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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

HOPEWORKS OF HOWARD COUNTY INC 9770 PATUXENT WOODS DRIVE COLUMBIA, MD 21046

PREPARED BY:

SIKICH LLP 1199 N. FAIRFAX STREET 10TH FLOOR ALEXANDRIA, VA 22314

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form	887	'9-	EO	
FOUL		-	_	

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning <u>JUL 1</u>, 2018, and ending <u>JUN 30</u>, 20<u>19</u>

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

52-1115111

HOPEWORKS OF HOWARD COUNTY INC

Name and title of officer VANITA LEATHERWOOD EXECUTIVE DIRECTOR

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

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,505,354.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

X Lauthorize SIKICH LLP	to enter my PIN 15111
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed retuins being filed with a state agency(ies) regulating charities as part of the IRS enter my PIN on the return's disclosure consent screen.	.,
As an officer of the organization, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a staprogram, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	36653781267 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 e confirm that I am submitting this return in accordance with the requirements of Pub <i>e-file</i> Providers for Business Returns.	, , , , , , , , , , , , , , , , , , , ,
ERO's signature 🕨	Date 6/02/20
ERO Must Retain This Form -	See Instructions
Do Not Submit This Form to the IRS Ur	less Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2018)
823051 10-26-18	

	Return of Organization Exempt F	From lu	ncomo Tav	OMB No. 1545-0047
-orm 990	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			
Department of the Treasury	Do not enter social security numbers on this form	•	•	Open to Public
ternal Revenue Service	Go to www.irs.gov/Form990 for instructions and			Inspection
For the 2018 calen	dar year, or tax year beginning $JUL 1$, 2018 and	ending J	<u>UN 30, 201</u>	9
Check if applicable:	of organization		D Employer ident	ification number
	EWORKS OF HOWARD COUNTY INC			
	business as		52-	1115111
Initial return Numbe	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	ber
Final 9770) PATUXENT WOODS DRIVE		410	-997-0304
ated City or	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,554,351.
Amended COLU	JMBIA, MD 21046		H(a) Is this a group	o return
Applica- tion F Name	and address of principal officer: VANITA LEATHERWOOD		for subordinat	tes? Yes X No
	AS C ABOVE		H(b) Are all subordinate	s included? Yes No
Tax-exempt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 🗌 527	If "No," attach	n a list. (see instructions)
Website: 🕨 WWW	WEAREHOPEWORKS.ORG		H(c) Group exemp	tion number 🕨
Form of organization:	X Corporation	L Year	of formation: 1978	M State of legal domicile: MI
Part I Summary				·
1 Briefly descri	be the organization's mission or most significant activities: HOPEI	WORKS	MISSION IS	TO PROVIDE
SUPPORT	AND ADVOCACY FOR PEOPLE IN HOWARD		Y AFFECTED	BY SEXUAL
2 Check this b	ox if the organization discontinued its operations or dispose	sed of more	than 25% of its net a	assets.
法	oting members of the governing body (Part VI, line 1a)		1	3 17
	dependent voting members of the governing body (Part VI, line 1b)			4 17
∞ŏ				

s S	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	64
ctivities	6	Total number of volunteers (estimate if necessary)	6	60
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<	b	Net unrelated business taxable income from Form 990-T, line 38		0.
			Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)	2,273,429.	2,522,325.
evenue	9	Program service revenue (Part VIII, line 2g)	27,481.	28,064.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	709.	3,592.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,786.	-48,627.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,303,405.	2,505,354.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,509,513.	1,631,548.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ę	b	Total fundraising expenses (Part IX, column (D), line 25) 16, 327.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	732,351.	773,741.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,241,864.	2,405,289.
	19	Revenue less expenses. Subtract line 18 from line 12	61,541.	100,065.
or			Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	1,048,019.	1,161,046.
t As d B	21	Total liabilities (Part X, line 26)	116,054.	129,016.
END	22	Net assets or fund balances. Subtract line 21 from line 20	931,965.	1,032,030.

Part II Signature Block

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

Sign		Signatu	ire of o	fficer							Date			
Here		VAN	ITA	LEATHE	RWOOD	, EX	ECUTIVE	DIRE	CTOR					
		Type or	r print r	ame and title										
	Prir	nt/Type pr	eparer'	s name			Preparer's sig	nature		Date		Check	PTIN	
Paid	RO	HINI	CHZ	NDRABH	IATLA		ROHINI	CHANI	ORABHATLA	06/02	/20	ir self-employed	P00740	442
Preparer	Firr	n's name		SIKICH	LLP						Firm's	EIN 🕨 3	6-3168	8081
Use Only	Firr	n's addres	ss 🕨	1199 N.	FAIR	FAX	STREET	10TH	FLOOR					
			i	ALEXANI	DRIA, V	VA 2	2314				Phone	e no. (703) 836-	1350
May the IRS discuss this return with the preparer shown above? (see instructions)														
832001 12-3	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)													

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) HOPEWORKS OF HOWARD COUNTY INC	52-1115111 Page 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	HOPEWORKS MISSION IS TO PROVIDE SUPPORT AND ADVOCACY FOR HOWARD COUNTY AFFECTED BY SEXUAL AND INTIMATE PARTNER VIC	
	ENGAGE THE COMMUNITY IN CREATING THE CHANGE REQUIRED FOR	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the 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	Describe the organization's program service accomplishments for each of its three largest program services, as m	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 654,562. including grants of \$) (Revenue	¢ (/
та	RESIDENTIAL SERVICES: SHORT-TERM EMERGENCY HOUSING AND LO	
	HOUSING IS PROVIDED TO INDIVIDUALES AND FAMILIES IMPACTED	
	AND SEXUAL VIOLENCE AND HUMAN TRAFFICKING.	
4b	(Code:) (Expenses \$ 452,460. including grants of \$) (Revenue	e\$ 28,434.)
		ID CHILDREN
	IMPACTED BY DOMESTIC AND SEXUAL VIOLENCE.	
4c	(Code:) (Expenses \$ 337,669. including grants of \$) (Revenu	e\$)
	LEGAL ASSISTANCE: LEGAL ADVOCACY AND SERVICES PERTAINING	
	AND CRIMINAL JUSTICE SYSTEMS IS PROVIDED FOR SURVIVORS OF	DOMESTIC AND
	SEXUAL VIOLENCE.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 776,554. including grants of \$) (Revenue \$)
4e	Total program service expenses 2,221,245.	000 /
0000-		Form 990 (2018)
832002	2 12-31-18 2	

Form 990 (HOPEWORKS		HOWARD	COUNTY	INC
Part IV	Checklist of R	les				

 Dit the organization region in direct or indirect political campaign activities on behalf of or in apposition to candidates for public officit <i>H</i> 'Yes, 'complete Schedule <i>C</i>, Part <i>H</i> 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(<i>H</i> 'Yes, 'complete Schedule <i>C</i>, Part <i>H</i> Did the organization martina and other organization that meakwas membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-197 <i>H</i> 'Yes, 'complete Schedule <i>C</i>, Part <i>H</i> Did the organization review any domor advised finds or any similar funds or accounting for the vice membership dues, assessments, or the environment, historic land areas, or historic structures? <i>H</i> 'Yes, 'complete Schedule <i>D</i>, Part <i>H</i> Did the organization martina and use any of the organization, that magement, aredit repair, or debt negotiation services? <i>H</i> 'Yes, 'complete Schedule <i>D</i>, Part <i>H</i> Did the organization review or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? <i>H</i> 'Yes, 'complete Schedule <i>D</i>, Part <i>H</i> Did the organization report an amount for land, buildings, and equipment in Part X, line 12, line 13, line 12, line 13, line 14, line 167 <i>H</i> 'Yes, 'complete Schedule <i>D</i>, Part <i>H</i> Did the organization report an amount for lense the rescurities in Part X, line 107 <i>H</i> 'Yes, 'complete Schedule <i>D</i>, Part <i>H</i> Did the organization report an amount for lense the securities in Part X, line 12, line 13, line 13, line 14, line 167 <i>H</i> 'Yes, 'complete Schedule <i>D</i>, Part <i>H</i> Did the organization report an amount for lense the securities in Part X, line 13, line 13, line 14, line 167 <i>H</i> 'Yes, 'complete Schedule <i>D</i>, Part <i>H</i> Did the organization repor				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalt of or in apposition to candidates for public office? If "Yws," complete Schedule C, Part I 2 X 3 Did the organization engage in direct political campaign activities on behalt of or in apposition to candidate for a direct political campaign activities on behalt of or in apposition to candidate for a direct political parts. The organization argues in biblying activities, or have a section 501(b) election in effect 4 X 4 Section 501(c)(A) organizations. Did the organization that recoves membership dues, assessments, or similar anounts as define in feverupe Schedule C, Part II 4 X 6 Did the organization recoves or biol (a) complete Schedule C, Part II 6 X 7 Z Matter organization matrix as offerion I favorus in such India or accounts I Prvs, "complete Schedule D, Part II 6 X 7 X Did the organization matrix as chilositor diratorus in such India account insulti. Schedule D, Part II 7 X 8 Did the organization matrix or porvide ardot counseling, debt management, credit regariz, or debt angolistion services? 9 X 9 Did the organization matrix is the following questions is "Via," then complete Schedule D, Part V 10 10 X 10 Did the organization severity or the following questions	1				
 Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officit/ if Yies," complete Schedule C, Part II Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year/ if Yies," complete Schedule C, Part II Did the organization matina and on yoo for divised finds or any smiller funds or accounting for the year, "complete Schedule D, Part II Did the organization relation and one accent setting assemble to provide advice on the distribution or investment of amounts in such funds or accounting trusts as edited to D, Part II Did the organization matina and encounts in such funds or account is assessed, "I "yes," complete Schedule D, Part II Did the organization matina cellectors of works of art, historical treasure, or other similar assess? II "yes," complete Schedule D, Part II Did the organization matina cellectors of works of art, historical treasure, the environment, histori and ansae, or historic attreasure, and the part, or debt negatiation services? Did the organization matina cellectors of works of art, historical treasure, the environment, the part of the organization matine and environments? If "yes," complete Schedule D, Part II Did the organization respont an amount for leady qualitation, hold assets in temporally restricted endowments, permanent endowments? If "yes," complete Schedule D, Part VI Did the organization respont an amount for investments - other securities in Part X, line 10? II "yes," complete Schedule D, Part VI Did the organization respont an amount for investments - program related in Part X, line 12? II "yes," complete Schedule D, Part XIII 10 Zi did the organization respont an amount for investments - program related in Part X, line 12? II "yes," complete Schedule D, Part				Х	77
public office? If ''Yes, 'complete Schedule C, Part I 3 X 4 Section 501(b) agonatization. Bit the organization engage in lobbying activities, or have a section 501(b) election in effect 4 X 5 Is the organization ascion 501(b)(4).501(b)(5), or 501(b)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 801'9' I'''se, 'complete Schedule C, Part II X 6 Did the organization maintain any door advised funds or any similar funds or accounts? I'''res, 'complete Schedule D, Part I 6 7 X To the organization receive or hold a conservation easement, Including easements to preserve open space, the environment, histotic land acea, or historic athrousers of vers, 'complete Schedule D, Part I 6 8 Did the organization report an amount in Part X, ine 21, for secrow or custotial account liability, serve as a custotian for amounts not listed in Part X, or provide condit counseling, defin management, needt repair, or detin tegoliation services? 9 X 9 Did the organization report an amount for instruments or partial schedule D, Part V 9 X 11 If the organization report an amount for instruments or bits assert is part X, ine 100''', 'complete Schedule D, Part V 11 X 12 If the organization report an amount for instruments - other securities in Part X, line 107'', 'rye, 'complete Schedule D, Part V	-		2		X
 Section 501(c)(3) organizations. Did the ciganization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? <i>II</i> 'Yes,' <i>complete Schedule C</i>, <i>Part II</i>. Is the enganization a section 501(c)(6) 501(c)(6) constrained to a ray similar toxic or south tax for solution tax in a settine tax year? <i>II</i> 'Yes,' <i>complete Schedule C</i>, <i>Part II</i>. Did the organization environment, historic diracted toxic or assement, hicking assemble toxic toxic biolice to the distribution or investment of amounts in such funds or accounts? <i>II</i> 'Yes,' <i>complete Schedule D</i>, <i>Part II</i>. Did the organization nearing and using assemble to prove preserve open space. Did the organization nearing and using assemble to prove or custodial for a set of the asset and the asset and the set of the asset and the asset and the set of the organization report an amount for investments - organ related in Part X, line 107 If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments - order related in Part X, line 107 If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments - order related in Part X, line 107 If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments - order related in Part X, line 107 If 'Yes,' complete Schedule D, Part VIII D, VES,' Complete Schedule D, Par	3				v
during the tax year? If 'Yes,' complete Schedule C, Part II 4 X is the organization a sectors Dis(4), 801(6)(8), 601(6)(8) or 501(6)(8) or 500(8) or 500			3		
5 Is the organization action 501(c)(d), 501(c)(D), or 501(c)(D) or 501(c)(D) organization that teacives membranchip dues, assessments, or similar amounts as defined in Nervence Proceeding 81-19: "res," complete Schedule C, Part II S X 6 Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advice or hid a contervation easement, including easements to preserve open space, the environment, histocic land areas, or historic structures? If "Yes," complete Schedule D, Part II S X 8 Did the organization maintein collections of works of at I, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 7 X 9 Did the organization neorements? If "Yes," complete Schedule D, Part I 8 X 9 Did the organization anount in Part X, ine 21, for scrow or custodial account liability, serve as a custodian for anounts not listed in Part X, ine provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 X 10 Did the organization neorements? If "Yes," complete Schedule D, Part X, line 21, ine to parts, line 10, part X, line 24 11 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 11 X 12 Did the organization report an amount for investmen	4				v
similar amounts as defined in Revenue Procedure B 119 '' 'Yes, 'complete Schedule C, Part III 5 X Did the organization materian any donor advected funds or any similar funds or accounts? If 'Yes, 'complete Schedule D, Part II To did the organization neceve or hold a conservation easement, including easements to preserve open space, the environment, historic all reases, or historic attractives? If 'Yes, 'complete Schedule D, Part II 3 Did the organization materian collections of works of att, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part II 3 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide critical complete Schedule D, Part II 10 X 10 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 11 If the organization server to any of the following questions is 'Yes.' then complete Schedule D, Part V, UN, VIII, K, or X as applicable. 2 Did the organization report an amount for investments - other securities in Part X, line 12', fur 19's, 'complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 12', fur 19's, 'complete Schedule D, Part X, line 16', If 'Yes, 'complete Schedule D, Part X, line 25' fur Yes, 'complete Schedule D, Part X, line 16', If 'Yes, 'complete Schedule D, 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 X, line 12', that is 5% or more of its total assets reported in Part X, line 16', If 'Yes, 'complete Schedule D, Part X, line 25', If 'Yes, 'complete Schedule D, Part X, line 12', If 'Yes, 'complete Schedule D, Part X, line 15', If 'Yes, 'complete Schedule D, Part X, line 25', If 'Yes, 'complete Schedule D, Part X, line 15', If 'Yes, 'complete Schedule D, P	-		4		
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 tobid a consensement. Nationally, and the presence open paped, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 6 X 7 X 8 X 7 X 8 Did the organization maintain oblections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization maintain any donor advised far, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization montents? If "Yes," complete Schedule D, Part IV. 10 X 9 X 9 Did the organization and the fart X, line 21, for second or custodial account liability, serve as a custodian for amounts not listed in Part X, line 11, wes, "complete Schedule D, Part V. 10 X 10 Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part V. 11a X 11 If the organization server to any of the following questions is "Yes," then the structures of the total asset reported in Part X, line 117 "Yes," complete Schedule D, Part X 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12 thi is 5% or more o	5		F		v
provide advice on the distribution or investment of anounts in such funds or accounts? If Yes, "complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, "complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in listed in Part X, or provide credit conseling, debt managament, credit repair, or debt negotiation solvicas? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, If "Yes," complete Schedule D, Part V 9 X 10 Did the organization (meetry or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi andoxide D, Part VI 10 X 11 It the organization report an amount for livestments - organize to repoil to stotal assets reported in Part X, line 10 and X, line 10 ff "Yes," complete Schedule D, Part VI 111 X 12 Did the organization report an amount for orber assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X 112 X 13 Did the organization report an amount for orber assets in Part X, line 13 that is 5% or more of its to	6		5		<u></u>
7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization, ford 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, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? (I' Yes," complete Schedule D, Part V 10 X 11 If 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 167 if "Yes," complete Schedule D, Part VII 11a X 12 Did the organization report an amount for rinvestments. program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X 11a X 13 Did the organization neoparate, independent audited financial statements	0		6		x
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b Was the organization included in consolidated, independent audited financial statements for the tax year? 12 If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 17 X 17 Did the organization report a total of more than \$15,000 of expenses for pofessional fundraising services on Part IX, column (A), line 3, more than \$15,000 of gross income and contributions on Part IX, colum (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 X 17	12a				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	18				
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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	20a				X
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		<u> </u>
	21				v
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4

	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
22	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
.	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	• • • • • • • • •	34		x
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
5	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?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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			Vee	
0-	Enter the number of employees reported on Form W/2. Transmittel of Wage and Tay Statements		Yes	No
Zđ	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 64			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
a	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
	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 required	7-		x
А	to file Form 8282?	7c		
d		7e		
e f		7e 7f		
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
		12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	154		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2018)

HOPEWORKS OF HOWARD COUNTY INC

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

Check if Schedule O contains a response or note to any line in this Part VI	 Χ
Section A. Governing Body and Management	

				Yes	No No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asso		······		x
6	Did the organization have members or stockholders?				x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
1a			70		x
	more members of the governing body?		<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?		<u>8a</u>	Х	
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 be read	hed at the		1	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)			
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	1 , ,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
			12a	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		v	
	in Schedule O how this was done			-	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				1
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 000 T (Section 50)	1(c)(3)c only)	availat	
10		1 990-1 (Section 30		availar	JIE
	for public inspection. Indicate how you made these available. Check all that apply.				
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest polic	y, and finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records 🕨			
	HOPEWORKS OF HOWARD COUNTY - 410-997-0304				
	9770 PATUXENT WOODS DRIVE, SUITE 300,, COLUMBIA, MD	21046		n 990	

Т

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not cl		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		e	pensi		(W-2/1099-MISC)		organization
	organizations	ual tru	onal		ploye	ee				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHELE BEAULIEU	2.00	-	<u> </u>	Of	λ	포も	9			
PRESIDENT		x		х				0.	0.	0.
(2) SHANEKA MCCLARTY	2.00	Δ		Δ				0.	0.	0.
VICE-PRESIDENT	2.00	х		х				0.	0.	0.
(3) JULIAN GREENE	2.00	<u> </u>		Λ				0.	0.	0.
TREASURER	2.00	x		х				0.	0.	0.
(4) MARGARET WEINSTEIN	2.00	Δ		Λ				0.	0.	0.
SECRETARY	2.00	x		х				0.	0.	0.
(5) MAUREEN EVANS ARTHURS	1.00	^		Λ				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(6) ALICE GILES	1.00									
DIRECTOR	1000	x						0.	0.	0.
(7) RACHEL CAMP	1.00									
DIRECTOR		х						0.	Ο.	0.
(8) GABRIELLA COLARUSSO	1.00									
DIRECTOR		X						0.	Ο.	0.
(9) MARLA HARRISON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) AMANDA PIZZURRO	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ARIELLE KARP	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SARA RUBLOFF	1.00									
DIRECTOR		х						0.	0.	0.
(13) RENEE MANKOFF	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(14) MONTRELL L. SCAIFE	1.00								•	•
DIRECTOR	1	Х						0.	0.	0.
(15) CHRISTINA YOUNGER	1.00									-
DIRECTOR		Х						0.	0.	0.
(16) ANJULA BATRA	1.00									-
DIRECTOR		х						0.	0.	0.
(17) BONNIE CRONIN	1.00									<u> </u>
DIRECTOR		Х						0.	0.	0.
832007 12-31-18				_	-					Form 990 (2018)

16370602 765826 22561.0

2018.05091 HOPEWORKS OF HOWARD COUNT 22561.02

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	<u>1990 (2018)</u> HOPEWORKS	S OF HOW	IAR	D	CC	UN	1LA	Ί	INC	52-11	.15	111	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	<i>.</i>		Pos				Reportable	Reportable		Es	stimate	ed
		hours per					than (is both		compensation	compensation	n		nount	
		week					or/trus		from	from related			other	
		(list any	ctor						the	organizations	5	com	ipensa	tion
		hours for	r dire				ed la		organization	(W-2/1099-MIS	C)	fi	om th	э
		related	tee oi	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations	trus	nal tr		oyee	duo					an	d relat	ed
		below	Individual trustee or director	Institutional trustee	Ber	key employee	loyee	ner				org	anizati	ons
		line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
(18)	JANNIFER POLLITT HILL	40.00												
EXEC	UTIVE DIRECTOR				X				100,353.		0.			0.
1b	Sub-total								100,353.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								100,353.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	io re	eceived more than \$100,	000 of reportable				
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	-			•	•	•		•					
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or si	uch j	pers	son					5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	/ith c	or wi	thin		ear.				
	(A) Name and business	address	NTO	ONE	7				(B) Description of s	ervices	C		C) nsatio	n
	Name and Business	2001035	INC		2				Description of s			ompe	nsatio	
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	d to		-	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				()					_	000 //	

Form **990** (2018)

832008 12-31-18

	n 990 (2		HOWARD CO	OUNTY INC		52-1115	111 Page 9
Pa	rt VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	e 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
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ω Ω Ω	с	Fundraising events 1c	94,762.				
ar /	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e 2,	254,316.				
r Si	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	173,247.				
d Tri	g	Noncash contributions included in lines 1a-1f: \$					
aSo	h	Total. Add lines 1a-1f	🕨	2,522,325.			
			Business Code				
e	2 a	COUNSELING FEES	624100	28,064.	28,064.		
e vic	b						
Senu	с						
ram leve	d						
Program Service Revenue	е						
ā	f	All other program service revenue		00.064			
	g	Total. Add lines 2a-2f		28,064.			
	3	Investment income (including dividends, intere		2 5 0 2			2 500
		other similar amounts)		3,592.			3,592.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	-	(i) Real	(ii) Personal	-			
	6 a	Gross rents		-			
	b	Less: rental expenses		-			
	C	Rental income or (loss)	L	-			
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other	-			
	Ь	assets other than inventory Less: cost or other basis		-			
	U	and sales expenses					
	~	Gain or (loss)		-			
		Net gain or (loss)	►				
e		Gross income from fundraising events (not					
ent		including \$ 94,762. of					
Other Revenue		contributions reported on line 1c). See	0				
ler		Part IV, line 18 a	40 000	-			
Ę		Less: direct expenses b	40,997.	_18 007			_18 007
		Net income or (loss) from fundraising events	▶	-48,997.			-48,997.
	ыa	Gross income from gaming activities. See					
	h	Part IV, line 19 a Less: direct expenses b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	····· P				
	iu a	and allowancesa					
	h	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					
	Ū	Miscellaneous Revenue	Business Code				
	11 a	OTHER INCOME	900099	370.	370.		
	b				,		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		370.			
_	12	Total revenue. See instructions		2,505,354.	28,434.	0.	-45,405.
83200	9 12-31-						Form 990 (2018)

HOPEWORKS OF HOWARD COUNTY INC Part IX Statement of Functional Expenses

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

0000			0	1	
	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,675.	92,675.	5,000.	
6	Compensation not included above, to disqualified		_ ,		
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-		1,356,494.	1,287,050.	69,444.	
7	Other salaries and wages	-,JJU,494•	±,207,030•	0,444.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	67 276		2 272	1 400
9	Other employee benefits	67,276.	62,467.	3,372.	<u>1,437.</u> 2,351.
10	Payroll taxes	110,103.	102,233.	5,519.	⊿,351.
11	Fees for services (non-employees):				
а	Management				
b	Legal	167.	158.	9.	
С	Accounting	47,937.		47,937.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	91,843.	87,139.	4,704.	
12	Advertising and promotion	10,670.	10,135.	<u>4,704.</u> 535.	
13	Office expenses	31,957.	30,345.	1,612.	
14	Information technology	56,748.	53,864.	2,884.	
15		5077100		270010	
	Royalties	117,830.	111,794.	6,036.	
16		18,258.	17,324.	934.	
17		10,230.	17,524.	954.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		4 005	0.01	
19	Conferences, conventions, and meetings	5,096.	4,835.	261.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,502.	47,915.	2,587.	
23	Insurance	35,401.	33,588.	1,813.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	CLIÉNT NEEDS FUND	157,700.	149,623.	8,077.	
b	REPAIRS AND MAINTENANCE	78,589.	74,564.	4,025.	
c	SUPPLIES	35,270.	21,592.	1,139.	12,539.
d					
	All other expenses	35,773.	33,944.	1,829.	
25 25	Total functional expenses. Add lines 1 through 24e	2,405,289.	2,221,245.	167,717.	16,327.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,100,200.	_,,	,	
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (2210)

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832010 12-31-18

2018.05091 HOPEWORKS OF HOWARD COUNT 22561.02

Form 990 (2018)

16370602 765826 22561.0

	HOPEWORKS	OF	HOWARD	COUNTY	INC
nce Sheet					
k if Schedule	O contains a respon	se or i	note to any line	e in this Part X	

Part X	•	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			43,012.	1	139,862
2	2	Savings and temporary cash investments			125,003.	2	100,008
3		Pledges and grants receivable, net			306,111.	3	392,607
4		Accounts receivable, net				4	
5	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ν.		employees' beneficiary organizations (see instr).		-		6	
Assets	7	Notes and loans receivable, net				7	
8 8		Inventories for sale or use				8	
9					110,968.	9	47,514
10	Da	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	812,611.			
	b	Less: accumulated depreciation		339,166.	455,315.	10c	473,445
11		Investments - publicly traded securities			-	11	
12		Investments - other securities. See Part IV, line 1				12	
13		Investments - program-related. See Part IV, line				13	
14	1	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			7,610.	15	7,610
16	6	Total assets. Add lines 1 through 15 (must equ			1,048,019.	16	1,161,046
17	7	Accounts payable and accrued expenses			98,807.	17	106,724
18		Grants payable			-	18	
19	Э	Deferred revenue			17,247.	19	22,292
20)	Tax-exempt bond liabilities			-	20	
21		Escrow or custodial account liability. Complete				21	
ر 22	2	Loans and other payables to current and former	officers,				
itie		key employees, highest compensated employee	es, and di	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
23 ا ت	3	Secured mortgages and notes payable to unrela				23	
24	1	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). (Complete Part X of			
		Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25			116,054.	26	129,016.
		Organizations that follow SFAS 117 (ASC 958	3), check	here 🕨 🗴 and			
ي ي		complete lines 27 through 29, and lines 33 an	d 34.				
ຍິ 27	7	Unrestricted net assets			931,965.	27	1,010,488.
82 28		Temporarily restricted net assets				28	21,542.
ଳ ଅ 29	9	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
er F		and complete lines 30 through 34.					
ខ្ល័ 30)	Capital stock or trust principal, or current funds				30	
8 31	1	Paid in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances 8 75 15 00 6 75 25 25 75 25 25 75 25 75 75 25 75 25 75 75 25 75 75 75 75 75 75 75 75 75 75 75 75 75	2	Retained earnings, endowment, accumulated in				32	
ž 33	3	Total net assets or fund balances			931,965.	33	1,032,030.
34		Total liabilities and net assets/fund balances			1,048,019.	34	1,161,046.

Form 990 (2018)

Form 990 (2018) HO
Part X Balance Sheet

	1990 (2018) HOPEWORKS OF HOWARD COUNTY INC	<u>52-11</u>	15111	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,505					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,405					
3	Revenue less expenses. Subtract line 2 from line 1	3	100					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	931	.,96	<u>55.</u>			
5	Net unrealized gains (losses) on investments	5						
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_				
	column (B))	10	1,032	2,03	<u> 30.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		. <u></u> .	····				
_				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2 b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				37			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							

Form **990** (2018)

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(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 charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Nan	ne of t	the organization						Employer	r identification number
				OWARD COUNTY				5	2-1115111
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	neck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)([.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that norma	•				.,	ne deneral i	oublic described in
		section 170(b)(1)(A)(vi). (C	-		5			5	
8	\square	A community trust describe	-	(1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org				ed in coniu	unction with a	land-grant	college
		or university or a non-land-				-		-	-
		university:				··, -··,	,		
10	\square	An organization that norma	Illv receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns. members	hip fees. an	nd aross receipts from
		activities related to its exen	•					-	•
		income and unrelated busir							-
		See section 509(a)(2). (Co				•			
11	\square	An organization organized a		ivelv to test for public sa	etv. See	section 50	09(a)(4).		
12	\square	An organization organized a	-	•	•			rrv out the	purposes of one or
		more publicly supported or	-	-				•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga				-		-	giving
		the supported organization	-	-	• • • •	-			
		organization. You must o		• • • •					
b		Type II. A supporting org			ion with it	s supporte	ed organizatio	n(s). bv hav	vina
		control or management o	-				-		-
		organization(s). You mus			·				
с		Type III functionally inte			in connect	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	• • • •					, ,	,
d		Type III non-functionally		· ·	-		-	rted organiz	zation(s)
		that is not functionally int		• • •				-	
		requirement (see instruct			•		-		
е		Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III							
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
g	Pro	vide the following informatior	n about the supporte	ed organization(s).					
	((i) Name of supported (ii) EIN (iii) Type of organization is the organization listed (v) Amount of monetary							(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
			1		1	1	1		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Total

Schedule A (Form 990 or 990-EZ) 2018 HOPEWORKS OF HOWARD COUNTY INC Part II

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1797911.	2163762.	2024655.	2249429.	2522325.	10758082.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	24,000.	24,000.	24,000.		144,462.	240,462.		
4	Total. Add lines 1 through 3	1821911.	2187762.	2048655.	2273429.	2666787.	10998544.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						10998544.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	1821911.	2187762.	2048655.	2273429.	2666787.	10998544.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots			28.	709.	3,592.	4,329.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	6,380.	1,276.		1,647.	370.	9,673.		
11	Total support. Add lines 7 through 10						11012546.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	28,064.		
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)			
_	organization, check this box and stop	phere					>		
Sec	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2018 (I	,	•	())		14	<u>99.87 %</u>		
	Public support percentage from 2017					15	99.74 %		
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		-						
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 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 publicly supported organization								
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e		
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization			
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∟_		
					Scho	dule A (Form 990	or 000 E7\ 2010		

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 HOPEWORKS OF HOWARD COUNTY INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 See	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
See	ction D. Computation of Inves	stment Income	e Percentage			,	
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19 a	1 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
8320	23 10-11-18				Sch	edule A (Form 99	0 or 990-EZ) 2018
			15	5			

Schedule A (Form 990 or 990-EZ) 2018 HOPEWORKS OF HOWARD COUNTY INC

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes No

1

Schedule A (Form 990 or 990-EZ) 2018

10b

Schedule A (Form 990 or 990-EZ) 2018 HOPEWORKS OF HOWARD COUNTY INC Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A failing member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		L
000	tion B. Type Toupporting Organizations		Vee	
	Did the divertees twetees an example which of one or more supervised even size times have the second to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructional		
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
L	that these activities constituted substantially all of its activities.	2a		
u	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	•		
_	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990-EZ) 2018 HOPEWORKS OF HOWARD COU			52–1115111 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	-		Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se		(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrate	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 HOPEWORKS OF HOWARD COUNTY INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ion D - Distributions		· /	Current Year				
1	Amounts paid to supported organizations to accomplish exer							
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	6						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
C	From 2015							
d	From 2016							
e	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j and 4c.							
8	Breakdown of line 7:							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
- 6	LAUG33 110111 2010							

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018 HO	PEWORKS	OF	HOWARD	COUNTY	INC	52-1115111	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Information lines 1, 2, 3b ion D, lines 2	on. Provide t 9, 3c, 4b, 4c, 5 2 and 3; Part I ^N	he exp a, 6, 9 /, Sect	blanations requ a, 9b, 9c, 11a, tion E, lines 1c	ired by Part II 11b, and 11c , 2a, 2b, 3a, ai	, line 10; Part II, lii ; Part IV, Section nd 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section e 1; Part V, Section B, line 1e; Pa	C, rt V,
	Section D, lines 5, (See instructions.)	6, and 8; and	Part V, Section	on E, li	nes 2, 5, and 6	6. Also comple	te this part for an	y additional information.	
832028 10-11-1	18				20			Schedule A (Form 990 or 990-	E Z) 2018
					20				

Department of the Treasury Internal Revenue Service

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



Name	of the	organization
	0	gameaton

HOPEWORKS OF HOWARD COUNTY INC

Employer identification number 52-1115111

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	()	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed fund	S
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used or	ıly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferri	ng
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ducation)	torically	important land area
	Protection of natural habitat	Preservation of a cer	tified his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a con	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b			r	2b
С	Number of conservation easements on a certified historic stru	icture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiz	ation during the tax
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servatior	n easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion eas	ements during the year
•		tist the use increases of section 170/	(L) (4) (D) (
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9		•		
	include, if applicable, the text of the footnote to the organizati	In simancial statements that describes	the orga	inization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Ot	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
- 1a	If the organization elected, as permitted under SFAS 116 (AS		nent and	balance sheet works of art.
	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS		and ba	ance sheet works of art. historical
~	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
	···· · · · · · · · · · · · · · · · · ·			\$
2	If the organization received or held works of art, historical trea			rovide
	the following amounts required to be reported under SFAS 11		U /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2018
	10-29-18			

	2	1				
~	~		^	-	~	~

Sche		KS OF HOWAL						<u>52-11</u>			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Trea	sures, or	Other :	Similar	⁻ Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the fol	lowing that a	are a sigr	nificant u	se of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c	I 🗌 Loar	n or excha	ange prograr	ns					
b	Scholarly research	e	e 🗌 Othe	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they fu	urther the	organization	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historie	cal treasu	res, or other	similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	anization	answered "Y	/es" on F	orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for conti	ributions of	or other asse	ets not in	cluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	-						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escro	ow or cust	todial accou	nt liability	/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes	s" on Forn	n 990, Part I	V, line 10).				
		(a) Current year	(b) Prior	year	(c) Two years	back (d) Three y	ears back	(e) Four	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g, co	lumn (a)) ł	held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	held and	administere	d for the	organiza	ation	r		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds	S.							
Fai	3 , 11					.	10				
	Complete if the organization answere							.	<u> </u>		
	Description of property	(a) Cost or o		b) Cost o		• •	cumulate	d	(d) Boo	k value	Э
		basis (investr		basis (o	,	uepr	reciation		1	יד מ	50
	Land				,759.	2	00 01	57		9,7!	
	Buildings			ן צכ	,831.	2	08,85	• •	20	8,9	/4.
	Leasehold improvements			160	177	1	02 44		6	1 7	1 2
	Equipment				,177.		$\frac{03,46}{26}$		0	4,71	-
	Other				,844.		26,84	±4.	17	2 1	0.
iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, column (B</u>	<u>), line 10c</u>						3,44	

Schedule D (Form 990) 2018

832052 10-29-18

Schedule D (Form 990) 2018 HOPEWORKS OF HOWARD COUNTY IN	ЛC
----------------------------------------------------------	----

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2018

832053 10-29-18

DIRECT FUNDRAISING EXPENSES	48,997.	<u> </u>
PART XII, LINE 2D - OTHER A	USTMENTS:	
DIRECT FUNDRAISING EXPENSES	48,997.	•
832054 10-29-18	Schedule D (Form 990) 20	018
70602 765826 22561.0	24 2018.05091 HOPEWORKS OF HOWARD COUNT 225	61.

а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	144,462.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	48,997.		
е	Add lines 2a through 2d			2e	193,459.
3	Subtract line 2e from line 1			3	2,505,354.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,505,354.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	leturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,598,748.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	144,462.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	48,997.		
е	Add lines 2a through 2d			2e	193,459.
3	Subtract line 2e from line 1			3	2,405,289.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,405,289.
Pa	t XIII Supplemental Information.				

HOPEWORKS OF HOWARD COUNTY INC

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

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

PART X, LINE 2:

Schedule D (Form 990) 2018

1

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF

STATE LAW. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PART XII, I

DIRECT FUND

1

2,698,813.

Schedule D	(Form 990) 201
Dart YIII	Supplement

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2018

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2018	
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection identification number	
					52-1115	111			
	ing Activities. complete this part	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
1 Indicate whether the	e organization rais	ed funds through any of the following	g activ	ities. (Check all that apply.				
a Mail solicitations e Solicitation of non-government grants									
	email solicitations				nment grants				
c Phone solicit d In-person so		g [] Special	Iunura	lising	events				
		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
key employees list	ed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fi	undraising services?		Yes	s 🗌 No	
b If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursua organization.	ant to a	agreei	ments under which th	he fur	ndraiser is to be	9	
		_	(iii)	Did		(v)	Amount paid		
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total				►					
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is o	exempt from re	gistration	
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	90 or 990-EZ) 2018	

832081 10-03-18

 Schedule G (Form 990 or 990-EZ) 2018
 HOPEWORKS
 OF
 HOWARD
 COUNTY
 INC
 52-1115111
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL	18TH & 21ST		(add col. (a) through
			APPEAL	EVENT TICKET	7	col. (c)
ø			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	26,931.	19,730.	48,101.	94,762.
ш	2	Less: Contributions	26,931.	19,730.	48,101.	94,762.
	3	Gross income (line 1 minus line 2)				
S	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E>	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	3,385.	3,323.	42,289.	48,997.
	10			0,0200	· .	48,997.
		Net income summary. Subtract line 10 from li	()			-48,997.
Pa	rt I					· · ·
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ŝS	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor			□ les //	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
40		ere any of the organization's gaming licenses re			2	
	We If "	Yes No				

Sch	edule G (Form 990 or 990-EZ) 2018 HOPEWORKS OF HOWARD COUNTY INC 52-2	1115111	Page 3
11	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	No
	to administer charitable gaming?	Yes	No No
	Indicate the percentage of gaming activity conducted in:		0/
	The organization's facility An outside facility	13a 13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		/0
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
8320	83 10-03-18 Schedule G (Form 28	n 990 or 990	-EZ) 2018

Schedule G (Form 990 or 990-EZ)	HOPEWORKS		HOWARD	COUNTY	INC
Part IV Supplemental Infor	mation (continued))			

Part IV	Supplemental information (co.	ntinued)	
			Schedule G (Form 990 or 990-EZ)

Schedule G (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ZU

Employer identification number

52-1115111

18

Department of the Treasury
Internal Revenue Service

Dout

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

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

Name of the organization

HOPEWORKS OF HOWARD COUNTY INC

Par	TT Types of Property							
		(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 de noncash contribu		nts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							_
	Historic structures							—
14	Qualified conservation contribution - Other							
15	Real estate - Residential	v		144,462.	E'MT7			
16	Real estate - Commercial	X		144,402.	ГИЛ			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							—
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Jonee Acknowledg	gement 29		Yes	5 No	0
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a	X	
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31	X	:
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	X	

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,

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

Schedule M (Form 990) 2018

832141 10-18-18

b If "Yes," describe in Part II.

<u>Schedu</u> le M		HOPEWORKS						52-1115111	Page 2
Part II	Supplemental	Information.	Provide number	the information	on required by	Part I. lines 30b.	, 32b, and 33, ed, or a combi	and whether the organiza ination of both. Also com	ation
832142 10-18-1	18							Schedule M (Form	n 990) 2018
					31				

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

 Form 990 or 990-EZ or to provide any additional information.

 Department of the Treasury

 Internal Revenue Service

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

2018 Open to Public Inspection

HOPEWORKS OF HOWARD COUNTY INC

Employer identification number 52-1115111

OMB No. 1545-0047

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

AND INTIMATE PARTNER VIOLENCE AND ENGAGE THE COMMUNITY IN CREATING THE

CHANGE REQUIRED FOR PREVENTION.

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

THE FORM 990 IS REVIEWED BY THE BOARD TREASURER, A CPA, EXECUTIVE DIRECTOR

AND OTHER MEMBERS OF THE FINANCE COMMITTEE PRIOR TO ACCEPTANCE AND APPROVAL

BY THE FULL BOARD.

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

THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY YEARLY. THESE POLICY STATEMENTS ARE MONITORED BY THE BOARD PRESIDENT AND THE EXECUTIVE DIRECTOR AND RENEWED ANNUALLY.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS DETERMINED BY

THE EXECUTIVE COMMITTEE, WHICH GATHERS COMPENSATION INFORMATION FROM A

VARIETY OF SOURCES INCLUDING NATIONAL AND LOCAL SURVEYS CONDUCTED BY

NONPROFIT MONITORING ORGANIZATIONS, REVIEW OF FORM 990S ON GUIDESTAR,

CONSIDERATION OF EXPERIENCE, EDUCATION AND REQUIRED DUTIES. THE INFORMATION

AND RECOMMENDATION IS SUBMITTED TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 AND FORM 990 ARE AVAILABLE ON SITE UPON REQUEST.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form	990 or 990-E	Z) (2018	3)								Page
Name of the organ	ization			OF	HOWARE	0 CO	UNTY	INC			Employer identification numbe 52-1115111
GOVERNING	DOCUME	NTS	ARE	AVA	TLABLE	ON	STTE	UPON	REOUEST.		
	DOCOM	1110	11111	11 1 11		011	DIID	01.011			
832212 10-10-18									:	Sched	lule O (Form 990 or 990-EZ) (201
							23				