

# MCKINNEY COMMUNITY DEVELOPMENT CORPORATION

## Grant Application

Fiscal Year 2015

### IMPORTANT:

- Please read the McKinney Community Development Corporation Grant Guidelines prior to completing this application.
- The Grant Guidelines and Application are available at [www.mckinneycdc.org](http://www.mckinneycdc.org); by calling 214.544.0296 or by emailing [cschneible@mckinneycdc.org](mailto:cschneible@mckinneycdc.org)
- Please call to discuss your plans for submitting an application in advance of completing the form. Completed application and all supporting documents are required to be submitted electronically or on a CD for consideration by the MCDC board. Please submit the application to:

McKinney Community Development Corporation  
5900 S. Lake Forest Blvd., Suite 110  
McKinney, TX 75070

- *If you are interested in a preliminary review of your project proposal or idea, please complete and submit the **Letter of Inquiry** form, available at [www.mckinneycdc.org](http://www.mckinneycdc.org), by calling 214.544.0296 or emailing [cschneible@mckinneycdc.org](mailto:cschneible@mckinneycdc.org).*

**Applications must be completed in full, using this form, and received by MCDC, electronically or on a CD, by 5:00 p.m. on the date indicated in schedule below.**

### Please indicate the type of funding you are requesting:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Project Grant</b><br>Quality of Life projects that are eligible for funding in accordance with the Type B sales tax statute (refer to examples in Grant Guidelines) and that advance the mission of MCDC. | <input checked="" type="checkbox"/> <b>Promotional or Community Event Grant (maximum \$15,000)</b><br>Initiatives, activities and events that promote the City of McKinney for the purpose of developing new or expanded business opportunities and/or tourism – and enhance quality of life for McKinney residents. |
|---|--|

### Promotional and Community Event Grants:

Application Deadline	Presentation to MCDC Board	Board Vote and Award Notification
Cycle I: January 2, 2015	January 2015	February 2015
Cycle II: June 30 2015	July 2015	August 2015

### Project Grants:

Application Deadline	Presentation to MCDC Board	Board Vote and Award Notification
Cycle I: January 30, 2015	February 2015	March 2015
Cycle II: April 30, 2015	May 2015	June 2015
Cycle III: July 31, 2015	August 2015	September 2015

## APPLICATION

### ORGANIZATION INFORMATION

Name: *Hope Rising*

Federal Tax I.D.: *61-1714404*

Incorporation Date: *5-28-2013*

Mailing Address: *P.O. Box 2076*

City *Van Alstyne*

ST: *TX*

Zip: *75495*

Phone: *214 912 0054*

Fax:

Email: *president@HopeRisingTX.org*

Website: *www.HopeRisingTX.org*

### Check One:

- Nonprofit – 501(c) Attach a copy of IRS Determination Letter
- Governmental entity
- For profit corporation
- Other

Professional affiliations and organizations to which your organization belongs:

### REPRESENTATIVE COMPLETING APPLICATION:

Name: *Lisa Miller*

Title: *President*

Mailing Address: *P.O. Box 2076*

City: *Van Alstyne*

ST: *TX*

Zip: *75495*

Phone: *214 912 0054*

Fax:

Email: *president@hoperisingtx.org*

**CONTACT FOR COMMUNICATIONS BETWEEN MCDC AND ORGANIZATION:**

Name: *same as above*

Title:

Mailing Address:

City:

ST:

Zip:

Phone

Fax:

Email:

**FUNDING**

Total amount requested: *6,000.00*

**PROJECT/PROMOTION/COMMUNITY EVENT**

Start Date: *April 17, 2015*

Completion Date: *April 17, 2015*

**BOARD OF DIRECTORS** (*may be included as an attachment*)

*Lisa Miller-President*

*Sue Goodner-Vice President*

*Ruth Stephenson-Secretary*

*Lorie Clark Groom- Treasurer*

**LEADERSHIP STAFF** (*may be included as an attachment*)

*Board Members: Sarah Duc, Vanessa Fry, Molly Lake, Carolyn Lloyd, Laura Powers, Sarah Kissel,  
Jean Roberts*

**Using the outline below, provide a written narrative no longer than 7 pages in length:**

**I. Applying Organization**

Describe the mission, strategic goals and objectives, scope of services, day to day operations and number of paid staff and volunteers.

Disclose and summarize any significant, planned organizational changes and describe their potential impact on the Project/Promotion/Community Event for which funds are requested.

**II. Project or Promotion/Community Event (whichever is applicable)**

- Outline details of the Project/Promotion/Community Event for which funds are requested. Include information regarding scope, goals, objectives, target audience.
- **For Promotional Grants/Community Events** – describe how this initiative will **promote the City of McKinney for the purpose of business development and/or tourism.**
- Describe how the proposed Project/Promotion/Community Event fulfills strategic goals and objectives for your organization.
- Please also include planned activities, time frame/schedule, and estimated attendance and admission fees if applicable.
- Include the venue/location for Project/Promotion/Community Event?
- Provide a timeline for the Project/Promotion/Community Event.
- Detail goals for growth/expansion in future years.

**Project Grants – please complete the section below:**

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| • An expansion/improvement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • A replacement/repair?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • A multi-phase project?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • A new project?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Has a feasibility study or market analysis been completed for this proposed project?** *If so, please attach a copy of the Executive Summary.*

**Provide specific information to illustrate how this Project/Promotion/Event will enhance quality of life and further business and economic development in the City of McKinney, and support one or more of MCDC's goals:**

- Develop and strengthen public, community amenities to improve quality of life for residents in the City of McKinney
- Support projects eligible for Type B funding under state law
- Contribute to economic development and/or tourism within McKinney
- Educate the community about the impact "buying local" has on quality of life in McKinney

**Has a request for funding, for this Project/Promotion/Community Event, been submitted to MCDC in the past?**

Yes

No

### III. Financial

- Provide an overview of the organization's financial status including the impact of this grant request.
- Please attach your budget for the current year and audited financial statements for the preceding two years. If financials are not available, please indicate why.

**What is the estimated total cost for this Project/Promotion/Community Event?**

\$ 6,000.00

**(Include a budget for the proposed Project/Promotion/Community Event.)**

**What percentage of Project/Promotion/Community Event funding will be provided by the Applicant?**

**Are Matching Funds available?**  Yes

No

Cash \$

Source

% of Total

In-Kind \$

Source

% of Total

**Are other sources of funding available?** *If so, please list source and amount.*

**Have any other federal, state, or municipal entities or foundations been approached for funding?** *If so, please list entity, date of request and amount requested.*

### IV. Marketing and Outreach

Describe marketing plans and outreach strategies for your organization and for the Project/Promotion/Community Event for which you are requesting funding – and how they are designed to help you achieve current and future goals.

### V. Metrics to Evaluate Success

Outline the metrics that will be used to evaluate success of the proposed Project/Promotion/Community Event. If funding is awarded, a final report will be required summarizing success in achieving objectives outlined for the event.

### Acknowledgements

***If funding is approved by the MCDC board of directors, Applicant will assure:***

- The Project/Promotion/Community Event for which financial assistance is sought will be administered by or under the supervision of the applying organization;
- All funds awarded will be used exclusively for the purpose described in this application;

**Acknowledgements - continued**

- MCDC will be recognized in all marketing, outreach, advertising and public relations as a funder of the Project/Promotion/Community Event. Specifics to be agreed upon by applicant and MCDC and included in an executed performance agreement;
- Organization's officials who have signed the application are authorized by the organization to submit the application;
- Applicant will comply with the MCDC Grant Guidelines in executing the Project/Promotion/Community Event for which funds were received.
- A final report detailing the success of the Project/Promotion/Community Event, as measured against identified metrics, will be provided to MCDC no later than 30 days following the completion of the Project/Promotion/Community Event.
- Up to 80% of the approved grant may be provided, on a reimbursement basis, prior to conclusion of the Project/Promotion/Community Event with submission of invoices/receipts to MCDC. The final 20% may be paid following MCDC's receipt of unpaid invoices/receipts; documentation of fulfillment of obligations to MCDC; and final report on the Project/Promotion/Community Event.
- The required performance agreement will contain a provision certifying that the applicant does not and will not knowingly employ an undocumented worker in accordance with Chapter 2264 of the Texas Government Code, as amended. Further, should the applicant be convicted of a violation under 8 U.S.C. § 1324a(f), the applicant will be required to repay the amount of the public subsidy provided under the agreement plus interest, at an agreed to interest rate, not later than the 120<sup>th</sup> day after the date the MCDC notifies the applicant of the violation.

**We certify that all figures, facts and representations made in this application, including attachments, are true and correct to the best of our knowledge.**

**Chief Executive Officer**

**Representative Completing Application**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Printed Name

Printed Name

Date

Date

***INCOMPLETE APPLICATIONS, OR THOSE RECEIVED AFTER THE DEADLINE, WILL NOT BE CONSIDERED.***

**CHECKLIST:**

**Completed Application:**

- Use the form/format provided
- Organization Description
- Outline of Project/Promotion/Community Event; description, goals and objectives
- Project/Promotion/Community Event timeline and venue
- Plans for marketing and outreach
- Evaluation metrics
- List of board of directors and staff

**Attachments:**

- Financials: organization's budget for current fiscal year; Project/Promotion/Community Event budget; audited financial statements
- Feasibility Study or Market Analysis if completed (Executive Summary)
- IRS Determination Letter (if applicable)

***A FINAL REPORT IS TO BE PROVIDED TO MCDC WITHIN 30 DAYS OF THE EVENT/COMPLETION OF THE PROJECT/PROMOTION/COMMUNITY EVENT.***

***FINAL PAYMENT OF FUNDING AWARDED WILL BE MADE UPON RECEIPT OF FINAL REPORT.***

***PLEASE USE THE FORM/FORMAT OUTLINED ON THE NEXT PAGE.***



## **McKINNEY COMMUNITY DEVELOPMENT CORPORATION**

### **Final Report**

**Organization:**

**Funding Amount:**

**Project/Promotion/Community Event:**

**Start Date:**

**Completion Date:**

**Location of Project/Promotion/Community Event:**

**Please include the following in your report:**

- Narrative report on the Project/Promotion/Community Event
- Identify goals and objectives achieved
- Financial report – budget as proposed and actual expenditures, with explanations for any variance
- Samples of printed marketing and outreach materials
- Screen shots of online promotions
- Photographs, slides, videotapes, etc.
- Performance against metrics outlined in application

**Please submit Final Report no later than 30 days following the completion of the Project/Promotion/Community Event to:**

McKinney Community Development Corporation  
5900 S. Lake Forest Blvd., Suite 110  
McKinney, TX 75070

Attn: Cindy Schneible  
[cschneible@mckinneycdc.org](mailto:cschneible@mckinneycdc.org)



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 29 2014

HOPE RISING  
PO BOX 2076 432 S DALLAS AVE  
VAN ALSTYNE, TX 75495-2076

Employer Identification Number:  
61-1714404  
DLN:  
17053231356043  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
May 28, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

## Organization Information:

Hope Rising's mission is to create positive change through arts-related events and activities that foster education and awareness about sexual and domestic violence and, in doing so, provide aid and support to organizations whose primary mission is to serve persons affected by sexual and domestic violence in Collin County, Texas.

Hope Rising is a new 501c3 in the City of McKinney; you may have seen them at a Flashmob, with a Giant Microphone at Arts in Bloom, donning their tutus while selling beer at Oktoberfest or on the Stage at MPAC. Hope Rising works in support of The Turning Point Rape Crisis Center of Collin County and Hope's Door, Collin County's Domestic Violence Shelter, as well as many other organizations in Collin County.

Hope Rising is a completely volunteer organization with a board consisting of 11 members and a supporting membership of approximately 15. Each project chosen by Hope Rising is to benefit other services in Collin County that aid the survivors of Domestic or Sexual Violence. Operation costs are covered by Membership dues and small online donation portals such as Amazonsmiles, and Bravelets.

## Event Information:

Hope Rising plans to produce a "Girls with Guitars" Concert at the McKinney Performing Arts Center on April 17<sup>th</sup>, 2015. This concert will be a benefit for The Turning Point Rape Crisis Center of Collin County.

Dependent solely on Grant and Sponsorship Dollars, promotion of this event will begin in February with the Hope Rising One Billion Rising Flashmob and continue with Radio, Fliers/Posters and Online Promotion. Tickets to the event will be \$30.00 and General Admission.

The City of McKinney's support of this benefit will not only raise awareness of the plight of Domestic and Sexual Violence in McKinney but also show support to the victims and The Turning Point. Some points about The Turning Points Completely Free Services to the Victims and all of Collin County is:

- Provided counselors and advocates to more than 720 survivors of sexual assault by guiding them through the legal process, counseling them to aid in their emotional recovery, and educating them about options to rebuild their lives.
- Provided prevention education to 24,855 participants in schools, colleges, businesses, churches and community organizations.
- Assisted 1022 callers on their 24 hour emergency hotline to provide hope, guidance and resources.
- Hospital advocates offered emotional support, clothes & toiletries and referral information to 175 sexual assault survivors at 10 North Texas Hospitals. Sexual Assault Nurse Examiners (SANE) performed thorough forensic exams in a caring manner that met the physical and emotional needs of the survivor and enabled law enforcement to increase their chances of conviction.
- 15% of The Turning Points clients in 2012 lived in McKinney.
- McKinney Police investigated 24% (higher than Plano PD) of our acute hospital cases in 2012.

\*Specific numbers for 2013 & 14 not readily available.

BUDGET for "Girls with Guitars"

Venue: \$600.00

Misc/Set Dressing/Technicians: \$400.00

Craft Services: \$300.00

Artist Fee: \$3,000.00

Marketing/Promotion: \$4,300.00

Total: \$6,000.00

"Audited" Financial Statements are not available for Hope Rising 501c3. Internal Audits will be conducted in the near future. Any questions regarding financials should be directed to our Treasurer: Lorie Groom  
lgroom@vectorsystems-usa.com or 214 543 7091.

U.S. Corporation Income Tax Return

For calendar year 2013 or tax year beginning May 28, 2013, ending Dec 31, 2013

2013

Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if: 1 a Consolidated return (attach Form 851) [ ] b Life/nonlife consolidated return [ ] 2 Personal holding co. (attach Sch PH) [ ] 3 Personal service corp (see instrs) [ ] 4 Schedule M-3 attached [ ] TYPE OR PRINT Name: Hope Rising, Employer ID number: 61-1714404, Date incorporated: 05/28/2013, Total assets: \$959. E Check if: (1) [X] Initial return (2) [ ] Final return (3) [ ] Name change (4) [ ] Address change

Table with columns for line numbers, descriptions, and amounts. Includes sections for INCOME (lines 1-11), DEDUCTIONS (lines 12-29), and TAXES AND PAYMENTS (lines 30-36). Total income: 835, Total deductions: 445, Taxable income: 390, Total tax: 59.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [ ], Date: 01/29/14, Title: Treasurer. May the IRS discuss this return with the preparer shown below (see instructions)? Yes [ ] No [ ]

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed [ ] if PTIN, Firm's name: Self-Prepared, Firm's EIN, Firm's address, Phone no.

<b>Schedule C Dividends and Special Deductions</b> (see instructions)	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) . . . . .		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) . . . . .		80	
3 Dividends on debt-financed stock of domestic and foreign corporations . . . . .		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities . . . . .		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities . . . . .		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs . . . . .		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs . . . . .		80	
8 Dividends from wholly owned foreign subsidiaries . . . . .		100	
9 <b>Total.</b> Add lines 1 through 8. See instructions for limitation . . . . .			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 . . . . .		100	
11 Dividends from affiliated group members . . . . .		100	
12 Dividends from certain FSCs . . . . .		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12 . . . . .			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471) . . . . .			
15 Foreign dividend gross-up . . . . .			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3 . . . . .			
17 Other dividends . . . . .			
18 Deduction for dividends paid on certain preferred stock of public utilities . . . . .			
19 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4. . . . . ▶			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b . . . . . ▶			

**Schedule J Tax Computation and Payment** (see instructions)

**Part I – Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))		
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	59.
3	Alternative minimum tax (attach Form 4626)		
4	Add lines 2 and 3		59.
5a	Foreign tax credit (attach Form 1118)	5 a	
5b	Credit from Form 8834 (see instructions)	5 b	
5c	General business credit (attach Form 3800)	5 c	
5d	Credit for prior year minimum tax (attach Form 8827)	5 d	
5e	Bond credits from Form 8912	5 e	
6	<b>Total credits.</b> Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	59.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9 a	
9b	Recapture of low-income housing credit (attach Form 8611)	9 b	
9c	Interest due under the look-back method – completed long-term contracts (attach Form 8697)	9 c	
9d	Interest due under the look-back method – income forecast method (attach Form 8866)	9 d	
9e	Alternative tax on qualifying shipping activities (attach Form 8902)	9 e	
9f	Other (see instructions – attach statement)	9 f	
10	<b>Total.</b> Add lines 9a through 9f	10	
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31.	11	59.

**Part II – Payments and Refundable Credits**

12	2012 overpayment credited to 2013	12	
13	2013 estimated tax payments	13	
14	2013 refund applied for on Form 4466	14	
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	<b>Total payments.</b> Add lines 15, 16 and 17	18	
19	Refundable credits from:		
19a	Form 2439	19 a	
19b	Form 4136	19 b	
19c	Form 8827, line 8c	19 c	
19d	Other (attach statement – see instructions)	19 d	
20	<b>Total credits.</b> Add lines 19a through 19d	20	
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32	21	

**Schedule K Other Information** (see instructions)

1	Check accounting method a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ <u>711100</u>		
b	Business activity ▶ <u>Not for Profit Performing Arts Productions</u>		
c	Product or service ▶ <u>Fund Raising</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (att Schedule G)		X

Schedule K Other Information continued (see instructions)

Table with 2 columns: Yes, No. Row 1: Question 5a about 20% ownership. Yes: [ ], No: [X].

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number, (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock. Multiple empty rows.

Table with 2 columns: Yes, No. Row 1: Question 5b about 20% partnership interest. Yes: [ ], No: [X].

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number, (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital. Multiple empty rows.

Main table with 2 columns: Yes, No. Rows 6-18 containing various questions about dividends, foreign ownership, NOL carryover, and stock changes. Includes checkboxes and dollar amounts.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .				
2a Trade notes and accounts receivable . . . . .				
b Less allowance for bad debts . . . . .				
3 Inventories . . . . .				
4 U.S. government obligations . . . . .				
5 Tax-exempt securities (see instructions) . . . . .				
6 Other current assets (attach statement) . . . . .				
7 Loans to shareholders . . . . .				
8 Mortgage and real estate loans . . . . .				
9 Other investments (attach statement) . . . . .				
10a Buildings and other depreciable assets . . . . .				
b Less accumulated depreciation . . . . .				
11a Depletable assets . . . . .				
b Less accumulated depletion . . . . .				
12 Land (net of any amortization) . . . . .				
13a Intangible assets (amortizable only) . . . . .				
b Less accumulated amortization . . . . .				
14 Other assets (attach statement) . . . . .				
15 Total assets . . . . .				
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable . . . . .				
17 Mortgages, notes, bonds payable in less than 1 year . . . . .				
18 Other current liabilities (attach stmt) . . . . .				
19 Loans from shareholders . . . . .				
20 Mortgages, notes, bonds payable in 1 year or more . . . . .				
21 Other liabilities (attach statement) . . . . .				
22 Capital stock: a Preferred stock . . . . .				
b Common stock . . . . .				
23 Additional paid-in capital . . . . .				
24 Retained earnings — Approp (att stmt) . . . . .				
25 Retained earnings — Unappropriated . . . . .				
26 Adjmt to shareholders' equity (att stmt) . . . . .				
27 Less cost of treasury stock . . . . .				
28 Total liabilities and shareholders' equity . . . . .				

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**  
 Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

1 Net income (loss) per books . . . . .		7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2 Federal income tax per books . . . . .			
3 Excess of capital losses over capital gains . . . . .			
4 Income subject to tax not recorded on books this year (itemize): -----			
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation . . . . \$ _____ b Charitable contributions . \$ _____ c Travel & entertainment . \$ _____ -----		8 Deductions on this return not charged against book income this year (itemize): a Depreciation . \$ _____ b Charitable contribns \$ _____ -----	
6 Add lines 1 through 5 . . . . .		9 Add lines 7 and 8 . . . . .	
		10 Income (page 1, line 28) — line 6 less line 9 . . . . .	

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1 Balance at beginning of year . . . . .		5 Distributions . . . . . a Cash . . . . .	
2 Net income (loss) per books . . . . .		b Stock _____ c Property . . . . .	
3 Other increases (itemize): _____		6 Other decreases (itemize): _____	
-----			
4 Add lines 1, 2, and 3 . . . . .		7 Add lines 5 and 6 . . . . .	
		8 Balance at end of year (line 4 less line 7) . . . . .	



**Cost of Goods Sold**

OMB No. 1545-2225

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, or 1065-B.  
 ▶ Information about Form 1125-A and its instructions is at [www.irs.gov/form1125a](http://www.irs.gov/form1125a).

Name <b>Hope Rising</b>	Employer identification number <b>61-1714404</b>
----------------------------	---

1 Inventory at beginning of year . . . . .	<b>1</b>	
2 Purchases . . . . .	<b>2</b>	864.
3 Cost of labor . . . . .	<b>3</b>	
4 Additional section 263A costs (attach schedule) . . . . .	<b>4</b>	
5 Other costs (attach schedule) . . . . .	<b>5</b>	
6 <b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	864.
7 Inventory at end of year . . . . .	<b>7</b>	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions) . . . . .	<b>8</b>	864.

9 a Check all methods used for valuing closing inventory:

(i)  Cost

(ii)  Lower of cost or market

(iii)  Other (Specify method used and attach explanation) . . . . .

b Check if there was a writedown of subnormal goods . . . . .

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . .

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO . . . . . **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? . . . . .  Yes  No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation . . . . .  Yes  No

**U.S. Corporation Income Tax Declaration  
for an IRS e-file Return**

Department of the Treasury  
Internal Revenue Service

► File electronically with the corporation's tax return. Do not file paper copies.  
► Information about Form 8453-C and its instructions is at [www.irs.gov/form8453c](http://www.irs.gov/form8453c).  
For calendar year 2013, or tax year beginning May 28, 2013, ending Dec 31, 2013

**2013**

Name of corporation Hope Rising Employer identification number 61-1714404

**Part I Tax Return Information (Whole dollars only)**

1	Total income (Form 1120, line 11) . . . . .	1	835 .
2	Taxable income (Form 1120, line 30) . . . . .	2	390 .
3	Total tax (Form 1120, line 31) . . . . .	3	59 .
4	Amount owed (Form 1120, line 34) . . . . .	4	59 .
5	Overpayment (Form 1120, line 35) . . . . .	5	

**Part II Declaration of Officer (see instructions) Be sure to keep a copy of the corporation's tax return.**

- 6 a  I consent that the corporation's refund be directly deposited as designated on the Form 8050, Direct Deposit of Corporate Tax Refund, that will be electronically transmitted with the corporation's 2013 federal income tax return.
- b  I do not want direct deposit of the corporation's refund or the corporation is not receiving a refund.
- c  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 corporation'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.

If the corporation is filing a balance due return, I understand that if the IRS does not receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2013 federal income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted; and, if rejected, the reason(s) for the rejection. If the processing of the corporation's return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

**Sign Here**

Signature of officer \_\_\_\_\_ Date 01/29/14 Title Treasurer

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above corporation's return and that the entries on Form 8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 3112, IRS e-file Application and Participation, and Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.	

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

Name as Shown on Return  
Hope Rising

Employer Identification No.  
61-1714404

	<b>A Amount</b>	<b>B Deduction Allowed in Current Year</b>	<b>C Adjustment under Section 170(d)(2)(B)</b>	<b>D New Carryover</b>
<b>1</b> Enter current year contribution . . . . . subject to the 10% limitation . . . . .	1,374.	43.		1,331.
<b>2</b> Carryover from:				
<b>a</b> 1st preceding period . . . . .				
<b>b</b> 2nd preceding period . . . . .				
<b>c</b> 3rd preceding period . . . . .				
<b>d</b> 4th preceding period . . . . .				
<b>e</b> 5th preceding period . . . . .				
<b>3 Totals</b>	1,374.	43.		1,331.
<b>4</b> Amount of carryover to expire next year due to 5 year limitation . . . . .				
<b>5</b> Total amount of contribution carryover to next year . . . . . ▶				1,331.

**Computation of Taxable Income for 10% Limitation**

<b>6</b> Taxable income computed without Section 179, contribution or domestic production activities deduction . . . . .	433.
<b>7</b> Section 179 deduction (for purposes of contribution limitation) . . . . .	
<b>8</b> Taxable income computed with Section 179 deduction. Line 6 minus line 7 . . . . .	433.
<b>9</b> Maximum contribution. 10% of line 8 . . . . .	43.
<b>10</b> Contribution deduction (for purposes of section 179 limitation). Smaller of line 3, column A or line 9 . . . . .	43.
<b>11</b> Taxable income computed with contribution deduction. Line 6 minus line 10 . . . . .	390.
<b>12</b> Actual section 179 deduction . . . . .	
<b>13</b> Taxable income computed with actual section 179 deduction. Line 6 minus line 12 . . . . .	433.
<b>14</b> Net operating loss deduction (from Net Operating Loss Worksheet, Column A), limited by line 13 of this worksheet . . . . .	
<b>15</b> Taxable income for purposes of contribution deduction. Line 13 minus line 14 . . . . .	433.
<b>16</b> Maximum contribution. 10% of line 15 . . . . .	43.
<b>17</b> Actual 10% contribution deduction. Smaller of line 3, column A, or line 16 . . . . .	43.
<b>Farmers and Ranchers - Contribution of qualified conservation (not subject 10% limit)</b>	
<b>18 a</b> Taxable income (from line 15 above) . . . . .	433.
<b>b</b> Less 10% contribution deduction, if any, from line 17 above . . . . .	43.
<b>c</b> Maximum additional contribution allowed (line 18a - line 18b) . . . . .	390.
<b>d</b> Qualified conservation property contribution . . . . .	
<b>e</b> Carryover of unused farmer and rancher contribution from prior year . . . . .	
<b>19</b> Additional contribution allowed. Smaller of line 18c, or 18d plus 18e . . . . .	
<b>20</b> Add lines 17 and 19 . . . . .	43.
<b>21</b> Carryover of unallowed farmer and rancher contributions to 2014 . . . . .	

► Keep for your records

Name as Shown on Return Hope Rising		Employer ID No. 61-1714404
	To Current Year	To Next Year
<b>Form 1120:</b>		
Contributions carryover . . . . .		1,331.
Net Operating Loss carryover . . . . .		
AMT Net Operating Loss carryover . . . . .		
<b>Schedule D (Form 1120):</b>		
Unused capital loss carryover . . . . .		
Less current year capital loss carried back . . . . .		
Carryover expiring next year due to 5 year limitation . . . . .		
Capital loss carryover to next year . . . . .		
<b>Form 2220:</b>		
Tax . . . . .		
<b>Form 4562:</b>		
Section 179 carryover . . . . .		
<b>Form 4797:</b>		
Nonrecaptured net Section 1231 losses — 2008 . . . . .		
Nonrecaptured net Section 1231 losses — 2009 . . . . .		
Nonrecaptured net Section 1231 losses — 2010 . . . . .		
Nonrecaptured net Section 1231 losses — 2011 . . . . .		
Nonrecaptured net Section 1231 losses — 2012 . . . . .		
Nonrecaptured net Section 1231 losses — 2013 . . . . .		
Total nonrecaptured net Section 1231 loss carryforwards . . . . .		
<b>Form 8827:</b>		
Prior year Alternative Minimum Tax from Form 4626 . . . . .		
Minimum tax credit carryforward . . . . .		
<b>Form 3800:</b>		
General business credit carryforward . . . . .		

**Accumulated Depreciation, Amortization  
and Depletion Worksheet**

► Keep for your records

Name as Shown on Return Hope Rising	Identification Number 61-1714404
--	-------------------------------------

**Book Accumulated Depreciation, Amortization and Depletion**

	Depreciation
Beginning balance (From Schedule L, column a, line 10b) . . . . .	_____
Current book expense . . . . .	_____
Less accumulated - assets sold . . . . .	_____
Less accumulated - assets retired . . . . .	_____
Ending balance (To Schedule L, column c, line 10b) . . . . .	_____
Check to enter on Balance Sheet . . . . . ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

	Amortization
Beginning balance (From Schedule L, column a, line 13b)	_____
Current book expense . . . . .	_____
Less accumulated - assets sold . . . . .	_____
Less accumulated - assets retired . . . . .	_____
Ending balance (To Schedule L, column c, line 13b) . . . . .	_____
Check to enter on Balance Sheet . . . . . ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

	Depletion
Beginning balance (From Schedule L, column a, line 11b) . . . . .	_____
Current book expense . . . . .	_____
Less accumulated - assets sold . . . . .	_____
Less accumulated - assets retired . . . . .	_____
Ending balance (To Schedule L, column c, line 11b) . . . . .	_____
Check to enter on Balance Sheet . . . . . ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Total Depreciation, Amortization,  
and Land Worksheet**

	Depreciation
Beginning balance building/other assets . . . . .	_____
Less assets sold . . . . .	_____
Less assets retired . . . . .	_____
Plus new assets . . . . .	_____
Adjustments to ending buildings and other depreciable assets . . . . .	_____
Ending balance building/other assets (To Schedule L, column c, line 10a) . . . . .	_____
Check to enter on Balance Sheet . . . . . ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

	Land
Beginning balance land assets . . . . .	_____
Less land assets sold . . . . .	_____
Less land assets retired . . . . .	_____
Plus new land assets . . . . .	_____
Adjustments to ending land assets . . . . .	_____
Ending balance (To Schedule L, column d, line 12) . . . . .	_____
Check to enter on Balance Sheet . . . . . ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

	Amortization
Beginning balance intangible assets . . . . .	_____
Less amortized assets sold . . . . .	_____
Less amortized assets retired . . . . .	_____
Plus new amortized assets . . . . .	_____
Adjustments to amortized assets . . . . .	_____
Ending balance (To Schedule L, column c, line 13a) . . . . .	_____
Check to enter on Balance Sheet . . . . . ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

# 2013 Federal Tax Return Summary

Important: Your taxes are not finished until all required steps are completed.



Hope Rising  
PO Box 2076 432 S Dallas Ave  
Van AsltynTX 75495-2076

<b>Balance Due/Refund</b>	Your Federal tax return (2013 Form 1120, U.S. Corporation Income Tax Return) shows you owe a balance due of \$59.00. You have elected to pay your balance due by Direct Debit. Your tax payment of \$59.00 will be withdrawn from this account: Account Number: 4178008548, Routing Transit Number: 081500862, Date of Withdrawal: 03/17/2014.	
<b>2013 Federal Tax Return Summary</b>	Payment Due	\$ 59.00
<b>Forms Included</b>		

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Form 1120, Page 1, Line 10

**Other Income Statement**

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Membership Dues	225.
Donations	1,374.
Total	<u>1,599.</u>

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Form 1120, Page 1, Line 26

**Other Deductions Statement**

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Bank charges	2.
Legal and professional	400.
Total	<u>402.</u>



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

Hope Rising  
File Number: 801791077

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Nonprofit Corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 05/28/2013

Effective: 05/28/2013



A handwritten signature in black ink, appearing to read "John Steen".

John Steen  
Secretary of State



**U.S. Corporation Income Tax Return**

For calendar year 2013 or tax year beginning May 28, 2013, ending Dec 31, 2013

**2013**

Information about Form 1120 and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

<b>A Check if:</b> 1 a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch PH) <input type="checkbox"/> 3 Personal service corp (see instrs) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	<b>TYPE OR PRINT</b>	Name <u>Hope Rising</u> Number, street, and room or suite number. If a P.O. box, see instructions. <u>PO Box 2076 432 S Dallas Ave</u> City or town, state, or province, country and ZIP or foreign postal code <u>Van Asltyne TX 75495-2076</u>	<b>B Employer identification number</b> <u>61-1714404</u> <b>C Date incorporated</b> <u>05/28/2013</u> <b>D Total assets (see instructions)</b> \$ <u>959.</u>
E Check if: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

<b>I N C O M E</b>	1 a	Gross receipts or sales	1 a	100.
	b	Returns and allowances	1 b	
	c	Balance. Subtract line 1b from line 1a	1 c	100.
	2	Cost of goods sold (attach Form 1125-A)	2	864.
	3	Gross profit. Subtract line 2 from line 1c	3	-764.
	4	Dividends (Schedule C, line 19)	4	
	5	Interest	5	0.
	6	Gross rents	6	
	7	Gross royalties	7	
	8	Capital gain net income (attach Schedule D (Form 1120))	8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10	Other income (see instructions — attach schedule) See Other Income Statement	10	1,599.	
11	<b>Total income.</b> Add lines 3 through 10	11	835.	
<b>D E D U C T I O N S</b>	12	Compensation of officers (see instructions — attach Form 1125-E)	12	
	13	Salaries and wages (less employment credits)	13	
	14	Repairs and maintenance	14	
	15	Bad debts	15	
	16	Rents	16	
	17	Taxes and licenses	17	
	18	Interest	18	
	19	Charitable contributions	19	43.
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21	Depletion	21	
	22	Advertising	22	
	23	Pension, profit-sharing, etc, plans	23	
	24	Employee benefit programs	24	
	25	Domestic production activities deduction (attach Form 8903)	25	
	26	Other deductions (attach statement) See Other Deductions Statement	26	402.
	27	<b>Total deductions.</b> Add lines 12 through 26	27	445.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	390.
<b>29</b>	a	Net operating loss deduction (see instructions)	29 a	
	b	Special deductions (Schedule C, line 20)	29 b	
	c	Add lines 29a and 29b	29 c	
<b>T X, R E F U N D A B L E</b>	30	<b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)	30	390.
	31	Total tax (Schedule J, Part I, line 11)	31	59.
	32	Total payments and refundable credits (Schedule J, Part II, line 21)	32	
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33	
	34	<b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	59.
	35	<b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	
36	Enter amount from line 35 you want: <b>Credited to 2014 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	36		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer <u>01/29/14</u> Date <u>Treasurer</u> Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <u>Self-Prepared</u>				Firm's EIN
	Firm's address				Phone no.

<b>Schedule C Dividends and Special Deductions</b> (see instructions)	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) . . . . .		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) . . . . .		80	
3 Dividends on debt-financed stock of domestic and foreign corporations . . . . .		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities . . . . .		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities . . . . .		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs . . . . .		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs . . . . .		80	
8 Dividends from wholly owned foreign subsidiaries . . . . .		100	
9 <b>Total.</b> Add lines 1 through 8. See instructions for limitation . . . . .			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 . . . . .		100	
11 Dividends from affiliated group members . . . . .		100	
12 Dividends from certain FSCs . . . . .		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12 . . . . .			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471) . . . . .			
15 Foreign dividend gross-up . . . . .			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3 . . . . .			
17 Other dividends . . . . .			
18 Deduction for dividends paid on certain preferred stock of public utilities . . . . .			
19 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4. . . . . ▶			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b . . . . . ▶			

**Schedule J Tax Computation and Payment** (see instructions)

**Part I – Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) . . . . .	<input type="checkbox"/>		
2	Income tax. Check if a qualified personal service corporation (see instructions) . . . . .	<input type="checkbox"/>	2	59.
3	Alternative minimum tax (attach Form 4626) . . . . .		3	
4	Add lines 2 and 3 . . . . .		4	59.
5a	Foreign tax credit (attach Form 1118) . . . . .	5a		
b	Credit from Form 8834 (see instructions) . . . . .	5b		
c	General business credit (attach Form 3800) . . . . .	5c		
d	Credit for prior year minimum tax (attach Form 8827) . . . . .	5d		
e	Bond credits from Form 8912 . . . . .	5e		
6	<b>Total credits.</b> Add lines 5a through 5e . . . . .		6	
7	Subtract line 6 from line 4. . . . .		7	59.
8	Personal holding company tax (attach Schedule PH (Form 1120)) . . . . .		8	
9a	Recapture of investment credit (attach Form 4255) . . . . .	9a		
b	Recapture of low-income housing credit (attach Form 8611) . . . . .	9b		
c	Interest due under the look-back method – completed long-term contracts (attach Form 8697) . . . . .	9c		
d	Interest due under the look-back method – income forecast method (attach Form 8866) . . . . .	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902) . . . . .	9e		
f	Other (see instructions – attach statement) . . . . .	9f		
10	<b>Total.</b> Add lines 9a through 9f . . . . .		10	
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31. . . . .		11	59.

**Part II – Payments and Refundable Credits**

12	2012 overpayment credited to 2013 . . . . .		12	
13	2013 estimated tax payments . . . . .		13	
14	2013 refund applied for on Form 4466 . . . . .		14	
15	Combine lines 12, 13, and 14 . . . . .		15	
16	Tax deposited with Form 7004 . . . . .		16	
17	Withholding (see instructions) . . . . .		17	
18	<b>Total payments.</b> Add lines 15, 16 and 17 . . . . .		18	
19	Refundable credits from:			
a	Form 2439 . . . . .	19a		
b	Form 4136 . . . . .	19b		
c	Form 8827, line 8c . . . . .	19c		
d	Other (attach statement – see instructions) . . . . .	19d		
20	<b>Total credits.</b> Add lines 19a through 19d . . . . .		20	
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32 . . . . .		21	

**Schedule K Other Information** (see instructions)

1	Check accounting method a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ <u>711100</u>		
b	Business activity ▶ <u>Not for Profit Performing Arts Productions</u>		
c	Product or service ▶ <u>Fund Raising</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsi- dary controlled group? . . . . .		X
	If 'Yes,' enter name and EIN of the parent corporation ▶ _____		
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G) . . . . .		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (att Schedule G) . . . . .		X

Schedule K Other Information continued (see instructions)

Table with 2 columns: Yes, No. Row 1: Question 5a about 20% ownership. Yes: , No: X.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number, (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock.

Table with 2 columns: Yes, No. Row 1: Question 5b about 20% interest in partnership. Yes: , No: X.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number, (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital.

Main table of questions 6-18 with Yes/No columns. Includes questions about dividends, foreign ownership, NOL carryover, and stock changes.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .				
2a Trade notes and accounts receivable . . . . .				
b Less allowance for bad debts . . . . .				
3 Inventories . . . . .				
4 U.S. government obligations . . . . .				
5 Tax-exempt securities (see instructions) . . . . .				
6 Other current assets (attach statement) . . . . .				
7 Loans to shareholders . . . . .				
8 Mortgage and real estate loans . . . . .				
9 Other investments (attach statement) . . . . .				
10a Buildings and other depreciable assets . . . . .				
b Less accumulated depreciation . . . . .				
11a Depletable assets . . . . .				
b Less accumulated depletion . . . . .				
12 Land (net of any amortization) . . . . .				
13a Intangible assets (amortizable only) . . . . .				
b Less accumulated amortization . . . . .				
14 Other assets (attach statement) . . . . .				
15 Total assets . . . . .				
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable . . . . .				
17 Mortgages, notes, bonds payable in less than 1 year . . . . .				
18 Other current liabilities (attach stmt) . . . . .				
19 Loans from shareholders . . . . .				
20 Mortgages, notes, bonds payable in 1 year or more . . . . .				
21 Other liabilities (attach statement) . . . . .				
22 Capital stock: a Preferred stock . . . . .				
b Common stock . . . . .				
23 Additional paid-in capital . . . . .				
24 Retained earnings — Approp (att stmt) . . . . .				
25 Retained earnings — Unappropriated . . . . .				
26 Adjmt to shareholders' equity (att stmt) . . . . .				
27 Less cost of treasury stock . . . . .				
28 Total liabilities and shareholders' equity . . . . .				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return		
Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions		
1 Net income (loss) per books . . . . .		7 Income recorded on books this year not included on this return (itemize):
2 Federal income tax per books . . . . .		Tax-exempt interest \$ _____
3 Excess of capital losses over capital gains . . . . .		-----
4 Income subject to tax not recorded on books this year (itemize):		8 Deductions on this return not charged against book income this year (itemize):
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation . \$ _____
a Depreciation . . . . . \$ _____		b Charitable contribns \$ _____
b Charitable contributions . \$ _____		-----
c Travel & entertainment . \$ _____		9 Add lines 7 and 8 . . . . .
-----		10 Income (page 1, line 28) — line 6 less line 9 . . . . .
6 Add lines 1 through 5 . . . . .		

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)		
1 Balance at beginning of year . . . . .		5 Distributions . . . . . a Cash . . . . .
2 Net income (loss) per books . . . . .		b Stock _____ c Property . . . . .
3 Other increases (itemize):		6 Other decreases (itemize):
-----		-----
4 Add lines 1, 2, and 3 . . . . .		7 Add lines 5 and 6 . . . . .
		8 Balance at end of year (line 4 less line 7) . . . . .

**Cost of Goods Sold**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, or 1065-B.  
▶ Information about Form 1125-A and its instructions is at [www.irs.gov/form1125a](http://www.irs.gov/form1125a).

Name <b>Hope Rising</b>	Employer identification number <b>61-1714404</b>
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1 Inventory at beginning of year . . . . .	<b>1</b>	
2 Purchases . . . . .	<b>2</b>	864.
3 Cost of labor . . . . .	<b>3</b>	
4 Additional section 263A costs (attach schedule) . . . . .	<b>4</b>	
5 Other costs (attach schedule) . . . . .	<b>5</b>	
6 <b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	864.
7 Inventory at end of year . . . . .	<b>7</b>	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions) . . . . .	<b>8</b>	864.

9 a Check all methods used for valuing closing inventory:

- (i)  Cost
- (ii)  Lower of cost or market
- (iii)  Other (Specify method used and attach explanation) . . . . .

b Check if there was a writedown of subnormal goods . . . . .

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . .

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO . . . . . **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? . . . . .  Yes  No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation . . . . .  Yes  No

**BAA** For Paperwork Reduction Act Notice, see instructions.

Form **8453-C**

**U.S. Corporation Income Tax Declaration  
for an IRS e-file Return**

OMB No. 1545-1866

Department of the Treasury  
Internal Revenue Service

► File electronically with the corporation's tax return. Do not file paper copies.  
► Information about Form 8453-C and its instructions is at [www.irs.gov/form8453c](http://www.irs.gov/form8453c).  
For calendar year 2013, or tax year beginning May 28, 2013, ending Dec 31, 2013.

**2013**

Name of corporation Hope Rising Employer identification number 61-1714404

**Part I Tax Return Information (Whole dollars only)**

1	Total income (Form 1120, line 11)	1	835.
2	Taxable income (Form 1120, line 30)	2	390.
3	Total tax (Form 1120, line 31)	3	59.
4	Amount owed (Form 1120, line 34)	4	59.
5	Overpayment (Form 1120, line 35)	5	

**Part II Declaration of Officer (see instructions) Be sure to keep a copy of the corporation's tax return.**

- 6 a  I consent that the corporation's refund be directly deposited as designated on the Form 8050, Direct Deposit of Corporate Tax Refund, that will be electronically transmitted with the corporation's 2013 federal income tax return.
- b  I do not want direct deposit of the corporation's refund or the corporation is not receiving a refund.
- c  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 corporation'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.

If the corporation is filing a balance due return, I understand that if the IRS does not receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2013 federal income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted; and, if rejected, the reason(s) for the rejection. If the processing of the corporation's return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

**Sign Here**

Signature of officer \_\_\_\_\_ Date 01/29/14 Title Treasurer

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above corporation's return and that the entries on Form 8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 3112, IRS e-file Application and Participation, and Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.	

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8453-C (2013)

Name as Shown on Return  
Hope Rising

Employer Identification No.  
61-1714404

	<b>A Amount</b>	<b>B Deduction Allowed in Current Year</b>	<b>C Adjustment under Section 170(d)(2)(B)</b>	<b>D New Carryover</b>
1 Enter current year contribution . . . . . subject to the 10% limitation . . . . .	1,374.	43.		1,331.
2 Carryover from:				
a 1st preceding period . . . . .				
b 2nd preceding period . . . . .				
c 3rd preceding period . . . . .				
d 4th preceding period . . . . .				
e 5th preceding period . . . . .				
3 <b>Totals</b>	1,374.	43.		1,331.
4 Amount of carryover to expire next year due to 5 year limitation . . . . .				
5 Total amount of contribution carryover to next year . . . . . ▶				1,331.

**Computation of Taxable Income for 10% Limitation**

6 Taxable income computed without Section 179, contribution or domestic production activities deduction . . . . .	433.
7 Section 179 deduction (for purposes of contribution limitation) . . . . .	
8 Taxable income computed with Section 179 deduction. Line 6 minus line 7 . . . . .	433.
9 Maximum contribution. 10% of line 8 . . . . .	43.
10 Contribution deduction (for purposes of section 179 limitation). Smaller of line 3, column A or line 9 . . . . .	43.
11 Taxable income computed with contribution deduction. Line 6 minus line 10 . . . . .	390.
12 Actual section 179 deduction . . . . .	
13 Taxable income computed with actual section 179 deduction. Line 6 minus line 12 . . . . .	433.
14 Net operating loss deduction (from Net Operating Loss Worksheet, Column A), limited by line 13 of this worksheet . . . . .	
15 Taxable income for purposes of contribution deduction. Line 13 minus line 14 . . . . .	433.
16 Maximum contribution. 10% of line 15 . . . . .	43.
17 Actual 10% contribution deduction. Smaller of line 3, column A, or line 16 . . . . .	43.
<b>Farmers and Ranchers - Contribution of qualified conservation (not subject 10% limit)</b>	
18 a Taxable income (from line 15 above) . . . . .	433.
b Less 10% contribution deduction, if any, from line 17 above . . . . .	43.
c Maximum additional contribution allowed (line 18a - line 18b) . . . . .	390.
d Qualified conservation property contribution . . . . .	
e Carryover of unused farmer and rancher contribution from prior year . . . . .	
19 Additional contribution allowed. Smaller of line 18c, or 18d plus 18e . . . . .	
20 Add lines 17 and 19 . . . . .	43.
21 Carryover of unallowed farmer and rancher contributions to 2014 . . . . .	



► Keep for your records

Name as Shown on Return Hope Rising		Employer ID No. 61-1714404
	<b>To Current Year</b>	<b>To Next Year</b>
<b>Form 1120:</b>		
Contributions carryover . . . . .		1,331.
Net Operating Loss carryover . . . . .		
AMT Net Operating Loss carryover . . . . .		
<b>Schedule D (Form 1120):</b>		
Unused capital loss carryover . . . . .		
Less current year capital loss carried back . . . . .		
Carryover expiring next year due to 5 year limitation . . . . .		
Capital loss carryover to next year . . . . .		
<b>Form 2220:</b>		
Tax . . . . .		
<b>Form 4562:</b>		
Section 179 carryover . . . . .		
<b>Form 4797:</b>		
Nonrecaptured net Section 1231 losses — 2008 . . . . .		
Nonrecaptured net Section 1231 losses — 2009 . . . . .		
Nonrecaptured net Section 1231 losses — 2010 . . . . .		
Nonrecaptured net Section 1231 losses — 2011 . . . . .		
Nonrecaptured net Section 1231 losses — 2012 . . . . .		
Nonrecaptured net Section 1231 losses — 2013 . . . . .		
Total nonrecaptured net Section 1231 loss carryforwards . . . . .		
<b>Form 8827:</b>		
Prior year Alternative Minimum Tax from Form 4626 . . . . .		
Minimum tax credit carryforward . . . . .		
<b>Form 3800:</b>		
General business credit carryforward . . . . .		

**Accumulated Depreciation, Amortization  
and Depletion Worksheet**  
▶ Keep for your records

Name as Shown on Return Hope Rising	Identification Number 61-1714404
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**Book Accumulated Depreciation, Amortization and Depletion**

	Depreciation
Beginning balance (From Schedule L, column a, line 10b) . . . . .	_____
Current book expense . . . . .	_____
Less accumulated - assets sold . . . . .	_____
Less accumulated - assets retired . . . . .	_____
Ending balance (To Schedule L, column c, line 10b) . . . . .	_____
Check to enter on Balance Sheet . . . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

	Amortization
Beginning balance (From Schedule L, column a, line 13b)	_____
Current book expense . . . . .	_____
Less accumulated - assets sold . . . . .	_____
Less accumulated - assets retired . . . . .	_____
Ending balance (To Schedule L, column c, line 13b) . . . . .	_____
Check to enter on Balance Sheet . . . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

	Depletion
Beginning balance (From Schedule L, column a, line 11b) . . . . .	_____
Current book expense . . . . .	_____
Less accumulated - assets sold . . . . .	_____
Less accumulated - assets retired . . . . .	_____
Ending balance (To Schedule L, column c, line 11b) . . . . .	_____
Check to enter on Balance Sheet . . . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Total Depreciation, Amortization,  
and Land Worksheet**

	Depreciation
Beginning balance building/other assets . . . . .	_____
Less assets sold . . . . .	_____
Less assets retired . . . . .	_____
Plus new assets . . . . .	_____
Adjustments to ending buildings and other depreciable assets . . . . .	_____
Ending balance building/other assets (To Schedule L, column c, line 10a) . . . . .	_____
Check to enter on Balance Sheet . . . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

	Land
Beginning balance land assets . . . . .	_____
Less land assets sold . . . . .	_____
Less land assets retired . . . . .	_____
Plus new land assets . . . . .	_____
Adjustments to ending land assets . . . . .	_____
Ending balance (To Schedule L, column d, line 12) . . . . .	_____
Check to enter on Balance Sheet . . . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

	Amortization
Beginning balance intangible assets . . . . .	_____
Less amortized assets sold . . . . .	_____
Less amortized assets retired . . . . .	_____
Plus new amortized assets . . . . .	_____
Adjustments to amortized assets . . . . .	_____
Ending balance (To Schedule L, column c, line 13a) . . . . .	_____
Check to enter on Balance Sheet . . . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

# 2013 Federal Tax Return Summary

Important: Your taxes are not finished until all required steps are completed.



Hope Rising  
PO Box 2076 432 S Dallas Ave  
Van AsltynTX 75495-2076

<b>Balance Due/Refund</b>	Your Federal tax return (2013 Form 1120, U.S. Corporation Income Tax Return) shows you owe a balance due of \$59.00. You have elected to pay your balance due by Direct Debit. Your tax payment of \$59.00 will be withdrawn from this account: Account Number: 4178008548, Routing Transit Number: 081500862, Date of Withdrawal: 03/17/2014.		
<b>2013 Federal Tax Return Summary</b>	Payment Due	\$	59.00
<b>Forms Included</b>			

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Form 1120, Page 1, Line 10  
**Other Income Statement**

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Membership Dues	225.
Donations	1,374.
Total	<u>1,599.</u>

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Form 1120, Page 1, Line 26  
**Other Deductions Statement**

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Bank charges	2.
Legal and professional	400.
Total	<u>402.</u>