•	990	Retu	rn of Org	anizat	ion Exe	mpt	From	Inco	me Tax		OMB No 1545	
Forn		Under sect	iion 501(c), 527, c not enter socia	or 4947(a)(1)	of the Internal	Revenu	code (exc	ept priv:	nte foundation	(s)	2(0) <b>1</b> Open to Pi	~
	thnent of the Trees tal Revenue Servic	iny	o to www.irs.go							W	Inspection	
		calendar year, or te			7/1/2017		, and c	ending		0/2018		
r	Check if applicab Address change	le C Name of organization Doing business a		VORKS SO	CIAL ENTERP	RISES			D Employer	dentificat	Holl number	
11	_		et (or PO box if m.	ail is not delive	ered to street add	diess) I	Room/suite		80-0684608	3		
יוַן	Vame Change	5830 EVERGRI	EEN WAY						E Telephone	number		
<u> </u>	nitial return	City or town			State		CIP code		(425) 347-6	556		
[] F	inal roumnummenen	(Fureign country)	name f	oreian provin	WA ce/state/county		98203 Toreign posta	code				
	Amended return			, , , , , , , , , , , , , , , , , , , ,	,				G Gross rece	elpts \$	3,8	324,741
	Application pendi	ng F Name and addres	es of principal onice	ы,				H(a) to th	នេះ មួយបា ស្នោក ខ	്വ ജൻതവ്വദ	ten? Yes	X No
,		FRED SAFSTR	OM 5830 EVE	RGREEN	NAY, EVER	ETT, W	A 98203	H(b) Are	all subordinala	as included	7 Yes	No.
1 7	ox-exempt status	X 501(c)(3)	501(c) (	) 🐗 (inser	t no ) 494	17(a)(1) o	52	11.	No," attach a lis	st (see insti	ructions)	
JV	Vebsite: 🕨 N	/A					V	H(c) Cu	oup exemption (	vumber 🟲		
KF	orm of organizati	on X Corporation	Trust .	Association	Other ▶		L Ye:	ar of torm	ation 2011	M State	of legal domicile	» WA
p	and S	ummary					(					
		describe the orga	mization's miss	lon oi mus	t significant	activitie	s TO	DEĀĒĒ	OP, MANAG	E AND C	OWN SOCIA	<u> </u>
Activities & Governance	, , , , , , , ,	RPRISES DESIGN		IDE ÉWSF	OAWENT VV	ID TRA	INING OF	PORTU	JŅĮŢIĘS FO	R HOME	LESS AND	
ırna		INCOME INDIVIDI								,		<b></b>
Sove.		this box ► if						ed of me	oro than 25%	ł	et assets	^
		er of voting member er of independent						٠		3 4		<u>9</u> 7
3		number of individua	-	-				,	,	5		0
Š	1	number of voluntee				, .				6		49
ΑC		unrelated business				ne 12			į	78		0
	b Net u	nielated business t	axable income	from Form	990-T, line	34 .		<u>,</u>		7b		0
	0 0-4	for A	(0.4)(0.1	465					Prior Year	270	Current Yes	
e j		butions and grants am service revenue			•				2,808 664	,016		006,807 136,959
Revenue		ment income (Part			4 and 7d)		, ,		007	,0,0		13,862
ď.	1	revenue (Part VIII,		•		and 11e	)		20	.320	-3	22,330
	12 Totalı	evenue—add lines 8	through 11 (mu	st equal Par	t VIII, column	(A), line			3,492	,714	3,5	35,298
		s and similar amou				3)	,			0		0
		its paid to or for me				, Nivon f	: 10\		<del></del>	0		0
Ses	1	es, other compensations	. , ,	•		j, iines t	7-10)			0		$\frac{0}{0}$
Expensa	1	undraising expens	•				96,782	<u></u>				<u>U</u>
낖	17 Other	expenses (Part IX,	column (A), lir	nes 11a-1	RAMERI	/			1,691	,327	2,2	45,713
	1 4 2 2 2 4			/	ニーンレージ	(A) Dine	25) .		1,691		2,2	45,713
	19 Rever	expenses. Add line lue less expenses	Subtract line 1	18 feeth line	112 A -		<u> </u>		1,801			89,585
Se st.		assets (Part X, line		19 "	MAR 05 20	021. <b> </b>	<u>လို</u>	Beginn	ng of Current 5,600		End of Year	12,936
Asse's Balanc	24 Total	iabilities (Part X, line		1 0	20=	- 1	χ <u>΄</u>		2,548			16,952
Net /	22 Net as	sets or fund balance	•	ne 21 from	ELEN. L	JT	=		3,051			95,984
Pa	tll S	ignature Block					J					
Under	r penalties of per	ury I declare that I have rect, and complete Dec	exampled this ratio	m, including a	companying so	hadoles o	ind statement	ts, and to	the best of my l	enowledge		
		rect, and coupling vec	and the state of t	Tollarnmire	imici) is balled b	11 20 (110)	manon of whi	or prepar	DI Has any Mo	-15-2	019	
Sigi	1 7	Signature of difficer							Dato	<u> </u>		
Her	e L	FRED SAFSTRO	OM .				CEO					
		Type or print name an										
Paid		in <b>i/i'ype</b> preparor's name	9	Prepare	a s signature			Date	Ch	eck 🗀	PTIN	
	parer –						<del></del>			t-employed	1	
_		m's name 🕨							Flim's EIN 🕨			
	- 1	m's address 🕨							Phone no			
May	the IRS disc	uss this return with	the preparer s	hown abov	re? (see instr	ructions	;)				Yes	No
		duction Act Notice.			<del></del>	<del></del>			·		Foun 99	

AJI DIO

Form 9	990 (2017)	HopeWorks Station Enterprises	82-4355499	Page <b>2</b>
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 d	escribe the organization's mission		
	-	age of the Comparties is to evalve well assessed and benefit for exally and the		
		nally, HopeWorks Social Enterprises, a Washington nonprofit public benefit	<b></b>	
	corporal			
				• <b></b>
2	Did the	organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
	If "Yes,"	describe these new services on Schedule O	<del></del>	
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O		
4		e the organization's program service accomplishments for each of its three largest program service	es, as measured	by
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
	the total	expenses, and revenue, if any, for each program service reported		·
4a	(Code	) (Expenses \$ 46,180 including grants of \$ 0 ) (Revenue	= \$	0)
	HopeWo	orks Station Enterprises was formed to develop commercial property in the building commonly		/
	known a	s HopeWorks Station II HopeWorks Social Enterprises the master tenant of the commercial		
	spaces	utilizes the commercial space for social enterprise activities that include a culinary food	,	<del>-</del>
	service	raining program and a retail training center with a cafe and catering business		
			<del>-</del>	
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue	• \$	)
		••••••		
				<b></b>
			·	
			·	<b></b>
				<b></b>
				. <b></b>
4c	(Code	\/Fyronoon C		
40	(Code	) (Expenses \$ including grants of \$) (Revenue	, ф 	)
		•••••••••••••••••••••••••••••••••••••••		· <b></b> -
		•		
		••••••		<b></b>
				· <b></b>
4d	Other pr	ogram services (Describe in Schedule O )		
70	(Expense	· The state of the	0)	
4e		gram service expenses   46.180		

Part IV **Checklist of Required Schedules** 

endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  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  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d 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 Part X, line 16? If "Yes," complete Schedule D, Part VIII  11c X  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)* If "Yes," complete Schedule D, Part X  12d Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional  13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  14 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 II and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals		·		162	MO
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  2 In 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 II  3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Reviews Procedure 88-197 If "Yes," complete Schedule C, Part III  5 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 II  5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic alma fease, or historic structures? If "Yes," complete Schedule D, Part III  5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  5 Did the organization maintain organization, hold assets in temporarily restricted endowments permanent endowments, or quase-endowments? If "Yes," complete Schedule D, Part VII  5 Did the organization report an amount for land, buildings, and equipment in Part X, line 19 that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  5 Did the organization report an amount for investments—other securities in Part X, line 19 that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  6 D	1		1	Х	
3 Did the organization engage in direct of indirect political campaign activities on behalf of or in opposition to candidates for public office; if "Yes," complete Schedule C, Part I 4  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  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 II  6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  8 Did the organization report and a reas, or historic structures? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 12 if Yes, "complete Schedule D, Part VI  10 Did the organization report and amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  11 Did the organization report of any of the following questions is "Yes," complete Schedule D, Part VI  12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI  14 Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI  15 Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of the Schedule D, Part XI  16 Did the organization report an amount for line sastes in Part	2	·	-		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 "res," complete Schedule C, Part II    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 "res," complete Schedule C, Part II    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 "res," complete Schedule D, Part I    7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II    8 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 report an amount for Part X, ine 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 report an amount for land, buildings, and equipment in Part X, line 19 Part V, IV, IV, IV, IV, IV, IV, X as applicable  a Did the organization report an amount for investments—other securities in Part X, line 19 Part X, IV, V, V		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization or ascotion 501c()46, 501c()6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  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 II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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? If "Yes," complete Schedule D, Part IV  Did the organization report an amount for related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V VI, VII, VII, X, or X as applicable  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments—other securitie		·	⊣		_^_
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  5 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 II 179.  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 189.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 199.  9 Did the organization freport 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? If "Yes," complete Schedule D, Part V 199.  10 Did the organization, directly or through a related organization, lold assets in temporanity restricted endowments, permanent endowments, berealth or part X, line 10 part V 199.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part V 199.  11 Did the organization report an amount for investments—orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 190.  11 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 Part X, line 16? If "Yes," complete Schedule D, Part V 190.  11 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 Part X, line 16? If "Yes," complete Schedule D, Part V 190.  11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total as	4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
Part III  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 II  Did the organization review 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 III  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, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization report an amount for limestiments? If "Yes," complete Schedule D, Part V III III the organization and sanswer to any of the following questions is "Yes," then complete Schedule D, Part V III, IVIII, IV, IV, X, X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III but the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III III X  Did the organization report an amount for other sastest is in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III X  Did the organization report an amount for other sastest is in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III X  Did the organization separate inclemental statements for the tax year? If "Yes," complete Schedule D, Part X III X  Did the organization separate inclemental statements for the tax year? If "Yes," complete Schedule D, Part X III X  Did the organization have aggregate revenues or expenses of more than \$10,000 from grai	5				
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"Yes," complete Schedule D, Part I  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  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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 negotation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X II  Did the organization and XII  Was the organization and XII  Did the organiz	6				
7 Dut 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   9 Dut 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? If "Yes," complete Schedule D, Part IV   10 Did the organization receit or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V   12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   13 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII   14 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   2 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 Part X, line 16? If "Yes," complete Schedule D, Part VII   2 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 Part X, line 16? If "Yes," complete Schedule D, Part VII   3 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 Part X, line 16? If "Yes," complete Schedule D, Part XI   3 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 Part X, line 16? If "Yes," complete Schedule D, Part XI   3 Did the organization report ane					
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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? If "Yes," complete Schedule D, Part V  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, X, or X as applicable  Did the organization report an amount for Ind, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for orther assets in Part X, line 13 that is 5% or more of its total 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? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other liabilities in Part X, line 18? If "Yes," complete Schedule D, Part XI  Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XI  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XIII  Did the organization as school described in s		·	6		X
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f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII so did 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  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the United States?  15 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  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 II and IV  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  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 (see instructions)  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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		[		
1			18		Χ
IT "Yes," complete Schedule G, Part III	19				
		ır "Yes," complete Schedule G, Part III .	19		Х

## Part IV Chec HopeWorks Station Enterprises Checklist of Required Schedules (continued)

	·		res	NO
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		<del>  ^</del>
	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		<u> </u>
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>- ^</del>
	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		<u> </u>
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234		-
	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
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ľ		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		
27	disqualified persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		_X_
2.	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		х
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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			Ų
31	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		<u> </u>
٠.	Part I	31		Х
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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		X
-	III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del>^</del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VIC .	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	_X_	
		Form	33U (	(2017)

Par	Statements Regarding Other IRS Filings and Tax Compliance 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	<u> </u>	•	'
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		3
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.	,	١,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u></u>
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	.1,	٠,	<b>'</b> '
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions? .	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).	"~		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u> -	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? 7h		<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
_	sponsoring organization have excess business holdings at any time during the year?	8	ļ	}
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		├
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	ab	<del> </del>	.\$-
10	Section 501(c)(7) organizations. Enter	i	,	ļ '
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-1.1		,
b		<b> </b> ;``	'	
11_	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders	;		
a		─ ,	,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b	,		
40-	, , , , , , , , , , , , , , , , , , ,	12a	-	<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124	<del> </del>	<del> </del>
b		<del></del>	_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	<del>                                     </del>	$\vdash$
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	138	<del> </del>	<del>  ,</del>
L	Note. See the instructions for additional information the organization must report on Schedule O		· ·	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	. ~,	-	
_	Enter the amount of reserves on hand		[:	
C 4.4a		14a	<u> </u>	Х
14a b	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		┢
IJ	in the transit medical contract to report these payments. In two, provide an explanation in conteduce of the	170	<b>1</b>	<u> </u>

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.

	Check if Scriedule O Contains a response of note to any line in this Part Vi						
Sect	ion A. Governing Body and Management						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	Yes	No		
	If there are material differences in voting rights among members of the governing body, or		٦				
	if the governing body delegated broad authority to an executive committee or similar		ŀ				
	committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5				
2							
_	any other officer, director, trustee, or key employee?	onomp uni	2		×		
3	Did the organization delegate control over management duties customarily performed by or und	er the direct	<del></del> -				
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization		5		X		
6	Did the organization have members or stockholders?	13 033013	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint	<u> </u>		<u> </u>		
/ a	one or more members of the governing body?	or appoint	7a		X		
<b>h</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) and the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) members or the organization reserved to (or subject to approval by) and (or subject	nare	, a				
D	stockholders, or persons other than the governing body?	, ,	7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertain	 aken during		$\vdash$	<u> </u>		
J	the year by the following	anon during					
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the	ne reached					
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		х		
Sect	ion B. Policies (This Section B requests information about policies not required by the		ode)		· · · · · · · · · · · · · · · · · · ·		
				Yes	No		
10a	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 su	ch chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exemp	t purposes?	10b		ļ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	X			
b							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		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		ļ		
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>		
14	Did the organization have a written document retention and destruction policy? .		14	X	<u> </u>		
15	Did the process for determining compensation of the following persons include a review and ap	=			'		
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion and decision?		<u> </u>	<u> </u>		
a	The organization's CEO, Executive Director, or top management official	•	15a	<u> </u>	X		
b	Other officers or key employees of the organization		15b	<u> </u>	X		
40-	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 arr	angement	40:		<del></del>		
L	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to every continuous control of the c		16a	<b> </b>	X		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to s						
	the organization's exempt status with respect to such arrangements?	aicyuaiu	16b		<u> </u>		
Sect	ion C. Disclosure		1100	<u> </u>	1		
17	List the states with which a copy of this Form 990 is required to be filed ► WA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501)	(c)(3)s	only)	 I		
. •	available for public inspection. Indicate how you made these available. Check all that apply	(555.001.001.	,,,,,,,	,/			
		xplaın ın Schedule C	)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	*	•	/, and	i		
• •	financial statements available to the public during the tax year	,	. p 55;	, ,	-		
20	State the name, address, and telephone number of the person who possesses the organization	's books and record	s <b>&gt;</b>				
	Janice Nishikawa	(425) 347-655					
	5830 Evergreen Way , Everett, WA 98203						

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Check if Schedule O contains a response or note to any line in this Part VII		
;	Employees, and Independent Contractors .		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
Form 990 (2017)	, Hopevvorks Station Enterprises	62-4300499	Page

- 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 reportable 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 Position (do not check more than one (D) (E) Reportable Estimated Name and Title Average box, unless person is both an Reportable hours per officer and a director/trustee) compensation compensation amount of week (list any from from related other Highest compensated or director Individual trustee Institutional trustee Key employee organizations hours for the compensation organization (W-2/1099-MISC) from the related organizations (W-2/1099-MISC) organization below dotted and related organizations (1) DUANE PEARSON 0 50 1 00 **MEMBER** (2) CORY J BURKE 0 50 **MEMBER** 1 00 (3) SARAH DUNCAN 0.50 1.00 X **PRESIDENT** (4) PAUL VEXLER 0 50 1 00 VICE-PRESIDENT (5) FRED SAFSTORM 0 50 SECRETARY-TREASURER 40 00 Х 125,372 3,600 (6) (7) (10)

P	Section A. Officers, Directors, II	rustees, Key Er	nplo	yee	<u>s, a</u>	nd	Highe	est_	Compensated	Employees (co	ontinued)
	. (A) Name and title	(B) Average hours per week (list any hours for	box,	unles er an	s pe	ition more rson irecti	than cost truster	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	/ employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)											
(16)			-								
(17)											
(18)										<del></del>	
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)										-	
1b c	Sub-total Total from continuation sheets to Part VII, S	Section A						<b>▶</b>	0	125,372 0	<del>                                     </del>
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but not is reportable compensation from the organization		listed	lab	ove	) wh	o rec	<b>▶</b>	0 ed more than \$	125,372 100,000 of	3,600
3	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Schei	ector, or trustee	e, key	em dua	plo:	yee.	, or h	ghe	est compensate	d	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual										4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If ")									dıvıdual	5 X
Sec	ion B. Independent Contractors										
1	Complete this table for your five highest comp- compensation from the organization. Report co year	ensated indeper ompensation for	ndent	t co cale	ntra enda	ctor ir ye	s tha	t re	ceived more that g with or within	in \$100,000 of the organizatio	n's tax
	(A) Name and business addr	ress							(B) Description of serv	rices (	(C) Compensation
											0
											0
						—	+				0
		·					$\dashv$			<del></del>	<u>0</u> 0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ited t	to th	ose	list	ted at	oov	e) who received		

Check if Schedule O contains a response or note to any line in this Part VIII									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
s s	1a	Federated campaigns	18	ı C					
Grar:S nounts	b	Membership dues	. 1t	, 0					
s, G	С	Fundraising events .	10						
Gifts, ilar Ar	d	Related organizations .	. 10						
tributions, Gifts, Grarts Other Similar Amounts	е	Government grants (contributions		c C					
outio her	f	All other contributions, gifts, gran							
Contributions, and Other Sim		similar amounts not included abo Noncash contributions included in lin							
Cont	g	Total. Add lines 1a–1f	es ia-ii 🍑	<b></b>	0				
	11	Total. Add lines Ta-11		Business Code	AMERICA STATE				
Program Service Revenue	2a			h	0				
Rev	b			,	0	<del></del>			
e ice	С				0				
Şeιν	d				. 0				
E	е				0				
ogr	f	All other program service revenue	9∙ .		. 0				
<u> </u>	g	Total. Add lines 2a-2f .	<u> </u>	▶	· 0	<b>死海流流温</b> 例		<b>对方:"种类性"的</b>	
	3	Investment income (including divi	dends, intere	st, and					
	_	other similar amounts)		•	0	•			
	4	Income from investment of tax-ex	empt bond pr	oceeds	0			;	
	5	Royalties .	(ı) Real	(ii) Personal	0	A Design Complete Company	ologodom de en	D. C. Statistic to was printed	
	- 6-	Cross route	(1) (100)	(ii), i cisonai					
	6a	Gross rents Less rental expenses						NAME OF STREET	
	b C	Rental income or (loss)		ol c					
	d	Net rental income or (loss)		<u> </u>	î 0	-		di dibilita di seriali di	
		i i di	(ı) Securities	(II) Other		**************************************	EDER SAFFRESS		
		assets other than inventory		o					
	ь	Less cost or other basis		1				现代的关系	
		and sales expenses	(	ol. d					
	С	Gain or (loss)		D · C					
	d	Net gain or (loss)		▶.	0				
								THE PURE	
Other Revenue	8a				A STATES	<b>表现的</b>			
ver		events (not including \$	0	1 : 3.					
Re		of contributions reported on line 1	•						
Jer		See Part IV, line 18	а	`					
O.		Less direct expenses Net income or (loss) from fundrais	b bana avanta						
		Gross income from gaming activity	_		77-19-12-13-12-13-13-13-13-13-13-13-13-13-13-13-13-13-				
	Ja	See Part IV, line 19 .	. a						
	ь	Less direct expenses .	b				XX 14 44 44		
		Net income or (loss) from gaming		<b>•</b>	. 0	× ×			
		Gross sales of inventory, less	,	<b>,</b>	500 P 3 3 5 3 7 1		27 (14 E 14 E 17 E 17 E 17 E 17 E 17 E 17 E	70714 YE GALLEY	
		returns and allowances	a		62.7				
	b	Less cost of goods sold	. b	C					
		Net income or (loss) from sales o	f inventory		0				
		Miscellaneous Revenue		Business Code			ATTO THE COUNTY OF THE STATE OF		
	11a				0				
	( b				· 0				
	С		· · · · · · · ·		· ·	<del>                                     </del>			
	d	All other revenue .	•		0	THE RELEASE VICTORIAN TO SHAPE	Andrew School and Control to	L CORPORATIONISM & TRACTICO	
	e	Total. Add lines 11a–11d	.,		0	OUT SEPREMENT OF THE SERVICE		A. T.	
	17	Total revenue. See instructions		•	ι. Ο	i 0	l n	l· 0	

following SOP 98-2 (ASC 958-720)

Pai	Statement of Functional Expenses				
Secti	on`501(c)(3) and 501(c)(4) organizations must complete a	all columns All othe	r organizations mu	st complete columi	1 (A)
	Check if Schedule O contains a response or not	5		<u> </u>	
	not include amounts reported on lines 6b, 7b, 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		,	THE PLANE	Water Control
	domestic governments See Part IV, line 21.	0			
2	Grants and other assistance to domestic			OF THE PROPERTY.	<b>*****</b> *******************************
	ındividualş. See Part IV, line 22 .	0		<b>表示</b> 5%的意识。	
3	Grants and other assistance to foreign			BETT BETTER	
	organizations, foreign governments, and foreign		e ·		
	individuals See Part IV, lines 15 and 16	0		Mar Harrida	
<b>, 4</b>	Benefits paid to or for members	0		Market area.	4517744.0575233
5	Compensation of current officers, directors,	,			
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	- ' 0			
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)	, 0			
9	Other employee benefits	· 0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			•
е	Professional fundraising services See Part IV, line 17 .	0		<b>在2015年</b>	
f	Investment management fees	- 0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	-, 0			
12	Advertising and promotion	. 0			
13	Office expenses	0			
14	Information technology	0	•		
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	. 0			
19	Conferences, conventions, and meetings	··· <del>-</del> · · 0			
20	Interest	2,414	2,414		
21	Payments to affiliates	0	<del></del> .		
22	Depreciation, depletion, and amortization .	0	0	0	(
23	Insurance .	O	* 5 and defauelles the 643772 NV 2172 F	ינו בי נו נו נונונות בי הפנייני וות מומינו נו נו נוני בי נו נוני בי נוני בי נוני בי נוני בי נוני בי	MATERIAL DESCRIPTION OF THE STREET
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	nazilinining tutukuluurnaisuris			(IIII) in the creaty of a continuous on the in-
	line 24e amount exceeds 10% of line 25, column			eathmoulaing an in a cathairm a comhairm	ການກຸກການກຸກກຸກຄົນໃນປູນເປັນຄຸນເ <del>ປັນ</del> ເປັນ
	(A) amount, list line 24e expenses on Schedule O )				october 1. 1915 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 19
a	Organizational Costs	33,566	33,566		
b	Operating Expenses - CDE	12,000	. 10,200	1,800	
C		0			
d	All alban and an analysis	. 0	<del></del> -		
e	All other expenses	. 0		<del></del>	<del></del>
<u>25</u>	Total functional expenses. Add lines 1 through 24e	47,980	46,180	1,800	·
26	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				
	**************************************	/ 1			

# Form 990 (2017) HopeWorks Station Enterprises Part X Balance Sheet

	;	Check if Schedule O contains a response or note to any line in this Part	:X		
			(A)		(B)
	<del></del>		Beginning of year		End of year
	1	Cash—non-interest-bearing	0		10,656,025
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	O CONTRACTOR OF STREET	4 ******	O
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	_	Complete Part II of Schedule L	0	5	U
	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			
	İ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
g		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	. 0	7	0
Asi	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges .	0	9	53,111
	10a	Land, buildings, and equipment cost or	Established Artist	MARK THE	AHIWAHAHAMA
		other basis. Complete Part VI of Schedule D   10a   403,085			
	ь	Less accumulated depreciation 10b 0	0	10c	403,085
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	. 0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets .	0	14	0
	15	Other assets See Part IV, line 11	0	15	1,872,082
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	0	16	;12,984,303
	17	Accounts payable and accrued expenses	0	17	: 228,479
	18	Grants payable	0	18	· 0
	19	Deferred revenue	. 0	19	0
	20	Tax-exempt bond liabilities	. 0	20 21	, 0
"	21 22	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors,		MOTA.	
Liabilities	22	trustees, key employees, highest compensated employees, and			
Ē		disqualified persons Complete Part II of Schedule L	, 0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	12,263,919
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	20,279
	26	Total liabilities. Add lines 17 through 25	0	26	12,512,677
		Organizations that follow SFAS 117 (ASC 958), check here▶ 💢 and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets .	0	27	471,626
Bal	28	Temporarily restricted net assets	0	28	0
p	29	Permanently restricted net assets	0	29	0
Ē		Organizations that do not follow SFAS 117 (ASC958), check here			
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	· 0	30	0
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund .	0	31	0
¥Α	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
ž	33	Total net assets or fund balances	0	33	471,626
	34	Total liabilities and net assets/fund balances .	0	34	12,984,303

Form 990 (2017)

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

the Single Audit Act and OMB Circular A-133?

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection Employer identification number

Нор	eWo	orks Station Enterprises					82-43	55499	
Pa	rt I	Reason for Public Chari	ity Status (All org	janizations must cor	nplete th	ıs part ) :	See instructions		
The	orga	anization is not a private founda						_	
1	Ц	A church, convention of church	·						
2	Ц	A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 or	· 990-EZ)	)   '	9	
3		A hospital or a cooperative hos	spital service organ	nization described in <b>s</b>	ection 17	'0(b)(1)(A	)(iii).	•	
4		A medical research organization hospital's name, city, and state		unction with a hospita	l describe	ed in <b>sect</b> i	ion 170(b)(1)(A)(iii). 	. Enter the	
5		An organization operated for the section 170(b)(1)(A)(iv). (Con		ege or university owne	d or oper	ated by a	governmental unit d	escribed in	
6		A federal, state, or local gover	nment or governme	ental unit described in	section '	170(b)(1)(	(A)(v).		
7		An organization that normally idescribed in section 170(b)(1			from a go	vernment	al unit or from the go	eneral public	
8		A community trust described in	n section 170(b)(1)	)(A)(vi). (Complete Pa	ırt II )				
9		An agricultural research organ or university or a non-land-gra university	ization described in nt college of agricu	n section <b>170(b)(1)(A)</b> Ilture (see instructions	(ix) opera ). Enter th	nted in cor ne name, i	njunction with a land city, and state of the	grant college college or	
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt funct income and unrela	ions—subject to certa ated business taxable	in excepti income (l	ions, and less sectio	(2) no more than 33 on 511 tax) from bus	1/3% of its	
11		An organization organized and	d operated exclusive	ely to test for public sa	afety See	section	509(a)(4).		
12	Х	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g							
8	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
t	)	Type II. A supporting organ control or management of to organization(s) You must	he supporting orga complete Part IV,	nization vested in the <b>Sections A and C</b> .	same per	sons that	control or manage t	he supported	
C	;	X Type III functionally integi						itegrated with,	
c	ı	its supported organization(s  Type III non-functionally integ	ntegrated. A support	orting organization operation generally must s	erated in datisfy a di	connection stribution	n with its supported requirement and an		
		requirement (see instruction Check this box if the organi						Type III	
e	,	functionally integrated, or T					saryper, rypen, i	ype in	
f		Enter the number of supported	• •	<b>,,</b>				1	
		Provide the following information		rted organization(s).					
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)								<del> </del>	
	<u>eW</u>	orks Social Enterprises	80-0684608	10	Х		104,108	400,498	
(B)			<del></del>						
(C)									
(D)									
(E)									
Tot	<u> </u>	1					104 108	400 408	

	u, i r the organization did not check a box on line 13, 16a, or 16b, and line 14
is 10% or more, and if the organization j	neets the "facts-and-circumstances" test, check this box and stop here. Explain in
Part VI how the organization meets the	'facts-and-circumstances" test. The organization qualifies as a publicly supported
organization / ˈ	• • • • • • • • • • • • • • • • • • • •

<b>10%-facts-and-circumstances te≲t∕–2016</b> . If the organization did not check a box on line 13, 16a, 16b, or 17a, and l	line
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a public	
supported organization	iiciy
Supported digamization	

3	Private foundation. If the	organization	did not check	a box on line 1	3, 16a, 1	6b, 17à, or 17b	, check this box and see
	instructions	/ /	.,				

Page 3

Pa	Support Schedule for Orga (Complete only if you check	ed the box on I	ne 10 of Part I	or if the organiz		ualify under Par	t II
	If the organization fails to qu	alify under the	tests listed belo	w, please com	plete Part II)		/
	tion A. Public Support		1 11 2011	( ) 0045	( ), 00/0	1 ) 2017	<u></u>
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						0
2	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise			•			0
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						_
_	organization's tax-exempt purpose		-		·	<del></del>	0
3	Gross receipts from activities that are not an	2		,	,		0
	unrelated trade or business under section 513		-				0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						0
_	its behalf						0
5	The value of services or facilities				/		
	furnished by a governmental unit to the						0
•	organization without charge	-	0	, 6	0	0	0
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	ļ	, ,	, ,0	<del>                                     </del>	٧	
ιa	, ,		•				0
L	received from disqualified persons Amounts included on lines 2 and 3		-				
D							
	received from other than disqualified persons that exceed the greater of \$5,000						
							0
_	or 1% of the amount on line 13 for the year  Add lines 7a and 7b		/0	0		0	<u>0</u>
_		Carried Contract					<u> </u>
8	Public support (Subtract line 7c from line 6)		<b>新聞/</b>				0
500	tion B. Total Support					washing a straight and straight .	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(4) 2010	/	0		0.	0
	Gross income from interest, dividends,		<del>//                                   </del>	0	<u> </u>	7	
IVa		/					
	payments received on securities loans, rents,						0
ь.	royalties, and income from similar sources Unrelated business taxable income (less						
D	· ·						
	section 511 taxes) from businesses acquired after June 30, 1975	/.					0
_	Add lines 10a and 10b	7.	0	. 0	0	0	0
С 11	Net income from unrelated business		, 0	. 0	<del> </del>		<del>-</del>
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on	]					0
12	Other income Do not include gain or				,		<u> </u>
12	loss from the sale of capital assets			•			
	(Explain in Part VI )						0
13	Total support. (Add lines 9, 10c, 11,						<del> </del>
13	and 12)		م ار	٠ ،	اه ا	o	0
14	First five years. If the Form 990 is for the c		·	h or fifth tax year a			
	organization, check this box and stop here	-	occoria, tima, tourt	ii, or iii, tax year t	}	(0)	▶ □
Sec	tion C. Computation of Public Su		ane	•	-		
15	Public support percentage for 2017 (line 8,			(f))		15	0 00%
16	Public support percentage from 2016 Sched			(17)		16	0 00%
	tion D. Computation of Investmen						<u> </u>
17	Investment income percentage for 2017 (lin			olumn (fl)		17	0 00%
18	Investment income percentage from 2016 S		-	(1//		18	0 00%
	33 1/3% support tests—2017. If the organi			4, and line 15 is m	ا ء 1/3% ore than 33		3 00 70
4	not more than 33 1/3%, check this box and						▶ □
b	33 1/3% support tests—2016. If the organi					33 1/3%, and	
	line 18 is not more than 33 1/3%, check this						▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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#### 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.	ΑII	Sug	porting	Organ	izations
---------	----	-----	-----	---------	-------	----------

- 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 (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)

		Yes	No
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	4b		
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	4c		
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	5b		
	5b 5c		
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	5b 5c 6		Х
	5b 5c 6		X
•	5b 5c 6		X
	5b 5c 6 7		X
	5b 5c 6		X
•	5b 5c 6		X
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	5b 5c 6 7 8 9a		X X X
	5b 5c 8 9a 9b		X X X
	5b 5c 8 9a 9b		X X X
	5b 5c 6 7 7 8 8 9a 9b		X X X
	5b 5c 6 7 7 8 9a 9b 9c		X X X
	5b 5c 6 9a 9b 9c 9c		X X X
	5b 5c 6 7 8 9a 9b 9c		X X X
	5b 5c 6 7 7 8 8 9a 9b 10a		X X X X
	5b 5c 6 7 7 8 8 9a 9b 10a		X X X X
	5b 5c 6 7 7 8 8 9a 9b 10a		X X X X

Part-	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			. 1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<b>.</b> , .	· •	
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
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		X
	on 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	G 25		~
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1.	۱, ،	1
	controlled the organization's activities If the organization had more than one supported organization,	, i	٠,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u>,</u>	احنحا	
	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			. 1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	~ <del>`</del> {	<u>.                                    </u>	
	supervised, or controlled the supporting organization	2	<u> </u>	
<u>Secti</u>	on C. Type II Supporting Organizations			
		<b></b>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		\$ 5.5	, , ,
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1,	•	
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
•	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>	- T	N .
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	';'	٠,	,
	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	<u> </u>	X
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		-
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	77		. 3
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		, ^	~ 14
	significant voice in the organization's investment policies and in directing the use of the organization's	4.		'.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 de 1		13
	supported organizations played in this regard	3	X	
Secti	on 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 in	struc	tions	)
а	X 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			
		/ ···	4	4 1
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see in	Struct	uons)
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	, p		' <b> </b>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			, 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	'		. 1
	how the organization was responsive to those supported organizations, and how the organization determined	-:		]
	that these activities constituted substantially all of its activities	2a	Х	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	.,	٠. ٠	•
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	7.5	, ,,,	,
	reasons for the organization's position that its supported organization(s) would have engaged in these		<del></del>	اـــا
_	activities but for the organization's involvement	2b	Х	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.	2 .		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			أسسا
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		- I
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<u> , , , , , , , , , , , , , , , , , , ,</u>	ليثا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	ı	

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 · Check here if the organization satisfied the Integral Part Test as a qualifyi	ng t	rust on Nov. 20, 1970 (exp	laın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	anız	ations must complete Sect	ions A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(71) THOI TEU	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	-	
3 Other gross income (see instructions)	3	۲۷,	
4 Add lines 1 through 3	4	, 0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	土部		
instructions for short tax year or assets held for part of year)	樂		<b>数据数据现代为</b>
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part-VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		Ŷ
3 Subtract line 2 from line 1d	3	- 0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for-greater amount,			4,
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	٠ 0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	. 0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	は、機能のは、対象は、対象を対象を対象を	0
2 Enter 85% of line 1	2	的是公式的智慧问题的	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	學調學是重導的影響	0
4 Enter greater of line 2 or line 3	4	GENERAL STEELS OF	0
5 Income tax imposed in prior year	5	<b>有写影的图图图图</b>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III support	ing organization (see

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Section	on D - Distributions			Current Year					
1									
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	izations						
4	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)								
	Other distributions (describe in Part VI) See instructions.	, Ā		<del></del>					
	Total annual distributions. Add lines 1 through 6.	<del></del>		0					
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive						
	(provide details in Part VI) See instructions								
	Distributable amount for 2017 from Section C, line 6			0					
10_	Line 8 amount divided by line 9 amount		*	0 000					
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
1	Distributable amount for 2017 from Section C, line 6			0					
	Underdistributions, if any, for years prior to 2017								
2	(reasonable cause required—explain in Part VI) See								
	Instructions		THE THE CONTRACTOR OF THE PARTY						
3	Excess distributions carryover, if any, to 2017								
<u>à</u>		alominidade (256°44°47°17°40°4, Alidin Anna digita baliana langung 2007222°400°4							
	From 2013		AND THE PARTY OF T	odenini programa i programa de la composición del composición de la composición de la composición de la composición del composición de la					
	From 2015 "3		er sterrier in der Sterrier in						
	and a second to the second to			Ang kang mang mang kang kang kang kang kang kang kang k					
	From 2016			mandan vida i ida prografija vida di					
	Total of lines 3a through e								
	Applied to underdistributions of prior years  Applied to 2017 distributable amount			O STATE OF THE STATE OF THE STATES					
<u>n</u>	Carryover from 2012 not applied (see instructions)								
<del></del>	Remainder Subtract lines 3g, 3h, and 3i from 3f	**************************************							
4	Distributions for 2017 from			THE RESERVE THE PROPERTY OF THE PARTY OF THE					
-	Section D, line / \$ 0								
a		MPZECENSKEWS	0						
b	Applied to 2017 distributable amount	7.494.2.2.2.2.4.4.3.1.E.		, 0					
C	Remainder Subtract lines 4a and 4b from 4	0	AND WELL PROPERTY.	AAST CELEVATOR					
5	Remaining underdistributions for years prior to 2017, if	<b>对种的企业</b>							
•	any Subtract lines 3g and 4a from line 2 For result								
	greater than zero, explain in Part VI See instructions		0	<b>第四种理解积</b> 的系统					
6	Remaining underdistributions for 2017 Subtract lines 3h								
	and 4b from line 1 For result greater than zero, explain in								
	Part VI See instructions			0					
7	Excess distributions carryover to 2018. Add lines 3j								
	and 4c	,Ç 0							
8	Breakdown of line 7.								
, û	Excess from 2013								
b	Excess from 2014			mppppeggingnaminimumika (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					
<u>c</u>			Figure 15.1221773 School and didition the shift shift of the shift						
d		population de la company de la		The company of the control of the co					
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III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	
Part IV Section E Line 2a & 2b The purpose of the Corporation is to exclusively support	- <b></b>
and benefit, financially and or operationally, HopeWorks Soical Enterprises, a Washington	- <b></b>
nonprofit public benfit corporation HopeWorks Station Enterprises was formed to develop	
commerical property in the building commonly know as HopeWorks Station II to directly	
further the activities of the Organization HopeWorks Social Enterprises utilizes the	
commerical space for social enterprise activities	
Part IV Section D Line 3 The purpose of the Corporation is to exclusively support and	
benefit, financially and or operationally, HopeWorks Soical Enterprises, a Washington	
nonprofit public benfit corporation HopeWorks Station Enterprises was formed to develop	
commercial property in the building commonly know as HopeWorks Station II to directly	
further the activities of the Organization HopeWorks Social Enterprises utilizes the	
commerical space for social enterprise activities	<b>-</b>
	 4

### **SCHEDULE D** (Form 990)

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. OMB No 1545-0047 Open to Public

	ent of the Treasury Revenue Service	► Go to work ire gov	/Form990 for instructions an	d the latest informat	tion.	Inspection
	of the organization	- CO to WWW.II3.gov	. Januar ioi manucuona an			fication number
	Works Station Enterpr	1995				82-4355499
Part	Organizations	Maintaining Donor	Advised Funds or Other	Similar Funds o	r Acco	
, r arc			ed "Yes" on Form 990, Pa			
	Oompiete ii trie	organization anowers	(a) Donor advised fur		(b) F	unds and other accounts
1	Total number at end	of vear	(0)		,	
2	Aggregate value of contrib	=		****		
3	Aggregate value of grants					
4	Aggregate value at er					
5			onor advisors in writing that t	the assets held in do	onor adv	vised
·			t to the organization's exclus			. Yes No
6			ors, and donor advisors in w		ds can b	De
•			the benefit of the donor or			
	•	permissible private ber		, · · ·	•	Yes No
Part	II Conservation				<del></del>	
· are			ed "Yes" on Form 990, Pa	art IV line 7		
1			by the organization (check a			
•	<u> </u>		recreation or education)	<b>-</b>	historic	ally important land area
	<b>三</b>			=		
	Protection of nati		L	_ Preservation of a	cerme	d historic structure
	Preservation of o					_
2	•	<del>-</del>	tion held a qualified conserv	ation contribution in		
	easement on the last	-				Held at the End of the Tax Year
а	Total number of cons				2a	
b		ed by conservation eas			2b	
C			tified historic structure include		2c	
d			I in (c) acquired after 7/25/00	o, and not on a	2d	
•		d in the National Regist	iei I, transferred, released, extii			the organization during
3	the tax year	on easements modified	i, transierred, released, exti	iguisticu, or termina	ated by t	are organization during
4		ere property subject to a	conservation easement is lo	rated <b>&gt;</b>		
5			egarding the periodic monitor		ndlina c	of
•	_		ion easements it holds?	ornig, mopodaon, no		Yes No
6			nspecting, handling of violations	and enforcing conse	rvation ea	
J	Dian and volunteer noun	3 devoted to monitoring, ii	iopodang, nanamg or violations	, and omoromy control		
7	Amount of expenses inc	- :urred in monitorina, inspei	cting, handling of violations, and	d enforcing conservation	on easem	nents during the year
•	<b>▶</b> \$	,g,g,	g,,			,
8	Does each conservat	on easement reported	on line 2(d) above satisfy th	e requirements of s	ection 1	70(h)(4)(B)(ı)
	and section 170(h)(4)	•				Yes No
9			ports conservation easemei	nts in its revenue an	id exper	
			text of the footnote to the o			
		counting for conservation				
Pari	III Organizations	<b>Maintaining Collect</b>	tions of Art, Historical T	reasures, or Othe	er Simi	lar Assets.
			ed "Yes" on Form 990, Pa			
1a			er SFAS 116 (ASC 958), no			
			nılar assets held for public e			
			t of the footnote to its financ			
b			er SFAS 116 (ASC 958), to			
	works of art, historica	l treasures, or other sin	nılar assets held for public e	xhibition, education,	, or rese	arch in furtherance
	of public service, pro-	vide the following amou	nts relating to these items			
		on Form 990, Part VIII	, line 1 .	•		. ► \$ ► \$
	(ii) Assets included in					
2	If the organization red	ceived or held works of	art, historical treasures, or o	ther similar assets t	for finan	cial gain, provide the

a Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

	ne b (Folin, 990) 2017 Hope Volks Station El						02-4330			Page Z
Par	III Organizations Maintaining Coll	ections of Ar	<u>t, Histor</u>	ical Trea	<u>asures, or C</u>	Other :	<u>Similar Assets</u>	(contin	rued)	
3	Using the organization's acquisition, acce	ession, and othe	er records	, check a	ny of the follo	wing th	nat are a signific	ant use	of its	
	collection items (check all that apply)									
а	Public exhibition		d	Loan	or exchange	orogran	ms			
_					•	<b>g</b>				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization' XIII	s collections an	d explain	how they	further the o	rganıza	ition's exempt pi	ırpose ır	Part	
5	During the year, did the organization solid							□ v.		. N
	assets to be sold to raise funds rather that		ned as pa	in or the	organization :	Collec		Ye	<u>.s</u>	No
Part										
	Complete if the organization answ 990, Part X, line 21	vered "Yes" or	Form 9	90, Part	IV, line 9, or	repor	ted an amount	on For	n	
1a	Is the organization an agent, trustee, cus	todian or other	intermedia	ary for co	ntributions or	other	assets not			ı
	included on Form 990, Part X?							Ye	:s	No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the foll	owing tab	ole		<del></del>			
						L.	1	Amount		<u> </u>
С	Beginning balance					10	:			
d	Additions during the year .					1d	1			
e	Distributions during the year					1e	1			
f	Ending balance				•	1f				
	<del>-</del>									<u>`</u>
2a	Did the organization include an amount of	n Form 990, Pa	irt X, line	21, for es	crow or custo	odial ac	count liability?	Ye	es 🔼	No
b	If "Yes," explain the arrangement in Part	XIII Check here	e if the exp	planation	has been pro	ovided	on Part XIII			
Part	V Endowment Funds. "									-
	Complete if the organization answ	vored "Vec" or	Eorm 0	00 Dart	IV. line 10					
						<b>51</b> : T	(d) Three years book	(a) Fa		book
		(a) Current year	(b) Pric	л уеаг	(c) Two years	Dack	(d) Three years back	(6) 10	ur years	Uack
1a	Beginning of year balance							<del></del>		
þ	Contributions					<b></b>				
С	Net investment earnings, gains,					1				
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs					1				
•	Administrative expenses					<del></del>	· · · · · · · ·			
<u>'</u>	•	o		0		0				
g	End of year balance							<u> </u>		
2	Provide the estimated percentage of the	current year end		(line 1g,	column (a)) r	ieid as				
а	Board designated or quasi-endowment		<u>"</u>							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c	should equal 10	00%							
3a	Are there endowment funds not in the po	ssession of the	organizat	ion that a	re held and a	adminis	stered for the			
	organization by		·						Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations				•		•	3a(ii)		
h	If "Yes" on line 3a(ii), are the related orga	hotal against	ac roour	ed on Sc	hadula P2		•	3b		
b								30		L
4	Describe in Part XIII the intended uses of		in's endov	vment tur	nas					
Part										
	Complete if the organization answ	vered "Yes" or	Form 9	<u>90, Part</u>	IV, line 11a.	See F	orm 990, Part	X, line	<u> 10 </u>	
	Description of property	(a) Cost or ot	her basis	(b) Co	st or other	(c)	Accumulated	( <b>d</b> ) Bo	ook valu	е
		(ınvestm	ent)	bası	s (other)	đ	epreciation			
1a	Land		0		403,085		18.		40	3,085
b	Buildings		o		0	<u></u>	0			2,330
	_	<u> </u>	0		0		0			}
C	Leasehold improvements	<del></del>		-						
d	Equipment .		0	<del></del>	0		0			
<u>e</u>	Other		0		0		0			
Tota	I. Add lines 1a through 1e (Column (d) mu	ıst equal Form 🤄	990, Part .	X, columi	n (B), line 10d	).)	. •		40	3,085

1. (a) Description of liability	(b) Book value			
(1) Federal income taxes	0			
(2) ACCRUED INTEREST PAYABLE	20,279			
(3)				
(4)				
(5)	0.6	catary is a supply of the supp		
(6)		concerns a supplied to the supplied of the sup	diere Britanischen der Antonische Weiter Antonischer Zeiter aufgestätzt wir weiter	
(7)				X.
(8)	,	Additional transfer of the second		
(9)				
Total, (Column (b) must equal Form 990, Part X, col. (D) line	251 20 279	ระบบการสาราชการเกาะสาราชการสาราชการเกาะสาราชการเกาะสาราชการเกาะสาราชการเกาะสาราชการเกาะสาราชการเกาะสาราชการเกา		

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.

Ochica	Tiopevorks Station Enterprises		<u> </u>	1 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Par				
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12	?a	
1	Total revenue, gains, and other support per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities .	2b		
C	Recoveries of prior year grants .	2c		
d	Other (Describe in Part XIII ) .	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	<i>i</i> · ·	3	0
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		
C	Add lines 4a and 4b .	•	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	. 5	0
Par	Reconciliation of Expenses per Audited Financial Statement	nts With E	xpenses per Returi	n.
	Complete if the organization answered "Yes" on Form 990, Par			
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			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	· · · · · · · · · · · · · · · · · · ·	
C	Other losses .	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	•	. 2e	0
3	Subtract line 2e from line 1		. 3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
_	Other (Describe in Part XIII )	4b		
b				
b	,		4c	0
С	Add lines 4a and 4b	•	4c	0
c 5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.	. (8)	5	0
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8) 4; Part IV, lir	5 nes 1b and 2b, Part V,	0 line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8) 4; Part IV, lir	5 nes 1b and 2b, Part V,	0 line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8) 4; Part IV, lir	5 nes 1b and 2b, Part V,	0 line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8) 4; Part IV, lir	5 nes 1b and 2b, Part V,	0 line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8) 4; Part IV, lir	5 nes 1b and 2b, Part V,	0 line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8) 4; Part IV, lir	5 nes 1b and 2b, Part V,	0 line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line
c 5 Par Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	8) 1; Part IV, lir provide any	nes 1b and 2b, Part V, additional information	line 4, Part X, line

Schedule D (Forn	1 990) 2017	HopeWorks State	on Enterprises				82-4355499	Page <b>5</b>
Part XIII	Supplem	ental Informati	on (continued)					
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# SCHEDULE J

Department of the Treasury

Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

| Employer identification number

OMB No 1545-0047

2017

Open to Public.

HopeWorks Station Enterprises 82-4355499 **Questions Regarding Compensation** Part I No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 1a 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain **为于19** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the 3 organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of 5a The organization? 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

82-4355499

Schedule J (Form 990) 2017 HopeWorks Station Enterprises

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

1 Section A line 1s

Note: The sum of columns (B)(i)—(iii) for eac	th listed	Individual must equa	I the total amount of	Form 990, Part VII,	Section A, line 1a, app	olicable column (D) a	and (E) amounts for t	hat individual
(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)(B)	(v) Control (s) reported as deferred on prior Form 990
	€ €							
	ε							
2	(ii)							
	ε							
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4	≘ ≘							
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J.	(E)							
	(i)							
9	(ii)							
	(i)						1	
7	(ii)							
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Schedule J (Form 990) 2017

# SCHEDULĘ M (Form 990)`

Department of the Treasury

Internal Revenue Service

### **Noncash Contributions**

OMB No 1545-0047

▶ 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 the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

Hope	eWorks Station Enterprises				199
Pai					
		, (a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art .				
2	Art—Historical treasures .				
3	Art—Fractional interests .				
4	Books and publications		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		
5	Clothing and household	_	DECEMBER OF SERVICE ST		
	goods				
6	Cars and other vehicles				
7	Boats and planes	·			
8	Intellectual property .	L			
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC,				
	or trust interests .				
12	Securities—Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures .	<u></u>			
14	Qualified conservation contribution—Other	,			
15	Real estate—Residential				
16	Real estate—Commercial				
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 ▶ ( )	<u> </u>	<u> </u>	<u> </u>	
29	Number of Forms 8283 received which the organization completed				20
	which the organization completed	ı FOIM ö∠ö	3, Fait IV, Donee ACKNOWIE	eugement	29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
  - b If "Yes," describe in Part II
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
*		
30a		X
31	Х	
31 32a	X	X

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
•	of a combination of both. 7430 complete this part for any additional information
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<b></b>	······································
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#### **SCHEDULE O** (Form 990 or 990-EZ)

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

S ON	2017
	Open to Public
Employer identi	

HopeWorks Station Enterprises	82-4355499
Form 990, Part VI, Section B, Line 11b Management reviews the Form 990 and schedules before	ore
copies are provided to each board member and then filed with the IRS	
Form 990, Part VI, Section B, Line 12a. The CEO reviews the annual disclosure statements and	d
compares the information with known relationships within the community. Any guestionable are	as
are reviewed with the individual to verify and maintain compliance with the conflict of	
interest policy	
Form 990, Part VI, Section B, Line 19 Governing douments are available from the Washington	
Secretary of State Governing doucments, policy statements, Form 990 with related schedules,	
and financial statements are avaiable upon request	
Form 990, Part XI, Line 6 HopeWorks Station Enterprises received inkind professional service	,
of \$15,000 from one unrealated party and \$5,000 from a related party (Housing Hope).	
Form 990, Part XI, Line 9 Hope Social Enterprises made an equity transfer of cash (\$104,108)	
and (\$400,498 to capitalize HopeWorks Station Enterprises at the New Market Tax Credit Close	ing
on 5/17/18	·····
	·····
	•

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
HopeWorks Station Enterprises	82-4355499
·····	
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Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

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

▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

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

Employer identification number 82-4355499

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2017 ŝ × × × Direct controlling entity? Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f) Direct controlling (e) End-of-year assets ۲ ۲ ٤ (e)
Public charity status
(if section 501(c)(3)) Total income თ (d) Exempt Code section Legal domicile (state or foreign country) 501(C)(3) 501(C)(3) 501(C)(3) (c)
Legal domicile (state
or foreign country) (b) Primary activity ≸ × (b) Pnmary activity one or more related tax-exempt organizations during the tax year **EMPLOYMENT** LOW INCOME LOW INCOME **EDUCATION** HOUSING HOUSING For Paperwolk Reduction Act Notice, see the Instructions for Form 990. (1) HOPEWORKS SOCIAL ENTERPRISES 80-0684608 (a)
Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization (3) HOUSING HOPE PROPERTIES 94-3163905 5830 EVERGREEN WAY EVERETT, WA 98203 5830 EVERGREEN WAY EVERETT, WA 98203 5830 EVERGREEN WAY EVERETT, WA 98203 (2) HOUSING HOPE 94-3060709 Part .... (2) (5) 4 (2) £1, 9 4 (5) 9

Page 2

% % Percentage ownership 3 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part managing partner? General or ŝ × Yes 82-4355499 amount in box 20 of Schedule K-1 (Form 1065) Code V—UBI (h)
Disproportionate
allocations? ž × × Yes IV. Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-ofyear assets (f) Share of total because it had one or more related organizations treated as a partnership during the tax year (e)
Predominant
income (related,
unrelated, sections 512-514) excluded from tax under Unrelated Unrelated (d)
I Direct controlling | ۲ ۲ HopeWorks Station Enterprises (c) Legal domicile (state or foreign country) Š × Primary activity (2) HOPEWROKS STATION LOW INCOME 5830 EVERGREEN WAY EVERHOUSING HOPEWORKS STATION FLOW INCOME e 5830 EVERGREEN WAY EVERHOUSING (a) Name, address, and EIN of related organization Schedule R (Form 990) 2017 Part III Part IV 2 3 4 (5) 9

	19, IIIIe 34 Decause It fiad Offer of fillore felated Offganizations (readed as a corporation of final during the tax year	UIIS II EAIEU AS A	COLPOI ALIOI O	alli Billinn spil	ומא אנמו	(6)	9	[3	
Prin	ctivity	(c) Legal domicile	(a) Direct controlling	Type of entity	Share of total	(9) Share of	Percenta	Section 51.	2(b)(13)
•		(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets	ownersh	p controlled entity?	led
								Yes	No

Schedule R (Form 990) 2017

HopeWorks Station Enterprises

Schedule R (Form 990) 2017

Page 3

82-4355499

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

<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				ດ Sel	NO
1 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?	lated organizations liste	d in Parts II–IV?			_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			<u>1</u>		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b		×
c Giff grant or capital contribution from related organization(s)	•	•	10	_ ×	
		•	19		×
				  >	
e Loans or loan guarantees by related organization(s)			<u> </u>	<del> </del>	-
			1	1	٦,
t Dividends from related organization(s)			= .	+	<u> </u>
g Sale of assets to related organization(s)			5		×
h Purchase of assets from related organization(s)	•	٠	두		×
i Exchange of assets with related organization(s)			Ę		<u>~</u>
j Lease of facilities, equipment, or other assets to related organization(s)			1,		×
k Lease of facilities, equipment, or other assets from related organization(s)			¥		×
			1		×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	×	
		•	1n		×
			10		×
				<u> </u>	_
p Reimbursement paid to related organization(s) for expenses			1p		×
q Reimbursement paid by related organization(s) for expenses			19		×
				1	٦
r Other transfer of cash or property to related organization(s)			+		×
s Other transfer of cash or property from related organization(s)			1s	×	1
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	is line, including covere	d relationships and tran	saction thr	eshold	S
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	l) leterminir	ō
	type (a-s)		amount involved	nvolved	
			ACTUAL CASH	ASH	
(1) HOPEWORKS SOCIAL ENTERPRISES	S	104,108			
			APPRIASAL - LAND	ار- الج	9
(2) HOPEWORKS SOCIAL ENTERPRISES	S	400,498			
			LOAN	Ç F	
(3) HOPEWORKS SOCIAL ENTERPRISES	Ð	12,690,000 AGREEMEN I S	AGREEME	S	İ
(4) HOUSING HOPE	E	5,000	SERVICE 5,000 AGREEMENT	IN	
(4)					
(9)					١
*		Schec	Schedule R (Form 990) 2017	ก 990) 2	2017

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Part VI Unr

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

Percentage ownership 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 3 ž (J) General or managing partner? Yes (I)
Code V—UBI
amount in box 20
of Schedule K-1 (Form 1065) ٠. (h)
Disproportionate
allocations? ŝ Yes Share of end-of-year assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Share of total income ε (e) Are all partners 501(c)(3) organizations? Yes No section unrelated, excluded Predominant income (related, from tax under sections 512-514) Đ (c)
Legal domicite
(state or foreign Primary activity 9 (a) Name, address, and EIN of entity €. 65 (5) (2) (9) 13 (11) (12) (13) (14) (8) 6 (6)

Schedule R (Form 990) 2017

(16)

Schedule R (Form	m 990) 2017	HopeWorks Station	Enterprises				82-4355499	Page 5
		ental Information.						
'Part VII'	Provide ac	dditional information	for response	es to questions	on Schedule	R See Instruc	tions	
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