter the number of employees reported on From W4. Transmittal of Wage and Tax Statements. 2a 276 b If at least one is reported on line 2a, did the organization file all explored faderal employment tax returns? 2b X Note. If the sum of line 2a, did the organization file all explored faderal employment tax returns? 2a X D If the sum of line 2a, did the organization file all explored to ebe (see instruction) 3a X D If "has," has if field a form B0-1 for this year? If "No' to line 3b, provide an exploration or Schedule O 3b X D If "has," has if field a form B0-1 for this year? If No' to line 3b, provide an exploration or Schedule O 3b X D If Yes," enter the name of the torgan country. Yes Yes <th>Par</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th> <th></th> <th></th> <th></th>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
text by the calendar year ending with or within the year covered by this return 12 a 276 by the filted on is reported on the 2.4 dth or ognization file all rought deviae any power that are turns? 28 X ab bit filted on the signal and 2 is greater than 250, you may be required to explicit on explicit on the signal and the organization have unrelated business gross income of \$1,000 or more during the year? 28 X ab 11 "Nest, that filted a from 1900 Tor this year?" it No' to an 28, provide an explanation in Schedule 0 38 X bit "Yes," that the dar from 1900 Tor this year?" it No' to an 28, provide an explanation in Schedule 0 38 X bit "Yes," text the name of the foreign country: b as greature or other francial accounts (EEAF). 58 X bit Wes, "date the name of the foreign country: b as on statution on great the tax in the account, security or prohibited tax sheet transaction? 56 X bit Wes, "date be organization have annual gross recepts that are normal greater than \$10,000,000, and did the organization solicit any contributions for the organization and party to a prohibited tax sheet that account security or which it was required to the greater than \$10,000,000, and did the organization have part tax deductible and the greater than \$10,000,000,000,000,000,000,000,000,000,				Yes	No		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?							
If "Yes," complete Form 4720, Schedule O.	16	Is the constitution of a set in stimuli activities as the the section 4000 succession tax on activity strength	16		X		
		If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

Form 990 ((2018)
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HOPE ENTERPRISE CORPORATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х
Ŀ.	taxable entity during the year?	16a		
a	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	166		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed ►MS , AR , LA , TN			
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	availah	le
10	for public inspection. Indicate how you made these available. Check all that apply.	Unity) a	avanau	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	statements available to the public during the tax year.	mano		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MIKE WILBANKS $- 601-944-1100$			
	4 OLD RIVER PLACE, JACKSON, MS 39202			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation Reportable compensation Estimated amount of organizations Image: provide state Image: pr	
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organizations $\begin{bmatrix} z \\ q \\ q \\ q \\ z \\ z \\ z \\ z \\ z \\ z \\$	
related organizations below line) vipul line) vipul line) vipul line) vipul line) vipul line) vipul line) vipul line) vipul line) vipul vi	
(1) WILLIAM BYNUM 40.00	
PRESIDENT/CEO/DIRECTOR X X 390,254. 0. 19,662	
(2) IVYE ALLEN 0.50 0.50	—
DIRECTOR X 0. 0. 0.	•
(3) CLAIBORNE BARKSDALE 0.50	_
DIRECTOR X 0. 0. 0.	•
(4) HODDING CARTER, III 0.50	
DIRECTOR X 0. 0. 0.	•
(5) RONNIE CRUDUP 0.50	
DIRECTOR X 0. 0. 0	•
(6) MIKE ESPY 0.50	
CHAIR & DIRECTOR X X 0. 0. 0.	•
(7) ROBERT GIBBS 0.50	
ASST. SECRETARY & DIRECTOR X 0. 0.	•
(8) MAURICE JONES 0.50	
DIRECTOR X 0. 0. 0	•
(9) FRED MILLER 0.50	
DIRECTOR X 0. 0. 0	•
(10) MARTHA MURPHY 0.50	
DIRECTOR X 0. 0. 0	•
(11) JEFFREY NOLAN 0.50	
DIRECTOR X 0. 0. 0	•
(12) BILLY PERCY 0.50	
CHAIRMAN/DIRECTOR X 0. 0. 0	•
(13) SUSANNAH CARRIER 0.50	
DIRECTOR X 0. 0. 0	•
(14) DAN LETENDRE 0.50	
DIRECTOR X 0. 0. 0	•
(15) ALEX WISE 0.50	
DIRECTOR X 0. 0. 0.	•
(16) BLANCHE LINCOLN 0.50	
DIRECTOR X 0. 0. 0.	•
(17) ALAN BRANSON 40.00	
EXECUTIVE VP/COO X 190,249. 0. 15,168	

Form 990 (2018) HOPE ENTE	ERPRISE	CO	RP	OR	ΑT	'IO	N		64-08	851'	798	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cł , unles	Pos heck i ss per	more rson i	1 than d is both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F Estin amou oth	nated unt of
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	compe from organi and re organi	nsation the zation elated
(18) RICHARD CAMPBELL	40.00											
SEC./TREAS/EXECUTIVE VP/CF	40.00			Х		<u> </u>		190,446.		0.	18,	475.
(19) ED SIVAK EXECUTIVE VP/CHIEF POLICY	40.00			x				146,337.		0.	1 3	270.
(20) KIMBERLA LITTLE	40.00							140,337.			1,	270.
EVP				x				115,931.		0.	10,	002.
1b Sub-total								1,033,217.		0.	76,	577.
c Total from continuation sheets to Part VI								0.		0.	76	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not set to the set of the se											/0,	577.
compensation from the organization		USE	liste	u at	JOVE	<i>e)</i> wri		eceived more than \$100,		;		5
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	oyee,	or	highest compensated er	nployee on	[Y	es No
line 1a? If "Yes," complete Schedule J for se											3	X
4 For any individual listed on line 1a, is the su	-		-					-	-			ζ
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	,										4 Σ	<u> </u>
rendered to the organization? If "Yes." com	•							U U			5	x
Section B. Independent Contractors												
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							•	pensat	ion from	
(A) Name and business								(B) Description of s		С	(C) ompensa	ation
CARR, RIGGS & INGRAM, LLC P.O BOX 2418, RIDGELAND,		8						ACCOUNTING			163,	000.
THE PACIFIC INSTITUTE, LL INTERNATIONAL BLVD STE 33	C, 1210	1				A		CONSULTING				034.
DESIGN BUILD SOLUTIONS P. O. BOX 384, GREENWOOD,								CONSULTING				738.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to f		se lis 3	ted	above) who received me	ore than			

•		0
\$100.000 of compensation from the orga	nization	

Pa	rt VII	Statement of Reven	lue					
		Check if Schedule O cont	ains a response	or note to any line		(5)	(<u>0</u>)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ις N N	1 a	Federated campaigns	1a					012 014
ant	b	Membership dues						
ي ق	c	Fundraising events						
ifts A	d	Related organizations						
aji G	е	Government grants (contributi						
ŝ	f	All other contributions, gifts, gran						
outi		similar amounts not included abor		13,239,558.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$	478,605.				
а С С	h	Total. Add lines 1a-1f		►	13,239,558.			
				Business Code				
e	2 a	LOAN FEES AND OTHER REV	/ENUE	525990	1,787,971.	1,787,971.		
e vic	b	INTEREST INCOME ON LOAN	15	525990	537,731.	537,731.		
s Se	с							
ran Sev	d							
Program Service Revenue	е							
₫.	•	All other program service reve						
		Total. Add lines 2a-2f			2,325,702.			
	3	Investment income (including	,	· ·	E 27 04E	507 Q45		
		other similar amounts)			527,945.	527,945.		
	4 5	Income from investment of tax						
	5	Royalties	(i) Real	I I				
	6.2	Gross rents		(ii) Personal				
		Gross rents Less: rental expenses						
	c							
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,168,777.					
	b	Less: cost or other basis						
		and sales expenses	1,171,133.					
	с	Gain or (loss)	-2,356.	٥.				
	d	Net gain or (loss)		►	-2,356.	-2,356.		
Other Revenue	8 a	Gross income from fundraising including \$						
eve		contributions reported on line						
r B		Part IV, line 18	а					
Othe	b	Less: direct expenses	b					
0	С	Net income or (loss) from func	Iraising events	►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	c	Net income or (loss) from sale						
	44 6	Miscellaneous Revenu PASSTHROUGH INCOME FROM		Business Code 900099	83,950.	83,950.		
				500055	05,500.			
	b c							
	d d	All other revenue						
		Total. Add lines 11a-11d			83,950.			
	12	Total revenue. See instructions			16,174,799.	2,935,241.	0.	0.

HOPE ENTERPRISE CORPORATION

Form 990 (2018)

64-0851798

Page **9**

HOPE ENTERPRISE CORPORATION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	655,050.	655,050.	-	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,109,793.	795,057.	148,267.	166,469.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,048,795.	1,264,573.	1,630,331.	153,891.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
	Management	63,529.	44,138.	19,391.	
	Legal Accounting	152,960.	41,150.	152,960.	
	Lobbying	152,500.		152,500.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	4,823,309.	3,609,635.	199,900.	1,013,774
2	Advertising and promotion				
3	Office expenses	78,597.	55,210.	21,604.	1,783 12,295
4	Information technology	555,659.	413,008.	130,356.	12,295
5	Royalties				
6	Occupancy				
7	Travel	298,271.	155,473.	129,544.	13,254
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	80,571.	19,265.	58,451.	2,855
0	Interest	579,112.	269,251.	309,861.	,
1	Payments to affiliates	•			
2	Depreciation, depletion, and amortization	422,191.		422,191.	
3	Insurance	123,440.	9,196.	114,244.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LOAN LOSS EXPENSE	925,878.	925,878.	0.	0
b	COMMUNICATION	825,329.	732,239.	73,740.	19,350
с	FORGIVABLE LOAN EXPENSE	662,542.	662,542.	0.	0
d	SERVICE FEES	551,992.	369,735.	144,362.	37,895
	All other expenses	624,188.	440,298.	145,882.	38,008
5	Total functional expenses. Add lines 1 through 24e	15,581,206.	10,420,548.	3,701,084.	1,459,574
6	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)				
					000

HOPE	ENTERPRISE	CORPORATION

1 01					
		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	6,086,298.	1	8,405,618.
	2	Savings and temporary cash investments	253,512.	2	38,714.
	3	Pledges and grants receivable, net	11,228,543.	3	13,650,672.
	4	Accounts receivable, net	12,966.	4	79,130.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	14,146,896.	7	13,506,690.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	239,357.	9	337,136.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,981,036.			
	b	Less: accumulated depreciation 10b 4,805,388.	2,247,302.	10c	2,175,648.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	18,365,604.	12	18,647,855.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,449,327.	15	4,189,394.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	57,029,805.	16	61,030,857.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	21,974,898.	23	23,925,528.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	2,621,402.	25	4,189,022.
	26	Total liabilities. Add lines 17 through 25	24,596,300.	26	28,114,550.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
es		complete lines 27 through 29, and lines 33 and 34.	10 000 000		4 995 599
anc	27	Unrestricted net assets	10,232,223.	27	4,826,628.
Bala	28	Temporarily restricted net assets	20,503,010.	28	26,693,135.
Π	29	Permanently restricted net assets	1,698,272.	29	1,396,544.
Fui		Organizations that do not follow SFAS 117 (ASC 958), check here			
or		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let.	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	32,433,505.	33	32,916,307.
	34	Total liabilities and net assets/fund balances	57,029,805.	34	61,030,857.

Form **990** (2018)

Part X | Balance Sheet

Form 990 (2018)	
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Form	990 (2018) HOPE ENTERPRISE CORPORATION	64-0	851798	Pag	_{ge} 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,174	1,79	99.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,581	L,2	06.
3	Revenue less expenses. Subtract line 2 from line 1	3	593	3,5	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,433	3,5	05.
5	Net unrealized gains (losses) on investments	5	-26	5,84	41.
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	-83	3,9	50.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	32,910	5,3	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2018)

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the or	ganization
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Nam	ne o	f ti	ne organization							identification number
_					E CORPORATION					4-0851798
Pa	rt I		Reason for Public C	Charity Status (/	All organizations must co	omplete thi	is part.) Se	e instructions	ö.	
The	orga	ani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1			A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2			A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3			A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4			A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		_	city, and state:							
5			An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		_	section 170(b)(1)(A)(iv). (C	complete Part II.)						
6			A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7			An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
		_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8			A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9			An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
			or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		_	university:							
10										
	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 busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		_	See section 509(a)(2). (Cor							
11		-	An organization organized a			•				
12			An organization organized a	-	-	-			•	
			more publicly supported org	-						Check the box in
	Г		lines 12a through 12d that o			-			-	
а			Type I. A supporting orga	-	-	• • • •	-			
			the supported organization			majority o	of the direc	tors or trustee	es of the sl	ipporting
Ŀ	Г		organization. You must c	-				d avaariaatia.	e (e) less leses	
b	L		Type II. A supporting organization	-				•		•
			control or management or			ame persoi	ns that co	ntroi or manaç	je trie supp	Joned
~	Г		organization(s). You mus Type III functionally inter	-		in connoct	ion with	and functional	ly intograte	od with
С			its supported organization						iy integrate	a with,
d	Г		Type III non-functionally		-			-	ted organiz	zation(s)
u	L.		that is not functionally inter						-	
			requirement (see instructi	•	• •	•		-	anatonin	
е	Г		Check this box if the orga	-	-				I. Type III	
	_		functionally integrated, or					JI 7 JI	, ,,	
f	Er	nte	r the number of supported c	rganizations	, , , , , , , , , , , , , , , , , , , ,					
g	Pr	rov	ide the following information	about the supporte						
		(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed	(v) Amount of	,	(vi) Amount of other
organization (described on lines 1-10 Above (see instructions)) Yes No support (see instructions) support (see instructions)							support (see instructions)			
Tota	ıl									

Schedule A (Form 990 or 990-EZ) 2018 HOPE ENTERPRISE CORPORATION Part II

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	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 organ-						
	ization'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						
Ű	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
~							
	Public support. Subtract line 5 from line 4.						
		() 001 ((1) 0045	() 0040	(1) 0047	() 0010	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2018. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c		-				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-		-	
h	10% -facts-and-circumstances test						
Ň	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
10	-		-		• • • •		
10	Private foundation. If the organization	IT UIU HOL CHECK a		a, 100, 17a, 01 171	o, check this box a	na see instructions	> ▼ ∟

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 HOPE ENTERPRISE CORPORATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar 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 8273111.16596505.15668388.18236826.13239558.72014388. 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 1119062. 824,100. 2534394. 2325702. 8196499. organization's tax-exempt purpose 1393241. 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 9666352.17715567.16492488.20771220.15565260.80210887. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 1048412. 3234578. 838,618. 5121608. 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 925,854. amount on line 13 for the year 255,523. 366,935. 151,727. 755,088. 2455127. c Add lines 7a and 7b 255,523. 1415347. 151,727. 3989666. 1764472. 7576735. 72634152. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2016 (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 17715567.16492488.20771220.15565260.80210887. 9666352. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 107,552. 251,835. 329,633. 527,945. 1294113. 77,148. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 77.148. 107,552. 251,835. 329,633. 527,945. 1294113. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 854,479. 807,151. 164,381. 308. 44,981. 1871300. assets (Explain in Part VI.) 10597979.18630270.16908704.21101161.16138186.83376300. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 87.12 % 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 86.10 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.55 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 1.17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 HOPE ENTERPRISE CORPORATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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).
- 8 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.)

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

2

Yes

No

Schedule A (Form 990 or 990-EZ) 2018 HOPE ENTERPRISE CORPORATION Part IV Supporting Organizations (continued)

			Yes	No
11	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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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			
	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		
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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		
b	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		

Schedule A (Form 990 or 990-EZ) 2018 HOPE ENTERPRISE CORPORATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
				-

7 Γ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part V

1

Schedule A (Form 990 or 990-EZ) 2018 HOPE ENTERPRISE CORPORATION

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	8		
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	ne organization is responsive		
	(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		1	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
h	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: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in 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:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 HOPE	ENTERPRISE CORPORATION	64-0851798 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a c , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part rt V, Section E, lines 2, 5, and 6. Also complete this part for any addition	V, Section B, line 1e; Part V,

Payments from Disqualified Persons Included on Part III, Line 7a

64-0851798

2018

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
W.K. KELLOGG					
FOUNDATION	0.	700,000.	0.	3,234,578.	0.
FORD FOUNDATION	0.	348,412.	0.	0.	838,618.
Total to Schedule A,		1,048,412.		3,234,578.	838,618.

823172 04-01-18

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2018

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
ECD NEW MARKETS 3, LLC	207,232.	347,369.	151,727.	0.	0.
ECD ASSOCIATES, LLC	48,291.	0.	0.	0.	0.
GULF COAST RENAISSANCE CORPORAT	0.	19,566.	0.	0.	0.
HOPE NEW MARKETS 6, LLC	0.	0.	0.	0.	398,618.
HOPE NEW MARKETS 5, LLC	0.	0.	0.	88,988.	0.
HOPE NEW MARKETS 7, LLC	0.	0.	0.	198,269.	0.
HOPE NEW MARKETS 8, LLC	0.	0.	0.	199,831.	0.
HOPE NEW MARKETS 9, LLC	0.	0.	0.	268,000.	0.
HOPE NEW MARKETS 10, LLC	0.	0.	0.	0.	238,618.
HOPE NEW MARKETS 11, LLC	0.	0.	0.	0.	288,618.
Fotal to Schedule A, Part III, Line 7b	255,523.	366,935.	151,727.	755,088.	925,854.

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

64-0851798

2018

	** Do Not File **	
***	Not Open to Public Inspection	***

Payer's Name	Amount Received in 2018	2018 Excess Payments
HOPE NEW MARKETS 6, LLC	560,000.	398,618.
HOPE NEW MARKETS 10, LLC	400,000.	238,618.
HOPE NEW MARKETS 11, LLC	450,000.	288,618.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		925,854.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990. Form 990-EZ. or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

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	HOPE ENTERPRISE CORPORATION	64-0851
Organization type (ch	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Γ

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

64-0851798

HOPE ENTERPRISE CORPORATION

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

		-	-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WORKING POOR FAMILIES 4818 DRUMMOND AVE CHEVY CHASE, MD 20815	\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BILL & MELINDA GATES FOUNDATION 440 5TH AVE NORTH SEATTLE, WA 98109	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DELTA REGIONAL 236 SHARKEY AVE., SUITE 400 CLARKSDALE, MS 38614	\$116,479.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FREDDIE MAC 8200 JONES BRANCH DRIVE MCLEAN, VA 22102-3110	\$ <u>105,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FRIEDMAN FAMILY FOUNDATION 353 FOLSOM ST FI 2 SAN FRANCISCO, CA 94105	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MARY REYNOLDS BABCOCK FOUNDATION 2920 REYNOLDA RD WINSTON SALEM, NC 27106	\$414,434.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

64-0851798

HOPE ENTERPRISE CORPORATION

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CITY OF NEW ORLEANS 1340 PYDRAS STREET 9TH FLOOR NEW ORLEANS, LA 70112	\$29,626.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	REGIONS 210 EAST CAPITOL STREET JACKSON, MS 39201	\$ <u>35,525.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL STE 300 MOUNTAIN VIEW, CA 94040	\$ <u>2,463,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 USDA 1400 INDEPENDENCE AVE., S.W.	Total contributions	Type of contribution Person X Payroll
<u>No.</u> <u>10</u> (a)	Name, address, and ZIP + 4 USDA 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250 (b)	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
<u>No.</u> <u>10</u> (a) <u>No.</u>	Name, address, and ZIP + 4 USDA 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250 (b) (b) Name, address, and ZIP + 4 M W MURPHY FOUNDATION 200 NORTH JEFFERSON., SUITE 400	Total contributions \$ 163,712. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for Complete Part II for Person X Payroll Image: Complete Part II for Person X Payroll Image: Complete Part II for (Complete Part II for Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Payroll

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

100,000.

136,500.

125,000.

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

X

X

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)		Pag
Name of c	organization		Employer identification numbe
HOPE	ENTERPRISE CORPORATION		64-0851798
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
	ENT COMM PARTNERS 11000 BROKEN LAND PKWY STE 700 COLUMBIA, MD 21044	\$103,2	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
14	FAHE 319 OAK STREET BEREA, KY 40403	\$10,0	0.0. Person X Payroll Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
15	FORD FOUNDATION <u>320 E 43RD ST</u> <u>NEW YORK, NY 10017</u>	\$ <u></u> 1,000,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
16	FRANCES AND COOPER MORRISON		Person X

(a)

No.

17

(a)

No.

18

1017 PINEHURST PL

JACKSON, MS 39202

GOLDMAN SACHS

200 WEST STREET

JAMES BARKSDALE

800 WOODLANDS PKWY.,

RIDGELAND, MS 39157

NEW YORK, NY 10282

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

SUITE 118

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Page **2**

Employer identification number

64-0851798

HOPE ENTERPRISE CORPORATION

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

	-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	LYDENEL WISHCAMPER 35 LITTLE RIVER LANE FREEPORT, ME 04032	\$ <u>50,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MORRISON FOUNDATION 100 GROVE STREET VICKSBURG, MS 39183	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	REGIONS 210 EAST CAPITOL STREET JACKSON, MS 39201	\$ <u>475,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	R W JOHNSON 50 COLLEGE ROAD EAST PRINCETON, NJ 08540	\$ <u>1,720,760.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SILVER LAKE TECH 10080 N WOLFE ROAD SW3-190 CUPERTINO, CA 95014	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	THE URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

64-0851798

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 25 WELLS FARGO X Person Payroll 2,737,996. 1 INDEPENDENT AVE 10TH FLOOR Noncash \$ (Complete Part II for JACKSONVILLE, FL 32202 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

HOPE ENTERPRISE CORPORATION

Page 2

Name of organization

Employer identification number

64-0851798

HOPE ENTERPRISE CORPORATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	BANK BRANCH, 3421 MCGEHEE ROAD, MONTGOMERY, AL	_	
		\$ <u>475,000.</u>	10/01/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page **4**

Name of or	rganization		Employer identification number
	ENTERPRISE CORPORATION		64-0851798
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(-) N-		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ		e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), 	(5), or (6) organizations: Complete Part III.
Name of organization	

Name of organization E						identificatio	n number		
		TERPRISE CORPORATI				4-08517	98		
Pa	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.								
1	Provide a description of the organiz	ation's direct and indirect political	campaign activities in I	Part IV.					
2	Political campaign activity expendit	ures	-		▶\$				
3	Volunteer hours for political campai								
		-							
Pa	ITTI-B Complete if the org	janization is exempt under	section 501(c)(3)	•					
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		. ► \$				
2	Enter the amount of any excise tax	incurred by organization managers							
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 for	r this year?			Yes	No		
4a	Was a correction made?					Yes	No		
_	If "Yes," describe in Part IV.								
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	xcept section 5	501(c)(3).				
1	Enter the amount directly expended	d by the filing organization for section	on 527 exempt function	n activities	. ► \$				
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sect	ion 527					
	exempt function activities				▶\$				
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here and	on Form 1120-POL,						
	line 17b				▶\$				
4	Did the filing organization file Form					Yes	No		
5									
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political								
	contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a								
	political action committee (PAC). If additional space is needed, provide information in Part IV.								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		e) Amount of			
filing organization's contributions received									

(a) Name	(b) Address	(C) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

OMB No. 1545-0047

Open to Public

Inspection

ΖU

8

Schedule C (Form 990 or 990-EZ) 2018	HOPE EI	NTERP	RISE CORPORA	ATION	64-0	851798 Page 2
Part II-A Complete if the org	anization	is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
expenses, and shar	re of excess I	obbying e	expenditures).		group member's name	e, address, EIN,
Limit	ts on Lobbyi	ing Exper	nd "limited control" pro Inditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influb Total lobbying expenditures to influ					152,455.	
 c Total lobbying expenditures (add lin d Other exempt purpose expenditure 	nes 1a and 1	b)			<u>152,455</u> . 15,428,751.	
e Total exempt purpose expenditures f Lobbying nontaxable amount. Enter	s (add lines 1	Ic and 1d))		15,581,206. 929,060.	
If the amount on line 1e, column (a) o Not over \$500,000 Over \$500,000 but not over \$1,000	0,000	20% of t \$100,00	bying nontaxable amount on line 1e.	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50 Over \$1,500,000 but not over \$17,0 Over \$17,000,000			10 plus 10% of the exce 10 plus 5% of the exces 200.			
 g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero 	o or less, ent o or less, ente	er -0	ine 1i. did the organiza		232,265. 0. 0.	
reporting section 4911 tax for this (Some organizations th	year? 4- hat made a s	Year Ave	eraging Period Under	Section 501(h) nave to complete all o		Yes No
		-	nditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 20	15	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	712	,659 .	781,285.	1,000,000.	929,060.	3,423,004.
b Lobbying ceiling amount (150% of line 2a, column(e))						5,134,506.
c Total lobbying expenditures	43	<u>,856.</u>	2,468.	34,366.	152,455.	233,145.
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	178	,165.	195,321.	250,000.	232,265.	855,751. 1,283,627.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

64-0851798 Page 3

Schedule C (Form 990 or 990-EZ) 2018 HOPE ENTERPRISE CORPORATION 64-08517 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1	1	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(0)(5), or sec	tion	
	501(c)(6).			Vaa	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3 ic
	answered "Yes."	NU, UN	(D) Fart	m-A, me	5, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		•		
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

D)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

64-0851798

Name	of	the	organization	
Valle	UI.	uie	organization	

HOPE ENTERPRISE CORPORATION

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
_			
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	lly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
6	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	filanding of violations, and emorcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing conservation of	assempts during the year
'	Amount of expenses incurred in monitoring, inspecting, name \$		asements during the year
8	Does each conservation easement reported on line 2(d) above	$v_{\rm e}$ satisfy the requirements of section $170(h)(4)(l)$	B)(i)
Ũ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
-	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		5
Pa		f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtherance c	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, 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 tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		► \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	hedule D (Form 990) 2018 HOPE ENTERPRISE CORPORATION 64-0851798 Page 2								
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Other	Simila	r Assets	continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	t are a sigr	nificant u	se of its c	ollection ite	ems
	(check all that apply):								
а	Public exhibition	c	l 📃 Loan or ex	change progra	ams				
b	Scholarly research	e	e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizatio	on's exemp	ot purpos	se in Part	XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran						. Part IV. I		
	reported an amount on Form 990, Pa		5				, ,	,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributior	ns or other ass	sets not in	cluded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII								
	······································							Amount	
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe					·		Yes	No
	If "Yes," explain the arrangement in Part XIII.				-	y			
Par).			
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four ye	ears back
1a	Beginning of year balance							(-)	
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
Ŭ	and programs								
f	Administrative expenses								
g	End of year balance Provide the estimated percentage of the curr	L	l (line 1 a column (r						
2	Board designated or quasi-endowment			a)) Heiu as.					
a h	Permanent endowment	%	70						
b	Temporarily restricted endowment								
C									
2-	The percentages on lines 2a, 2b, and 2c sho		ation that are hold a	ad administer	ad for the	orgoniza	tion		
38	Are there endowment funds not in the posse	ssion of the organiza	allon that are neid a	ind administer	ed for the	organiza	alion		es No
	by:								<u>es No</u>
	(i) unrelated organizations							3a(i)	
								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza							3b	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.						
1 41	Complete if the organization answere) Part IV line 11a	Soo Earm 000	Dort V li	no 10			
	Description of property	(a) Cost or c		st or other		cumulate		(d) Book v	
	Description of property	basis (investr	• •	s (other)	. ,	reciation	a		raiue
1a	Land								
b	Buildings		2,00	04,386.		79,71			,669.
	Leasehold improvements			23,269.		16,01			,252.
	Equipment			53,381.	3,4	09,6	54.	1,543	,727.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. column (B). line	10c.)		<u>.</u>		2,175	,648.

Schedule D (Form 990) 2018

dule D ((Form 990)	2018	HOPE	ENTERPRISE	CORPORATION
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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SECONDARY CAPITAL OF HOPE		
(B) COMM CREDIT UNION	9,500,000.	COST
(C) PREFERRED STOCK	1,000,000.	COST
(D) INVESTMENT SECURITIES	8,147,855.	COST
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,647,855.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	51,571.
(2) INVESTMENT IN SUBSIDIARY OR AFFILIATE	1,561,102.
(3) DUE FROM AFFILIATE	1,792,677.
(4) FORECLOSED LOANS	54,252.
(5) MORTGAGE LOANS	504,395.
(6) INTANGIBLES AND OTHER ASSETS	225,397.
(7)	
(8)	
(9)	
Total. (Colymn (b) must equal Form 990. Part X. col. (B) line 15.)	4,189,394.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	1,279,280.
(3) ACCOUNTS PAYABLE AND ACCRUED	
(4) EXPENSES	2,909,742.
(5)	
(6)	
(7)	
(8)	
(9)	

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

Sche	dule D (Form 990) 2018 HOPE ENTERPRISE CORPORATI	ON	64-0851798 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

PART X, LINE 2:

832054 10-29-18

POTENTIAL EXPOSURES INVOLVING TAX POSITIONS TAKEN THAT MAY BE CHALLENGED
BY TAXING AUTHORITIES CONTAIN ASSUMPTIONS BASED UPON PAST EXPERIENCES AND
JUDGMENTS ABOUT POTENTIAL ACTIONS BY TAXING JURISDICTIONS. MANAGEMENT
DOES NOT BELIEVE THAT THE ULTIMATE SETTLEMENT OF THESE ITEMS WILL RESULT
IN A MATERIAL AMOUNT. WITH MINIMUM EXCEPTIONS, THE COMPANY IS NO LONGER
SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2015.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury	Department of the Treasury Attach to Form 990.									
Name of the organizatio	n HOPE ENTE	RPRISE CON	RPORATION					Employer identification number $64 - 0851798$		
Part I General Inf	ormation on Grants a	nd Assistance								
•	tion maintain records t vard the grants or assis		C C		e e ;	0	stance, and the selecti			
	/ the organization's pro									
	Other Assistance to I	-				anization answered "	/es" on Form 990, Part	IV, line 21, for any		
recipient that	at received more than \$	5,000. Part II can		onal space is need	ed.	(f) Method of	1			
	Iress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
								DEVELOPMENT FINANCE		
HOPE FEDERAL CREDI	T UNION							SPECIALIZING IN LOANS TO		
#4 OLD RIVER PLACE								SMALL TO MEDIUM SIZED		
JACKSON, MS 39202		64-0865228	501(C)(14)	505,000.	0.			MANUFACTURING AND SERVICE		
								TO INCREASE ACCESS TO		
BCC LEVERAGED LEND	ER LLC							AFFORDABLE HEALTHY FOODS		
300 NORTH BROAD ST	•						FORGIVABLE	AND TO EXPAND ECONOMIC		
NEW ORLEANS, LA 70	119	26-3184397		٥.	100,000.	BOOK	LOAN	OPPORTUNITY IN LOW-INCOME		
								<u> </u>		
2 Enter total numbe	r of section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table				►		
3 Enter total numbe	r of other organizations	s listed in the line 1	table					►		
LHA For Paperwork I	Reduction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2018)		

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

HOPE ENTERPRISE CORPORATION

64-0851798

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Dant IV Cumplemented Information Dravida the information					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FILES ARE KEPT ON SITE FOR EACH GRANT RECIPIENT, DETAILING THE ACTIVITY

THAT REVOLVES AROUND EACH GRANT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HOPE FEDERAL CREDIT UNION

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENT FINANCE SPECIALIZING IN

LOANS TO SMALL TO MEDIUM SIZED MANUFACTURING AND SERVICE BUSINESSES.

Sched Part	ule I (Fo	m 990) S uppleme	ntal Inf	H(form	OPE ation	ENT:	ERPRISE	CO	RPO	RATIO	N			6	4-08517	98	Page 2
NAM	E OF	ORGAN	IZATI	ON	OR	GOVE	ERNMENT:	: ВС	CC I	LEVER	AGED) LEN	IDER I	LC			
<u>(H)</u>	PUR	POSE OF	F GRA	ANT	OR	ASSI	ISTANCE:	: T(II O	ICREA	SE A	CCES	SS TO	AFFO	RDABLE		
HEAD	LTHY	FOODS	AND	то	EXP	AND	ECONOMI	IC (OPPO	ORTUN	ITY	IN I	IOM-II	ICOME			
COM	MUNI	TIES.															

SC	HEDULE J	Compensation Information	mpensation Information							
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	201						
	-	Compensated Employees		ZU	10)				
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public						
	al Revenue Service		Inspection							
Nam	e of the organization			over identification number						
_		HOPE ENTERPRISE CORPORATION	64-	085179	8					
Pa	art I Questions Regarding Compensation									
					Yes	No				
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,							
		line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or c									
	Travel for com									
		ation and gross-up payments Health or social club dues or initiation fee								
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)							
-										
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or								
•	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>				
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>				
2	lastinatabiala if a		t ionalo							
3		ny, of the following the filing organization used to establish the compensation of the organization of the								
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Eventive Director, but evelop in Part III.	Shito							
	·	ation of the CEO/Executive Director, but explain in Part III.								
	Compensation									
	·	ompensation consultant	ommittee							
	Form 990 of 0	ther organizations X Approval by the board or compensation c	ommittee							
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
-	organization or a re									
2	-			4a		x				
a b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X				
		ceive payment from, an equity-based compensation arrangement?				X				
U		les 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.								
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n							
-	contingent on the r									
а	•			5a		X				
		ation?				X				
		r 5b, describe in Part III.								
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n							
	contingent on the r	et earnings of:								
а	•	~ 		6a		X				
		ation?				X				
		r 6b, describe in Part III.								
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;							
		ies 5 and 6? If "Yes," describe in Part III		7		X				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th								
				8		X				
9		id the organization also follow the rebuttable presumption procedure described in								
		53.4958-6(c)?	<u></u>	9						
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2018				

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.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) WILLIAM BYNUM	(i)	390,254.	0.	0.	11,000.	8,662.	409,916.	0.
PRESIDENT/CEO/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALAN BRANSON	(i)	190,249.	0.	0.	7,837.	7,331.	205,417.	0.
EXECUTIVE VP/COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD CAMPBELL	(i)	190,446.	0.	0.	7,973.	10,502.	208,921.	0.
SEC./TREAS/EXECUTIVE VP/CF	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ED SIVAK	(i)	146,337.	0.	0.	5,981.	7,289.	159,607.	0.
EXECUTIVE VP/CHIEF POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Open to Public

Inspection

Employer identification number 64 - 0851798

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

HOPE	ENTERPRISE	CORPORATION
TIOL T	DIATORATICE DI	COULT OTHER TOTA

Pai	rt I Jypes of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	-
		applicable		Form 990, Part VIII, line 1g	Honcash continou	lion an	iounta	`
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	3,605.	STOCK EXCHA	NGE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	Х	1	475,000.	COMPARABLE	SALE	S	
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash				
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

Schedule M (Form 990) 2018 HOPE ENTERPRISE CORPORATION	64-0851798	P
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.		

Page **2**

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



HOPE ENTERPRISE CORPORATION

ATION 64-0851798

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING ACCESS TO QUALITY FINANCIAL PRODUCTS/SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

REGIONAL DEVELOPMENT OF SYSTEMS AND ORGANIZATIONS TO IMPROVE HOUSING,

COMMUNICATIONS, WORKFORCE TRAINING, GENERAL BUSINESS DEVELOPMENT AND

ACCESS TO CAPITAL.

EXPENSES \$ 1,224,270. INCLUDING GRANTS OF \$ 47,850. REVENUE \$ 18,466.

FORM 990, PART VI, SECTION B, LINE 11B:

THE GOVERNING BODY DOES NOT REVIEW THE 990 BEFORE FILING; HOWEVER, IT IS

REVIEWED BY THE CONTROLLER AND CFO.

FORM 990, PART VI, SECTION B, LINE 12C:

HUMAN RESOURCES CONDUCTS AN ANNUAL REVIEW OF THE POLICY FOR THE EMPLOYEES,

AND THE CORPORATE SECRETARY CONDUCTS AN ANNUAL REVIEW OF THE POLICY FOR THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR/OTHER TOP MANAGEMENT COMPENSATION DECISIONS ARE ESTABLISHED BY THE BOARD OF DIRECTORS.

THE ORGANIZATION'S EXECUTIVE VICE PRESIDENTS' COMPENSATIONS ARE DETERMINED

BY THE BOARD OF DIRECTORS. ALL OTHER KEY EMPLOYEES' COMPENSATIONS ARE

DETERMINED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization HOPE ENTERPRISE CORPORATION	Employer identification number 64-0851798
THE ORGANIZATION CAN BE CONTACTED DIRECTLY IN ORDER TO RE	QUEST ANY OF THE
NAMED DOCUMENTS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TEMPORARY STAFF:	
PROGRAM SERVICE EXPENSES	10,064.
MANAGEMENT AND GENERAL EXPENSES	12,415.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,479.
CONTRACTUAL:	
PROGRAM SERVICE EXPENSES	3,599,571.
MANAGEMENT AND GENERAL EXPENSES	187,485.
FUNDRAISING EXPENSES	1,013,774.
TOTAL EXPENSES	4,800,830.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,823,309.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PASSTHROUGH INCOME FROM K-1S	-83,950.
FORM 990, PART XII, LINE 2C:	
THE PROCESSES ARE UNCHANGED FOR THE CURRENT YEAR.	

SCH	IEDULE R
	1

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

64-0851798

Department of the Treasury Internal Revenue Service

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

Name of the organization

HOPE ENTERPRISE CORPORATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HOME AGAIN, INC 20-4526894							
#4 OLD RIVER PLACE, SUITE A	AFFORDABLE HOUSING			SCH. A, LINE			
JACKSON, MS 39202	DEVELOPMENT	MISSISSIPPI	501(C)(3)	9	N/A		Х
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-	()		(-)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	ר)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated,	Share of total income	Share of end-of-year		ortionate	Code V-UBI amount in box	General or managing	Percentage
or related organization		(state or foreign	entity	excluded from tax under	lincome	assets	alloca	tions?	20 of Schedule		ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
ECD INVESTMENTS, LLC -											
72-1376692, #4 OLD RIVER											
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSINE										
39202	SS DEVELOPMENT	MS	N/A	RELATED	0.	502,890.		x	N/A	X	7.57%
ECD ASSOCIATES, LLC -											
30-0224328, #4 OLD RIVER											
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSINE										
39202	SS DEVELOPMENT	MS	N/A	RELATED	25,671.	1,170,841.		x	N/A	x	28.57%
ECD NEW MARKETS, LLC -											
55-0787936, #4 OLD RIVER											
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSINE										
39202	SS DEVELOPMENT	MS	N/A	RELATED	56,294.	1,275,441.		x	N/A	x	39.88%
ECD NEW MARKETS 3, LLC -											
27-2770029, #4 OLD RIVER											
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSINE										
39202	SS DEVELOPMENT	MS	N/A	RELATED	66.	0.		x	N/A	X	.01%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	Name, address, and EIN Primary activity		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
ECD INVESTMENTS BIDCO, INC 72-1432977			ECD						
#4 OLD RIVER PLACE, SUITE A			INVESTMENT,						
JACKSON, MS 39202	DEVELOPMENT FINANCE	MS	LLC	C CORP	-32,642.	63,724.	7.57%		Х
HOPE NEW MARKETS 6, LLC - 37-1842771									
#4 OLD RIVER PLACE, SUITE A	COMMUNITY/BUSINESS								
JACKSON, MS 39202	DEVELOPMENT	MS	N/A	C CORP	1.	1,064.	.01%		X
HOPE NEW MARKETS 11, LLC - 32-0512233									
#4 OLD RIVER PLACE, SUITE A	COMMUNITY/BUSINESS								
JACKSON, MS 39202	DEVELOPMENT	MS	N/A	C CORP	0.	834.	.01%		X
	_								

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, evoluted from tox under	(f) Share of total income	(g) Share of end-of-year	(h Disprop ate alloc	ortion-	(i) Code V-UBI amount in box	(j) General of managing partner?	
		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes No	-
ECD NEW MARKETS 4, LLC -											
27-2770139, #4 OLD RIVER]										
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSIN										
39202	SS DEVELOPMENT	MS	N/A	RELATED	-1,511.	7.		х	N/A	x	.01%
ECD NEW MARKETS 5, LLC -											
46-0990506, #4 OLD RIVER]										
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSIN										
39202	SS DEVELOPMENT	MS	N/A	RELATED	3,360.	6.		х	N/A	x	.01%
HOPE NEW MARKETS 1, LLC -											
46-2647832, #4 OLD RIVER	1										
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSIN										
39202	SS DEVELOPMENT	MS	N/A	RELATED	2.	580.		х	N/A	x	.01%
HOPE NEW MARKETS 2, LLC -											
46-2658708, #4 OLD RIVER	1										
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSIN										
39202	SS DEVELOPMENT	MS	N/A	RELATED	4.	773.		х	N/A	x	.01%
HOPE NEW MARKETS 3, LLC -											
46-2669491, #4 OLD RIVER	1										
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSIN										
39202	SS DEVELOPMENT	MS	N/A	RELATED	2.	473.		х	N/A	x	.01%
HOPE NEW MARKETS 4, LLC -											
46-2678609, #4 OLD RIVER	1										
PLACE, SUITE A, JACKSON, MS	COMMUNITY/BUSIN										
39202	SS DEVELOPMENT	MS	N/A	RELATED	6.	579.		х	N/A	x	.01%
HOPE NEW MARKETS 5, LLC -	1										
36-4852627, 4 OLD RIVER PLACE	COMMUNITY/BUSIN										
SUITE A, JACKSON, MS 39202	SS DEVELOPMENT	MS	N/A	RELATED	7.	577.		х	N/A	x	.01%
HOPE NEW MARKETS 7, LLC -	1										
36-4852910, 4 OLD RIVER PLACE	COMMUNITY/BUSIN										
SUITE A, JACKSON, MS 39202	SS DEVELOPMENT	MS	N/A	RELATED	4.	772.		х	N/A	x	.01%
· · · ·											
HOPE NEW MARKETS 8, LLC -	1										
35-2578311, 4 OLD RIVER PLACE	COMMUNITY/BUSIN										
SUITE A, JACKSON, MS 39202	SS DEVELOPMENT	MS	N/A	RELATED	18.	771.		х	N/A	x	.01%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	portion-		1	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc	cations?	Code V-UBI amount in box 20 of Schedule	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	-										
HOPE NEW MARKETS 9, LLC -											
36-4853101, 4 OLD RIVER PLACE	COMMUNITY/BUSIN	ма			07	0.7.1		N 7	NT / 7		0.1.9
SUITE A, JACKSON, MS 39202	SS DEVELOPMENT	MS	N/A	RELATED	27.	871.		X	N/A	X	.01%
HOPE NEW MARKETS 10, LLC -	-										
61-1809803, 4 OLD RIVER PLACE	COMMUNITY/BUSIN										
SUITE A, JACKSON, MS 39202	SS DEVELOPMENT	MS	N/A	RELATED	0.	0.		x	N/A	x	.01%
,,,		110			- •				1() 11		•••
HOPE NEW MARKETS 12, LLC -	1										
61-1810268, 4 OLD RIVER PLACE	COMMUNITY/BUSIN										
SUITE A, JACKSON, MS 39202	SS DEVELOPMENT	MS	N/A	RELATED	0.	٥.		x	N/A	x	.01%
HOPE NEW MARKETS 13, LLC -											
35-2579556, 4 OLD RIVER PLACE	COMMUNITY/BUSIN										
SUITE A, JACKSON, MS 39202	SS DEVELOPMENT	MS	N/A	RELATED	0.	٥.		x	N/A	X	.01%
HOPE NEW MARKETS 14, LLC -											
35-2579181, 4 OLD RIVER PLACE	COMMUNITY/BUSIN										
SUITE A, JACKSON, MS 39202	SS DEVELOPMENT	MS	N/A	RELATED	0.	0.		x	N/A	X	.01%
	4										
	4										
	-										
	4										
	-										
	-										
	1										
	1										
	1										
	1										
	1										
]										

Schedule R (Form 990) 2018 HOPE ENTERPRISE CORPORATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
I Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses		X	-
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ECD ASSOCIATES, LLC	L	10,000.	
(2) ECD ASSOCIATES, LLC	А	4,500.	
(3) ECD NEW MARKETS 3, LLC	L	11,407.	
(4) ECD NEW MARKETS 5, LLC	L	17,500.	
(5) ECD NEW MARKETS, LLC	L	57,225.	
(6) HOPE NEW MARKETS 1, LLC	L	24,554.	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) HOPE NEW MARKETS 10, LLC	L	400,000.	
(8) HOPE NEW MARKETS 11, LLC	L	450,000.	
(9) HOPE NEW MARKETS 2, LLC	L	29,408.	
(10) HOPE NEW MARKETS 3, LLC	L	22,504.	
(11) HOPE NEW MARKETS 4, LLC	L	25,009.	
(12) HOPE NEW MARKETS 5, LLC	L	19,467.	
(13) HOPE NEW MARKETS 6, LLC	L	560,000.	
(14) HOPE NEW MARKETS 7, LLC	L	30,008.	
(15) HOPE NEW MARKETS 8, LLC	L	20,022.	
(16) HOPE NEW MARKETS 9, LLC	L	11,278.	
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
_ (23)			
(24)			

Schedule R (Form 990) 2018 HOPE ENTERPRISE CORPORATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(i org Yes	rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tioi alloca	n) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 HOPE Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.