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4	Exempt Organization Business Income Tax Return									rn	<u></u>	OMB No 1545-06	687		
Form	33U-1			(and	proxy	tax under	sect	ion 6	033(e))				2018	P
		For cale				beginning					, 20			<u> </u>	•
	ent of the Treasury Revenue Service	N Do .		•	•	<i>n990T</i> for instru form as it may be						01(0)(3)	Ope	n to Public Inspec	tion for
	Check box if	200				ck box if name cha		-			1011 15 2 3			(c)(3) Organization r identification nu	عصي
	ddress changed pt under section		I	IC FAMILY I			ingco u	ind see ii	1311 00110113	··,				es' trust, see instru	
	11(C) (OB)	Print	_			te no If a P O box	, see ins	structions	S			7	4	16-4181468	
4 0	8(e) 220(e)	Type	3955 NC	LENSVILLE	PK	•								business activity	code
<u></u> 40	98A 🔲 530(a)	**	City or to	own, state or p	rovince, c	country, and ZIP or	foreign	postal c	ode			(5)	ee mstr	uctions)	
52				LLE, TN 372										453220	
at en	C Book value of all assets at end of year 41201 G Check organization type ▶ ✓ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust														
H En	41201 ter the number								1	c) au				or first) unrela	
	de or business		_							ete P	-				
	t in the blank s														
tra	de or business,	then c	omplete	Parts III-V											
l Du	ring the tax year,	was the	e corpora	ation a subsi	diary in a	an affiliated grou	up or a	parent	-subsidia	ary co	ontrolled	group?	٠.	▶ ☐ Yes 🗹	ON [
	Yes," enter the					he parent corp	oratio	n. ▶							
J The	e books are in d							//	Tele Income	•	ne numb	er ► Expense	.e	615-430-9991 (C) Net	1
1a	Gross receipts			21769	Conne		I	(/-	y income			,	1 1		1 2 -
b	Less returns and a			21703	c	Balance ►	1c		21769		4	يرد مير در د د او		THE WAY	15
2	Cost of goods	sold (S	Schedule	A, line 7)			2		2687		الم ا		•	53 5 1 1 1 1 1 1 1 1 5 1 1 5 1 1 5 1 1 5 1 1 5 1 1 5 1 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	
3	Gross profit. S	ubtract	t line 2 fi	rom line 1c			3		19082		1 1	٠, ٠	ta	19082	2
4a	Capital gain ne						4a				٠ ,	-			<u> </u>
b	Net gain (loss)						4b				. , ,	. , '	· ·		
C	Capital loss de						4c				• • •		7		
5 6	Income (loss) fro Rent income (\$			•		•	5					-	H		├
7	Unrelated deb						7						\vdash		┼──
8						zation (Schedule F)	-								\vdash
9	Investment income	e of a sec	ction 501(c	c)(7), (9), or (17)	organiza	tion (Schedule G)	9								
10	Exploited exer		-				10								
11	Advertising inc						11								<u> </u>
12	Other income (S						12				c-* n	_, \ ,	,		
13 Part	Total. Combin					nstructions for	13	otione	19082		oc \ /Ev	cont fo	L	19082	<u>!</u>
· air						th the unrelate							JI COI	itributions,	
14	Compensation												14		Π
15	Salaries and w	ages											15	38872	
16	Repairs and m	aıntena	ance .			lin'	ternal	Revent	ie Servie	ce ·		•	16		Ь
17	Bad debts .	ad debts								17		├ ──			
18 19	Taxes and lice	nterest (attach schedule) (see instructions)								18 19	2077	 			
20	Charitable con	rises . tributio	ns (See	instructions	 s for lim			Receive	ec	• •		•	20	3877	+
21	Depreciation (a	attach F	Form 45	62)			NO.	, , .	 2 1 1	•	• • •	ı.	. "		\vdash
22	Less depreciat	tion clai	imed on	Schedule A	and el	sewhere on ref	turn .	1 -	22a				22b		1
23	Depletion			·.								•	23		
24	Contributions t	to defer	rred con	npensation	plans	80	01.Bro	adway	MDP 47				24		ļ
25	Marks II may ame									25		<u> </u>			
26 27	26 Excess exempt expenses (Schedule I)									26		├			
28	Other deduction	ons (att	ach schi	edule)		<i>:</i> · · · · ·						•	27 28	4968	
29													29	4968	
30										30	77717				
31	Deduction for n	et opera	ating loss	arising in ta	x years	beginning on or	after	January	, 1, 2018	s (see	instruct	ons)	31	1 1 1 1 1 1 1 1	T'a'
32	Unrelated busi	ness ta	xable in	come. Sub	tract line	e 31 from line 3	30 .		<u></u>		<u></u>		32	-28635	<u></u>

Part	00-⊺ (2018) III Total Unrelated Business Taxable Income				Pa	age 2
33	Total of unrelated business taxable income computed from all unrelated trades	or businesses (see			Ī	
	instructions)	•	33			
34	Amounts paid for disallowed fringes		34			
35	Deduction for net operating loss arising in tax years beginning before Janu					
	instructions)		35			
36	Total of unrelated business taxable income before specific deduction. Subtract lin	ne 35 from the sum				
	of lines 33 and 34		36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37			
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is gi					
	enter the smaller of zero or line 36		38			
Part	IV Tax Computation		•			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	🕨	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation.			-		
	the amount on line 38 from. Tax rate schedule or Schedule D (Form 1041)	•	40			
41	Proxy tax. See instructions		41			
42	Alternative minimum tax (trusts only)		42			
43	Tax on Noncompliant Facility Income. See instructions		43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>	44		ı	
Part	V Tax and Payments		, , ,	 		
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . 45		F		1	
b	Other credits (see instructions)		{			
С	General business credit. Attach Form 3800 (see instructions) 45		7 m			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 45a through 45d		45e		_	
46	Subtract line 45e from line 44		46		_	
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other		47	-	-	
48	Total tax. Add lines 46 and 47 (see instructions)		48		-	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),		49			
50a	· · · · · · · · · · · · · · · · · · ·)a				
Ь	2018 estimated tax payments		10 m			
c	Tax deposited with Form 8868		4			
d	Foreign organizations: Tax paid or withheld at source (see instructions) .		2			
e	Backup withholding (see instructions)		. 4			
f	Credit for small employer health insurance premiums (attach Form 8941) .	<u>л</u>	20 1/30			
g	Other credits, adjustments, and payments. Form 2439	_				
E4	☐ Form 4136 ☐ Other ☐ Total ► 50		51			
51 52	Total payments. Add lines 50a through 50g		51		\dashv	
52 53	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		52		\dashv	
55 54	Overpayment. If line 51 is less than the total of lines 46, 49, and 52, enter amount owed		53 54			
5 4 55	Enter the amount of line 54 you want Credited to 2019 estimated tax		55		\dashv	
Part		Refunded ►	55			
				I V	res	No
56	At any time during the 2018 calendar year, did the organization have an interest in over a financial account (bank, securities, or other) in a foreign country? If "Yes,"			Stile		=
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter	•	•	198		
	here >	are name of the for	cigii cou			./
57		or transform to a form			\dashv	Ť
,,	During the tax year, did the organization receive a distribution from, or was it the grantor of, if "Yes," see instructions for other forms the organization may have to file	, or transferor to, a fore	ayn trust?	· _		

С	Genera	ai business credit. Attach Form 3800 (s	see instructions)	45C			
ď	Credit	for prior year minimum tax (attach For	m 8801 or 8827)	45d	200		
е	Total o	45e					
46					46		
47	Other ta	axes. Check if from	8611 🔲 Form 8697 🔲 Form 8866 🔲 (Other (attach schedule) .	47		
48	Total t	tax. Add lines 46 and 47 (see instruction	ons)		48		
49	2018 n	et 965 tax liability paid from Form 965	49		<u> </u>		
50a	Payme						
b	2018 e	estimated tax payments		50b	6.3		
С	Tax de	eposited with Form 8868		50c			
d	Foreig	n organizations: Tax paid or withheld a	t source (see instructions) .	50d	2.3		
е		p withholding (see instructions)		50e			
f		for small employer health insurance pr		50f	20. 160		
g		credits, adjustments, and payments.					
	☐ For	m 4136 Othe		50g			
51	-	payments. Add lines 50a through 50g			51		
52		ited tax penalty (see instructions). Che					↓
53		.e. If line 51 is less than the total of line			▶ 53		↓
54		ayment. If line 51 is larger than the tot		ount overpaid .	▶ 54		<u> </u>
55		e amount of line 54 you want Credited to 2		Refunded	▶ 55		<u> </u>
Part	VI S	Statements Regarding Certain Ac	tivities and Other Information	see instructions)			
56		time during the 2018 calendar year, d					No
		financial account (bank, securities, or					
		N Form 114, Report of Foreign Bank a	nd Financial Accounts. If "Yes," er	nter the name of the	e foreign coui	ntry	
	here ▶						<u> </u>
57		the tax year, did the organization receive a		r of, or transferor to, a	foreign trust?	·	<u> </u>
		," see instructions for other forms the					
58	Enter t	he amount of tax-exempt interest rece penalties of perjury, I declare that I have examined	ived or accrued during the tax yea	r ▶ \$			2
Sign		forrect, and complete Declaration of preparer (other t	this return, including accompanying schedules han taxpayer) is based on all information of white	and statements, and to th ch preparer has any knowle	dge.		
Here	I		.		May the IR	S discuss this eparer shown	
пеге	. —	ure of officer	Date Title			tions)? TYes	
	Joigha	Print Type preparer's name				DEN	
Paid		Frino Type preparer's name	Preparer's signature	Date	Check L if	PTIN	
Prep	arer		<u> </u>		self-employed		
Use (Only	Firm's name ►			Firm's EIN ▶		
		Firm's address ▶			Phone no	000 7	
					F	om 990-T	(2018)

Schedule A - Cost of Good	ds Sold. En	ter method of	invento	ory val	luation >					
1 Inventory at beginning of	of year	1 189	84	6	Inventory a	at end of year		6	16297	
2 Purchases		2		7	Cost of	goods sold. Sub	tract			
3 Cost of labor		3			line 6 from	line 5. Enter here	and	3		
4a Additional section 263	BA costs				ın Part I, Iır	ne 2		7	2687	
(attach schedule)	4	la l		8	Do the rul	les of section 263	A (with	n respect to	Yes	No
b Other costs (attach sche	edule) 4	b			property p	roduced or acquire	ed for i	resale) apply	, ,	
5 Total. Add lines 1 throu	gh 4b	5 189	84		to the orga	anization?				✓
Schedule C-Rent Income	(From Rea	I Property ar	nd Pers	onal	Property	Leased With Rea	al Pro	perty)		
(see instructions)	•				• -					
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receive	d or accrued								
(a) From personal property (if the perc for personal property is more than 1 more than 50%)		(b) From real percentage of rer 50% or if the rea	nt for perso	onal proj	perty exceeds			connected with th 2(b) (attach sched		ie
(1)	The state of the s									
(2)										
(3)										
(4)				·	·					
Total		Total				(1-) T - 4 - 1 - 1 4 4				
(c) Total income. Add totals of co here and on page 1, Part I, line 6, c	olumn (A)	. •	a instru	ctions)		Enter here and or Part I, line 6, colu	n page 1			
Schedule E—Unrelated Debt-Financed Income (see 1. Description of debt-financed property				Gross income from or allocable to debt-financed		Deductions directly connected with or allocable to debt-financed property				
	n-manced prope	art y	anoca	property		(a) Straight line depreciation (b) Other diameter (attach schedule) (attach schedule)				s
(1)										
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)		6. Col 4 divi by colu	ded	7. Gross income repo (column 2 × column		8. Allocable of (column 6 × total 3(a) and	al of colu	
(1)	·				%					
(2)					%					
(3)					%					
(4)					%					
						Enter here and on p Part I, line 7, colum		Enter here and Part I, line 7, o		
Totals .		•				L				
Total dividends-received deducti	ons included i	n column 8					. ▶	<u> </u>		
								Form \$	990-T	(2018)

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Schedule F—Interest, Anni	uities, Royalties,			Organizations	ganizations (se	e instrud	ctions)	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	a included in the	5. Part of column 4 that is included in the controlling organization's gross income		eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiz	zations							
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the organization's gro	controlling	conne	Deductions directly cted with income in column 10
(1)							+	
(2)					+		+	
(3)							+	
(4)							+	
Totals				1	Add columns 5 Enter here and c Part I, line 8, cc	on page 1,	Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedule G-Investment I	ncome of a Sect	ion 501(c)(7), (9),	or (17) Organi	zation (see inst	tructions	3)	
1. Description of income	2. Amount o		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schede	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			,	· · · · · · · · · · · · · · · · · · ·				,
(2)					· · · · · · · · · · · · · · · · · · ·		•,	
(3)								
(4)								
Totals	Enter here and Part I, line 9, c	column (A).		Advertising Ir	ncome (see inst	ructions	Part I, I	re and on page 1, ne 9, column (B).
Description of exploited activit	2. Gross unrelated	me conr	Expenses directly nected with duction of nrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		6. Exp	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					-			<u> </u>
(2)								
(3)							•	
(4)								
Totals	Enter here and page 1, Part line 10, col (/	I, pag	here and on e 1, Part I, 10, col (B)	, , ,			,	Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	ncome (see instruc	ctions)		<u> </u>	<u>-</u>	-		<u> </u>
Part I Income From Po	eriodicals Repor	ted on a	Consoli	dated Basis		_		
1. Name of periodical	2. Gross advertising income	3	Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership ists	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				,				500 CV 1
(2)		_		1	_			
(3)			 , , _ ,	1		-		1
(4)				1				[' \.ā
Totals (carry to Part II, line (5))	>							

Total. Enter here and on page 1, Part II, line 14 . . .

						, 290 1
Part II Income From Periodi 2 through 7 on a line-t	•	l on a Separat	te Basis (For ea	ach periodical	isted in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I			* 1 * 1	P. St. Bagg. 20	Park to the second	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			4	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5)		<u> </u>	[]" a.	J. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3 44 73, to, ,	
Schedule K—Compensation of	Officers, Direc	tors, and Tru	stees (see instri			
1. Name	:	2. Title	3. Percent of time devoted t business	~ 4. Compensar	ion attributable to ed business	
(1)				9	6	
(2)				g	6	·
(3)				9	6	-
(4)				9	6	_

Form **990-T** (2018)

HISPANIC FAMILY FOUNDATION, INC.

FEIN: 46-4181468 IRS FORM 990-T

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PART II, line 28 (Other deductions)

Miscellaneous expenses	1,011
Merchant fees	3,224
Insurance	733
	4,968