HA0009 HARBOR HOPE CENTER 82-4495774 ph:844-841-1954 Platform Version: 23.3.3 Federal Version: 23.3.6

Federal Diagnostics

Prepared by: JERRY H MOREY, CPA 05/28/2024 01:33 PM Owner

Critical Messages							
None							
Electronic Filing							
None							
Informational Messages							
Force field entered with data "29,246" on Screen PSA Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext Form 990, Part X, line 31 end of year retained earnings, endowment, accumulated income, or other funds is calculated Preparer 'JERRY H MOREY, CPA', Reviewer 'Jonathan Hsu', Staff 'Liliana Romero' Tick Data							
Form	Current Value	Prior (Ticked) Value	Difference				
☐ ✓Form 990	40.00	0.00	40				
Input Screen	Current Value	Prior (Ticked) Value	Difference				
	0	273	(#0987927.00)				
☐ ✓Screen Bal-2 - Other liabilities - BOY - Rounding	(none)	100	(100)				

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning

, and ending

82-4495774

Net Asset / Fund Balance at Begir	nning of Year			_	718,798
Revenue					
Contributions		516,191			
Program service revenue					
Investment income					
Capital gain / loss					
Fundraising / Gaming:					
Gross revenue1	85,525				
Direct expenses					
Net income		185,525			
Other income		0			
Total revenue			701	L , 716	
Expenses					
Program services		29,246			
Management and general		701,668			
Fundraising		701,668 30,702			
Total expenses			761	L,616	
Excess / (deficit)					-59,900
				_	
Changes				_	1
Net Asset / Fund B	alance at End of Year			=	658,899
			Rec	enciliation of	
Reconciliation of R	Revenue	Total e		onciliation of	Expenses
Reconciliation of Rotal revenue per financial statements	Revenue		Rec expenses per fir		Expenses
Reconciliation of Retail revenue per financial statements	Revenue	Less:	expenses per fir		Expenses
Reconciliation of Rotal revenue per financial statementsess: Unrealized gains	Revenue	Less: Do	expenses per fir	nancial stateme	Expenses
Reconciliation of Rotal revenue per financial statementses: Unrealized gains Donated services	Revenue	Less: Do Pri	expenses per fir onated services for year adjustm	nancial stateme	Expenses
Reconciliation of Reconciliati	Revenue	Less: Do Pri Lo	expenses per fir anated services for year adjustm sses	nancial stateme	Expenses
Reconciliation of Reconciliati	Revenue	Less: Do Pri Lo Otl	expenses per fir onated services for year adjustm	nancial stateme	Expenses
Reconciliation of Rotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us:	Revenue	Less: Do Pri Lo Otl Plus:	expenses per fir onated services for year adjustm sses her	nancial stateme nents	Expenses
Reconciliation of Retal revenue per financial statements ass: Unrealized gains Donated services Recoveries Other us: Investment expenses	Revenue	Less: Do Pri Lo Otl Plus: Inv	expenses per fir enated services for year adjustm sses ther	nancial stateme nents	Expenses
Reconciliation of R tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other Institute of Reconciliation of R Label 1988 Label 198	Revenue	Less: Do Pri Lo Otl Plus: Inv	expenses per fir onated services for year adjustm sses her	nancial stateme nents ses	Expenses
Reconciliation of R tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	devenue	Less: Do Pri Lo Otl Plus: Inv	expenses per fir mated services or year adjustm sses her vestment expen-	nancial stateme nents ses	Expenses nts
Reconciliation of Retal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other Investment expenses Other	701,716	Less: Do Pri Lo Ott Plus: Inv Ott	expenses per fir enated services for year adjustm sses her restment expen- her Total expense	nancial stateme nents ses es per return	Expenses nts
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Reconciliation of R tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other Is: Investment expenses Other Total revenue per return Assets	701,716 Beginning 728,514	Less: Do Pri Lo Ott Plus: Inv Ott Balance Sh Ending 668,	expenses per fire anated services for year adjustmesses theresestment expense and the services are services and the services and the services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are services and the services	nancial stateme nents ses es per return	Expenses 1761,616
Reconciliation of R tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other Js: Investment expenses Other Total revenue per return Assets Liabilities	701,716 Beginning 728,514 9,716 718,798	Less: Do Pri Lo Ott Plus: Inv Ott Balance Sh Ending 668, 9, 658,	expenses per fire anated services for year adjustmesses theresestment expense and the services are services and the services and the services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are services and the services	nancial statemenents ses es per return Differences	Expenses 1761,616
Reconciliation of R tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other Js: Investment expenses Other Total revenue per return Assets Liabilities	701,716 Beginning 728,514 9,716 718,798 Miscellaneou	Less: Do Pri Lo Otl Plus: Inv Otl Balance Sh Ending 668,	expenses per fire anated services for year adjustmesses theresestment expense and the services are services and the services and the services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are services and the services	nancial statemenents ses es per return Differences	Expenses 1761,616
Reconciliation of Restal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets Liabilities	701,716 Beginning 728,514 9,716 718,798	Less: Do Pri Lo Otl Plus: Inv Otl Balance Sh Ending 668, 9, 658,	expenses per fire anated services for year adjustrates sees ther are settled to the settled to t	nancial statemenents ses es per return Differences	Expenses 1761,616

Morey CPA & Associates, Inc. 665 Camino De Los Mares Ste 306 San Clemente, CA 92673-2841 949-485-2011

May 28, 2024

CONFIDENTIAL

HARBOR HOPE CENTER PO BOX 2291 GIG HARBOR, WA 98335

Dear DANIEL:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Morey CPA & Associates, Inc.

Filing Instructions

HARBOR HOPE CENTER

Exempt Organization Tax Return

Taxable Year Ended December 31, 2023

Date Due: November 15, 2024

Remittance: None is required. Your Form 990 for the tax year ended 12/31/23 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Morey CPA & Associates, Inc. 665 Camino De Los Mares Ste 306 San Clemente, CA 92673-2841

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning, 2023, and ending, 20

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2023

Name of file FIN or SSN 82-4495774 HARBOR HOPE CENTER Name and title of officer or person subject to tax DANIEL JOHNSON EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 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) 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only MOREY CPA & ASSOCIATES INC. to enter my PIN as my signature do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 05/28/24 Signature of officer or person subject to tax ... Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 33833595744 I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. JERRY H MOREY, CPA 05/28/24 ERO's signature _

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

<u>A</u>	For the	e 2023 <u>calendar year, or tax year beginning</u> , and ending		_	
В	Check if a	pplicable: C Name of organization		D Employe	r identification number
П	Address c	hange HARBOR HOPE CENTER			
百	Name cha	Doing business as			495774
H		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
$\mathbf{\Box}$	Initial retur			844-	841-1954
	terminated				E01 E16
	Amended	GIG HARBOR WA 98335		G Gross red	eipts\$ 701,716
H	Application	r Name and address of principal officer.	H(a) Is this a g	roup return for	subordinates? Yes X No
Ш	Application	DANIEL JOHNSON			.
			H(b) Are all su		
			If "No	," attach a list	. See instructions
1	Tax-exen	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J	Website:	HTTPS://HARBORHOPECENTER.ORG/	H(c) Group ex	emption numb	er
K	Form of o	organization: X Corporation Trust Association Other	L Year of formation:		M State of legal domicile:
F	Part I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities:			
ဗ		SEE SCHEDULE O			
Jan					
err					
Governance	2 0	Check this box if the organization discontinued its operations or disposed of more than			
∞ ∞		Number of voting members of the governing body (Part VI, line 1a)			5
		Number of independent voting members of the governing body (Part VI, line 1b)		4	0
jŧ.	5 T	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		. 5	28
Activities		Total		_	0
⋖		otal number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		🗀	0
	'a'	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
_	<u> </u>	vet uniciated business taxable income norm form 550 T, T art I, line TT	Prior Ye		Current Year
4	8 0	Contributions and grants (Part VIII, line 1h)		0,994	516,191
Revenue	9 F	Program service revenue (Part VIII, line 2g)			0
š	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	188	8,645	185,525
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,639	701,716
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		7,000	702/720
		Benefits paid to or for members (Part IX, column (A), line 4)			0
"	1 4- 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	568	8,014	612,574
Expenses	1605	Professional fundraising fees (Part IX, column (A), line 11e)	300	0 , 0 ± 1	012/5/1
)en	h T	Total fundraising evaposes (Part IV, column (D), line 25) 30, 702			
Ä	17 (Total fundraising expenses (Part IX, column (D), line 25) 30,702	17/	6,463	149,042
	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		4,477	761,616
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,162	-59,900
50	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or	20 T	Total assets (Part X, line 16)		8,514	668,798
ASS	21 T	Total liabilities (Part X, line 26)		9,716	9,899
Net	22 N	Net assets or fund balances. Subtract line 21 from line 20		8,798	658,899
	Part II	Signature Block		.,	000,000
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements and to th	na hast of m	v knowledge and helief it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which pr			y knowledge and belief, it is
_					
Sig	an	Signature of officer		Date	
He	_	DANIEL JOHNSON EXECUTIVE	E DIRECTO)D	
. 16		Type or print name and title	_ <i></i>	/11	
_		Print/Type preparer's name Preparer's signature	Date	011	if PTIN
Pai	id		Date	Check	□ "
	eparer	JERRY H MOREY, CPA JERRY H MOREY, CPA MODEY CDA C ACCOCTATES THE	- 1	self-em	
	e Only	Firm's name MOREY CPA & ASSOCIATES, INC.	F	Firm's EIN	46-3562990
Ja	Comy	665 CAMINO DE LOS MARES STE 306			040 405 0011
_		Firm's address SAN CLEMENTE, CA 92673-2841		Phone no.	949-485-2011
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

-orm	990 (2023) HARBOR HOPE CENTER		82-4493//4	Page Z
Pa	rt III Statement of Program Service Check if Schedule O contains a	-	line in this Part III	X
1	Briefly describe the organization's mission:	response of flote to any	ine in this rait in	
	EE SCHEDIILE O			
	·			
2	Did the organization undertake any significant prog	gram services during the year v	which were not listed on the	
				Yes X No
	If "Yes," describe these new services on Schedule	e O.		
3	Did the organization cease conducting, or make si	gnificant changes in how it cor	nducts, any program	
	services? If "Yes," describe these changes on Schedule O.			Yes X No
4	Describe the organization's program service accor	nplishments for each of its thre	e largest program services, as measure	d bv
	expenses. Section 501(c)(3) and 501(c)(4) organize	-		-
	the total expenses, and revenue, if any, for each $\boldsymbol{\mu}$	program service reported.		
	(Code:) (Expenses \$ 29	246 including grants of\$) (Revenue \$	
H H F S	ERVE INDIVIDUALS AND FAM UNGER, BROKEN HOMES, DRUG A OMES FOR HOMELESS STUDENT EMALE STUDENTS. THEY ARE TUDENTS TAKE LIFE SKILLS E ALSO PROVIDE MENTORING	AND ALCOHOL-RELA IS THAT PROVIDE STAFFED WITH F CLASSES AND AR	ATED PROBLEMS. WE OF TRANSITIONAL HOUSIN ULL-TIME RESIDENT A E STRONGLY ENCOURAGE	PERATE TWO CARE IG FOR MALE AND DVISORS. ED TO GRADUATE.
F	OOD, CLOTHING AND TRANSPO	RTATION ASSISTA	NCE.	
	· · · · · · · · · · · · · · · · · · ·			
	/ 7	including grants of \$) (Revenue \$)
	•			
	·			
	(0.1) (D	
	(Code:) (Expenses \$ /A	including grants of \$) (Revenue \$	·)
-	6 37			
	*			
44	Other program services (Describe on Schodule O	1		_
4U	Other program services (Describe on Schedule O			
	(Expenses \$ including	grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		х
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	3		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vos." camploto Schodulo D. Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			21
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ū	complete Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt paratistion convices? If "Vee" complete Cabadula D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		Х
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		- 22
13	to any familiar appropriation O. H. War 2 appropriate Oaks date E. Dorde H. and D.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-:-		
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

	art IV Checklist of Required Schedules (continued)		Г	age 4
_ [(GILLIA CHECKIST OF REQUIRED SCHEDURES (COMMINGED)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l
	related organization? 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			l
	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 on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	F		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		v
	reportable gaming (gambling) winnings to prize winners?	1c	Ì	X

2a Enter the number of employees reported on Form VA-3. Transmitted of Wage and Tax Statements. Billot of the calendary year ending with or whith the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If "Yes," has it filed a Form 990-T for this year? If "Yo To Re 3b, prowde an explanation of StateAuth O. 3a A Air year file filed a Form 990-T for this year? If "Yo To Re 3b, prowde an explanation or OSE/native O. 3b If "Yes," and it filed a Form 990-T for this year? If "Yo To Re 3b, prowde an explanation or OSE/native Order. a filed account in a foreign country (such as a bank account, socialities account or other financial accountry). 4a A any term file manner of the foreign country. 5a If "Yes," intering the analysis of the organization file from 900-T foreign Bank and Financial Accounts (FBAR). 5a If "Yes I are the name of the foreign country. 5a Was the organization provide by the organization that If was or its a party to a prohibited at schedule for the accountry. 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization the foreign 880-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not us deductable and tractions of the organization receive a polyment in excess of \$75 made party as a contribution and partly for goods and services provided to the paper? 7 Organizations than may receive deductable contributions under section 1790. 8 If "Tes," inducted the number of Forms 8262 filed during the year. 9 If the organization receive a private, directly or indirectly, to pay premains on a personal benefit contract? 7 If I was desirated the number of Forms 8262 filed during the year. 9 If the organization receive a private, directly or indirectly, to pay premains on a personal benefit c	Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If a least one is reported on line 2a, dith en organization file all required federal enployment tax returns? 22b X 3a Dit the organization have uniterable business gross income of \$1,000 or more during the year? 3a X 3b T 3c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," inst lifed a Form 990-71 for this year? If "No" for the "Xes" provided an explanation on Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ower, a financial account in a foreign country (such as a bank account, or or as financial accounts?) 4a X		Statements, filed for the calendar year ending with or within the year covered by this return 2a 28			
b If "Yes," finis it field a Form 980-T for this year? If "No" to line 3b, provide an explemention on Schedule O a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 X X 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). 5 Was the organization a party to a prohibition that was or a party to a prohibitiod such shellor transaction? 5 Was the organization as party to a prohibition that was or a party to a prohibitiod such shellor transaction? 5 Was the organization have organization file Form 8888-T? 6 Does the organization have annual gross receips that are normally greater than \$100,000, and did the organization should wish every socilation on accyprase statement that such contributions or gifts were not tax deductibles as charitable contributions or gifts were not tax deductibles? 6 Diff "Yes," indicate the contributions that were root tax deductible as charitable contributions or gifts were not tax deductibles? 6 Diff the organization receive a payment in excess of \$75" ander party as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Diff the organization more leave a payment in excess of \$75" ander party as a contribution and partly for goods and services provided to the payor? 7 Organization sections and payor? 7 Organization receive a payment in excess of \$75" ander party as a contribution or qualified realectable property for which it was required to tile Form 88282? filed during the year 9 Diff the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Diff the organization received a contribution of qualified intellectable property for which it was specially any payor than the payor of the payor and payor than the payor? 10 Diff the organization received any con	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2822? Idled during the year I Td I Tres," indicate the number of Forms 8282 filed during the year I Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 the provided of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required? 7 the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? 8 the organization make an array time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 b Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make and staributions under section 4966? 9 a Did the sponsoring organization make a distribution to a donor, donor advised, or related person? 9 b Did the sponsoring organization make and staributions under section 4966? 9 a Did the sponsoring organization make and contributions included on Part VIII, line 12 10 b Gross receipts, included on Form 990, Part VIII, line 12 11 Secti	6a				
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d If "Yes," indicate the number of Forms 8282 filed during the year	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
d If "Yes," indicate the number of Forms 8282 filed during the year		required to file Form 8282?	7c		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g / 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 11 Section 501(c)(12) organizations. Enter: 12 Gross income from members or shareholders 13 Gross income from embers or shareholders 14 Gross income from embers or shareholders 15 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 18 Is the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 19 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 10 Did 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? 11 F'ves," see instructions and file Form 4720, Schedule N. 11 Section 501(c)(21) organizations and file Form 4720, Schedule N. 12 Section 501(c)(21) organizations and file Form 4720, Schedule N. 13 Section 501(c)(21) organizations and file Form 4720, Schedule N. 14 Section 501(c)(21) organizations of an excise tax under section 4968 excis	d	If "Yes," indicate the number of Forms 8282 filed during the year			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 16 "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 17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 18 X 19 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 Yes," complete Form 4720, Schedule O.			1/2		Y
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excess parachute payment(s) during the year? 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? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X X If "Yes," see instructions and file Form 4720, Schedule N. 19 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 19 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 10 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 10 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 10 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 11 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 12 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 13 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 14 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 17 Is the organization and educational institution subject to the section 4968 excise tax on net investment income?			140		
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? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	13		15		y
Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 16			13		Λ
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16		16		Y
17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	10		10		Λ
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	17		17		
			1		

Page 6

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See		
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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, 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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	:		
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<u> </u>	X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Co		
			Yes	No
10a	• • • • • • • • • • • • • • • • • • • •	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
11a		11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	4.0		37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe on Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		v
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		<u> </u>
160				
16a	with a tayable antity during the year?	160		х
b	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sec	organization's exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 900 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial 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 books and records.			
	ARYN BELL-PALO 8502 SKANSIE AVE			
	IG HARBOR WA 98335 702	-30	6-5	990

Form	aan	(2023)	HARBOR	HOPE	CENTER
	990	1/1/31	HANDON	HOPE	

R	2	_	4	4	q	5	7	7	4
u	~		_	_	_		•	•	_

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an	C
	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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

TEL CHECK THIS DOX II HEITHEL THE OIL	gariization noi a	ily ic	Jaco	u Oit	jai iiz	Latioi	1 00	inpensated any current on	icci, director, or trustee.	
(A)	(B)			Pos	C) ition			(D)	(E)	(F)
Name and title	Average					than o		Reportable	Reportable	Estimated amount
	hours per week					or/trust		compensation from the	compensation from related	of other compensation
	(list any	۹ Ja	Ins	Officer	X e	Hig	For	organization (W-2/	organizations (W-2/	from the
	hours for related	direc	tituti	icer	Key employee	hest ploye	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	ă E	onal		Coldt	œ con		1033 (420)	1000 1420)	3
	below dotted line)	Individual trustee or director	Institutional trustee		/ee	pens				
	401.040)	ő	stee			Highest compensated employee				
(1) DANIEL JOHNSON										
•	40.00									
EXECUTIVE DIRECTOR	0.00					х		112,482	0	0
(2) JUDY HART										
	0.00									
TREASURER	0.00	Х		X				0	0	0
(3) JEFFREY KATKE										
	0.00									
PRESIDENT	0.00	X		Х				0	0	0
(4) SCOTT LANGLOW										
	0.00									
VICE PRESIDENT	0.00	X		Х				0	0	0
(5) MELISSA STARMER										
	0.00	٠,		٠,				_		•
SECRETARY	0.00	X		Х				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)						П				

Form 990 (2023) HARBOR HOPE CENTER 82-4495774

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

га	(A) Name and title	(B) Average hours	(do	not o	Pos check ess pe	c) ition more rson i	than	one n an	(D) Reportable compensation	(E) Reportable compensation		(F) timated a	
		per week (list any hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee		from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	compensa from the ganization red organ	ation ne n and
(12)													
(13)													
(14)													
(15)													
(16)													
(17)													
(18)													
(19)													
1b c	Subtotal Total from continuation she								112,482				
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from			ed to 1	tho	se li	sted	abo	112,482 ove) who received more that	an \$100,000 of			
3 4 5	Did the organization list any feemployee on line 1a? If "Yes, For any individual listed on line organization and related on line bid any person listed on line	" complete Schene 1a, is the sun inizations greate	dule of the ccrue	y J for repo an \$1 	or su rtable 150,0 nper	e co 000?	ndivid mpe If "Y	dual nsat /es,' om	ion and other compensation complete Schedule J for an any unrelated organization	on from the such or individual		3 4	Yes No X X
Sect	for services rendered to the clion B. Independent Contract		Yes,	" COI	mple	te S	chec	lule	J for such person			5	X
1	Complete this table for your f compensation from the organ	ization. Report of	oens	ated ensa	inde ation	epen for	dent	cor	ndar year ending with or w	rithin the organization's tax	x year.		(C)
	Name and	(A) I business address							Descrip	(B) tion of services		Con	(C) npensation
	Total number of independent	contractors (incl	udis	a hi	t not	lim	tod (-O. #h	osa listad shova) who				
DAA	received more than \$100,000	of compensation	n fro	y bu om th	ne o	rgan	izatio	o in	nose listen above) Milo	0		Form	990 (2023)

Forn	n 990	0 (2023) HARBOR HOPE C		R	82	-4495774		Page 9
Pa	rt V					41: D (1)/III		
		Check if Schedule O co	ntains	a response or no				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						Tanoach Tevenae	business revenue	sections 512-514
함함	1a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
s, (Am	c	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
s, imi		Government grants (contributions)	1e					
io S	f	All other contributions, gifts, grants,		F1 (101				
but	~	and similar amounts not included above	1f	516,191				
n Ori	9	lines 1a-1f	1g	\$				
<u>a</u> 8	h	Total. Add lines 1a-1f			516,191			
				Business Code				
ce	2a							
Program Service Revenue	b							
n S enu	С							
Rev	d							
) Loć	е							
_	f	All other program service revenue .						
	g	Total. Add lines 2a–2f						T
	3	Investment income (including divide						
		other similar amounts)						
	4	Income from investment of tax-exen						
	5	Royalties						
		(i) Real		(ii) Personal				
	6a							
	b	'						
	C	Rental inc. or (loss) 6c						
	d 7a	Cross amount from		I				
		sales of assets	es	(ii) Other				
ь		other than inventory 7a						
Revenue	b	Less: cost or other						
ě	_	basis and sales exps. 7b Gain or (loss) 7c						
Other		Net gain or (loss)						
0	oa							
		of contributions reported on line						
		1c). See Part IV, line 18	8a	185,525				
	h	Less: direct expenses	8b	100,010				
				s	185,525			
		Gross income from gaming			•			
		activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming a	ctivities					
		Gross sales of inventory, less						
		returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of in	nventory	·				
2				Business Code				
eo eo	11a	• • • • • • • • • • • • • • • • • • • •						
lan	b	• • • • • • • • • • • • • • • • • • • •						
Miscellaneous Revenue	С							
Ĕ		All other revenue		•				
	е	Total. Add lines 11a-11d						

701,716

0

0

0

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp			complete column (A).	
Do #			(B)	(C)	(D)
	not include amounts reported on lines 6b, 7 Pb, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	112,482 447,244		112,482	
7	Other salaries and wages	447,244		447,244	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	52,848		52,848	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	8,886		8,886	
	Lobbying				
е	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,845		2,845	
13	Office expenses	1,637		1,637	
14	Information technology	1,998		1,998	
15	Royalties				
16	Occupancy	6,975		6,975	
17	Travel	•		•	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,451		21,451	
23	Insurance	8,451		8,451	
24	Other expenses. Itemize expenses not covered	•			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EVENT FUNDRAISING	30,702			30,702
b	REPAIRS	9,290	9,290		,
c	MERCHANT ACCOUNT FEES	6,317	- /	6,317	
d	LAKEBAY DESIGN, CONSULTIN	6,291		6,291	
	All other expenses	44,199	19,956	24,243	
25		761,616	29,246	701,668	30,702
26	Joint costs. Complete this line only if the			1 2 2 7 2 3 4	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
	J	1	1		

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 81,021150,538 1 Cash—non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 556,514 **b** Less: accumulated depreciation 10b 80,560 647,404 10c 475,954 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets _____ 14 Other assets. See Part IV, line 11 89 42,306 15 15 728,514 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 668,798 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 9,716 9,899 9,716 9,899 26 Total liabilities. Add lines 17 through 25 ... 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check herX and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 250,000 Paid-in or capital surplus, or land, building, or equipment fund 294,000 30 30 Retained earnings, endowment, accumulated income, or other funds 468,798 364,899 31 31 Total net assets or fund balances 718,798 658,899 32 32 728,514 668,798 Total liabilities and net assets/fund balances

Form **990** (2023)

orm	990 (2023) HARBOR HOPE CENTER	82-4495774			Pag	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to a	ny line in this Part XI				\mathbf{X}
1	Total revenue (must equal Part VIII, column (A), line 12)		1	70	1,7	716
2	Total expenses (must equal Part IX, column (A), line 25)		2	76	1,6	516
3	Revenue less expenses. Subtract line 2 from line 1		3	-5	59,9	900
4	Net assets or fund balances at beginning of year (must equal Part X, lir	ne 32, column (A))	4	71	.8,7	798
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9					
	32, column (B))		10	65	58,8	399
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to a	ny line in this Part XII				
		_			Yes	No
1	Accounting method used to prepare the Form 990: X Cash	Accrual Other				
	If the organization changed its method of accounting from a prior year	or checked "Other," explain on				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by a	an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements	for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidat	ed and separate basis				
b	Were the organization's financial statements audited by an independen	t accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements	for the year were audited on a				
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidat	ed and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that a	ssumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection	n of an independent accountant?		2c		
	If the organization changed either its oversight process or selection pro	cess during the tax year, explain on				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo	an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the					
	required audit or audits, explain why on Schedule O and describe any	steps taken to undergo such audits		3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to But

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

			HARBOR						82-449	
P	art	l Reas	on for Public	Charity	/ Status. (All organization	ns mus	t comp	lete this part.	See instr	uctions.
The	orga	nization is not	a private foundation	on becau	se it is: (For lines 1 through 12	, check o	nly one b	ox.)		
1		A church, co	nvention of church	es, or as	sociation of churches describe	d in sect i	on 170(l	o)(1)(A)(i).		
2		A school des	scribed in section	170(b)(1))(A)(ii). (Attach Schedule E (Fo	orm 990).)	1			
3	П	A hospital or	a cooperative hos	spital serv	rice organization described in	section 1	70(b)(1)(A)(iii).		
4	П	A medical re	search organization	n operate	d in conjunction with a hospita	l describe	d in sec	tion 170(b)(1)(A)(iii). Enter th	e hospital's name,
	_	city, and stat	e:	-						
5	П	An organizati	ion operated for the	e benefit	of a college or university owner	d or oper	ated by a	governmental u	nit described	in
		_	(b)(1)(A)(iv). (Con		=	·				
6				-	governmental unit described in	section	170(b)(1)(A)(v).		
7	X		ion that normally resection 170(b)(1)		substantial part of its support Complete Part II.)	from a go	vernment	al unit or from th	e general pul	olic
8	П				170(b)(1)(A)(vi). (Complete Pa	art II.)				
9		-			scribed in section 170(b)(1)(A		rated in c	onjunction with a	land-grant co	ollege
		_	_		of agriculture (see instructions)			-	_	-
10		An organizati	ion that normally re	eceives (1	I) more than 33 1/3% of its su	pport from	contribu	tions, membersh	ip fees, and g	gross
		•			npt functions, subject to certair			,		S
					nd unrelated business taxable				businesses	
44			_		30, 1975. See section 509(a)(
11 12	Н				exclusively to test for public sa				n, out the nu	rocco of
12	Ш				exclusively for the benefit of, to tions described in section 509					
					escribes the type of supporting					
	а		_		perated, supervised, or controlle	-		•		=
					wer to regularly appoint or elec					, ,
		supportin	g organization. Yo	ou must o	complete Part IV, Sections A	and B.				
	b	_			upervised or controlled in conr		-	-		=
					rting organization vested in the	same pe	rsons tha	at control or man	age the suppo	orted
				_	e Part IV, Sections A and C.					1 10
	С				supporting organization opera- structions). You must comple				ally integrated	d with,
	d		= :		ed. A supporting organization of				orted organiz	ration(s)
	_				e organization generally must					
					must complete Part IV, Secti			•		
	е				ceived a written determination f				e II, Type III	
			-		on-functionally integrated support	orting org	anization.			
	t		mber of supported	_						
	g		<u> </u>	n about i	the supported organization(s).	4 >				
(i)		e of supported ganization	(ii) EIN		(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of support	•	(vi) Amount of other support (see
	Οίζ	gariization			above (see instructions))		nent?	instructio		instructions)
						Yes	No			
(A)										
(B)										
(C)										
(D)										
						<u> </u>				
(E)										
Tota	ıl									

Schedule A (Form 990) 2023

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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	233,487	340,398	816,556	580,994	516,191	2,487,626
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	233,487	340,398	816,556	580,994	516,191	2,487,626
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.						2,487,626
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	233,487	340,398	816,556	580,994	516,191	2,487,626
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,487,626
12	Gross receipts from related activities, etc						185,525
13	First 5 years. If the Form 990 is for the	_				. , . ,	
500	organization, check this box and stop he tion C. Computation of Public S	re Porce	ntago				X
				(0)			
14	Public support percentage for 2023 (line 6	o, column (t) alvide	d by line 11, colu	mn (t))		14	<u>%</u>
15 160	Public support percentage from 2022 Sch						<u>%</u>
ıoa	33 1/3% support test — 2023. If the org box and stop here. The organization qua			zation			
b	33 1/3% support test — 2022. If the org					or more, check	Ц
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test —					l line 14 is	Ш
	10% or more, and if the organization med	_					
	Part VI how the organization meets the fa				-		
	organization		•	•		•	
b	10%-facts-and-circumstances test —	2022. If the organize	zation did not che	ck a box on line 13	3. 16a. 16b. or 17a	a. and line	
	15 is 10% or more, and if the organizatio	=					
	in Part VI how the organization meets the				=	-	
	organization					• •	
18	Private foundation. If the organization d						
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section B. Total Support Amounts from line 6 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business acquired after June 30, 1975 c Total support. (Add lines 9, 10c, 11, and 12.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 5 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 7 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	sect	ion A. Public Support							
received, (b) not notice any uniteral grafts) Sold or sandess performed, or facilities furnished in any activity that is critical to the originization's fax-exempt purpose. Gross receives five admissions, monthandics furnished any activity that is critical to the originization's fax-exempt purpose. Tax revenues levided for the originization's benefit and either poid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the originization's benefit and either poid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the originization without charge 6 Total. Add lines 1 through 6 Total Add lines 7 and 7 to In each 10 Total Support Section B. Total Support Add lines 10a and 10b 1 Nel Income from unrelated business taxable income (loss section 511 tixes) from businesses acidines not included on line 10b, whether or not the tushess k regulaty circulation or 10b, whether or not the tushess k regulaty circulation or 10b, whether or not the tushess k regulaty circulation or 10b, whether or not the tushess k regulaty circulation or 10b, whether or not the tushess k regulaty circulation or 10b, whether or not the tushess k regulaty circulation or 10b, whether or 10b tushess k regulaty circulation or 10b tushes through the 10b tushes to 10b tushes through tushes 10b tushes			(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(f) Total
2 Gross seegles from admissions, mechanides sold or sortices professions, of facilities furnished in any activity that is related to the organizations have accounted purpose. 3 Gross receipts from admissions that are not an unrelated trade of business under section 51 unrelated trade of business under section 51 unrelated related or business under section 51 unrelated related or the organizations benefit and either poid to or expended on its behalf or expended on its behalf or or expended on its behalf or or expended on its behalf or expended on	•								
sold or services performed, or facilities furnished in any analytic flat is reliated in the agrantations (an activation that are not an unrelated trade or business under section 131 unrelated trade or business that are not an unrelated trade or business under section 131 unrelated to an experimental unit to the organization's benefit and either peal to or expended on its behalf unrelated furnished by a governmental unit to the organization without change 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons in the second the greater of 5,000 or 1% of the amount on line 13 for the year of 18 or 18									
urrelated trade or business under section 131 4 Tax revenues level of the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without changes 6 Total. Add lines 1, 2, and 3 received from disqualified persons. A mounts included on lines 1, 2, and 3 received from disqualified persons that conced the greater of 5,000 or 1% of the amount on line 13 for the year. Add lines 7 and 70 and 7	2	sold or services performed, or facilities furnished in any activity that is related to the							
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received from disqualified persons Amounts included on line 2 and 3 received from other than disqualified persons hat exceed the greater of \$5,000 or 1% of the amount on line 18 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Salendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 8 (a) 2019 (a) 2029 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2023 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2023 (b) 2020 (c) 2023 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 9 Amounts from line 6 (a) 2023 (b) 2020 (c) 2023 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) 9 2022 (f) 9 2023 (f) 9 2022 (f) 9 2022 (f) 9 2022 (6	Total. Add lines 1 through 5							
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4 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 5 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 6 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 7 Investment income percentage from 2022 Schedule A, Part III, line 17 8 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			=						Ц
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Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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.
- 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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 lines 5b and 5c 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No	
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	2			
	2-			
	3a			
	3b			
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Schedu	ıle A (Form 990) 2023 HARBOR HOPE CENTER	82-4495774		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b at			
L	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
	on Di Type i Gupperinig Grganizatione		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or members	ership of one or		1.0
	more supported organizations have the power to regularly appoint or elect at least a majority of the organi	•		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organ			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more that			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated and the control of the control			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax y	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 Pa	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directo			
	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 management			
Secti	the supported organization(s). ion D. All Type III Supporting Organizations	1		
OCCL	on b. 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		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provid			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V			
	how the organization maintained a close and continuous working relationship with the supported organization			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations has	ave		
	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		
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ental entity (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes			
	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 purpos			
	how the organization was responsive to those supported organizations, and how the organization determine	_		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this rega			

Sched	ule A (Form 990) 2023 HARBOR HOPE CENTER		82-4495	774 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20), 1970 (explain in Part V	/). See
	instructions. All other Type III non-functionally integrated supporting organizations m	ust co	mplete Sections A through	h E.
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functionally integrate	d Type	e III supporting organization	on
	(see instructions).			

	le A (Form 990) 2023 HARBOR HOPE CENT		82-44		7 7 4 Pag
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continu	iea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of st	upported organizations		3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the orga	nization is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2023	ıs	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (For	m 990) 2023	HARBOR	HOPE	CENTER			82-4495774	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. P IV, Section A, I ; Part IV, Section	rovide the ines 1, 2, on C, line	e explanation 3b, 3c, 4b 1; Part IV,	, 4c, 5a, 6, 9 Section D, li	a, 9b, 9c, 11a, nes 2 and 3; F	10; Part II, line 1 11b, and 11c; Pa Part IV, Section E, 5, 6, and 8; and P	7a or 17b; Part art IV, Section lines 1c, 2a, 2b,
	lines 2, 5, and 6							
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DAA Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number HARBOR HOPE CENTER 82-4495774 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	edule D (Form 990) 2023 HARBOR I				32-44957			Page 2
	art III Organizations Maintaini						sets (co	ntinued)
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other record	ls, check any of the	following that m	nake significant u	use of its		
а	Public exhibition	d 🔲 I	_oan or exchange p	rogram				
b	Scholarly research	е 🔲 (Other					
С	Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and explai	n how they further t	he organization'	s exempt purpos	se in Part		
5	During the year, did the organization solic	it or receive donations	of art historical trea	seures or other	eimilar			
J	assets to be sold to raise funds rather tha		·	•			Yes	s \square No
Pa	art IV Escrow and Custodial		part of the organiza	tion 3 collection:				,
. •	Complete if the organizati		s" on Form 990.	Part IV. line	9. or reporte	ed an amo	unt on F	orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?		-				☐ Ye	s \square No
h	If "Yes," explain the arrangement in Part >	(III and complete the f					□	,
	ii 100, Oxpiaii iio arangement iii i ait 7	and complete the N	ollowing table.		ſ		Amount	
c	Beginning balance				ļ	1c		
d	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount or	Form 990, Part X, lin	e 21, for escrow or	custodial accour	nt liability?	•	Yes	No
	If "Yes," explain the arrangement in Part X							П
Pa	art V Endowment Funds		•	•				
	Complete if the organizat	on answered "Yes	<u>s" on Form 990,</u>	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three	ee years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the c	urrent year end baland	ce (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment %	•						
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c s	•						
3a	Are there endowment funds not in the pos	ssession of the organiz	ation that are held a	and administered	d for the		_	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
D 4	If "Yes" on line 3a(ii), are the related organ			·			3b	
D ₂	Describe in Part XIII the intended uses of art VI Land, Buildings, and Ed		iowment tunas.					
Г	Complete if the organization		" on Form 990	Part IV line	11a See Fo	rm 000 D	art Y lir	no 10
	Description of property	(a) Cost or other b		other basis	(c) Accumulated		(d) Book v	
		(investment)	` '	her)	depreciation	-	(=) 230K V	
1a	Land	` '	(3.7)					
h	Buildings							
c	Leasehold improvements							
	Equipment							
	Other		5	56,514	80,	560	47	5,954
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, Pa						5,954

Schedule D (Form 990) 2023 HARBOR HOPE CENTER

Part VII		- Other Securities	5 000 B (N/	" 441 O E 000 D 1 V " 40
				line 11b. See Form 990, Part X, line 12.
		n of security or category g name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	dorivativos	•		
(0) 0:1				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
		rm 990, Part X, line 12, col. (B))		
Part VIII		- Program Related		
			on Form 990, Part IV,	line 11c. See Form 990, Part X, line 13.
		iption 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)				
	n (b) must equal Fo	rm 990, Part X, line 13, col. (B))		
Part IX	Other Assets			
_	Complete if the	e organization answered "Yes" o	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
	an-	(a) Description		(b) Book value
(1)		ANTS RECEIVABLE		41,806 500
(2)	PR	EPAID EXPENSES		500
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
		rm 990, Part X, line 15, col. (B))		42,306
Part X	Other Liabilit		E 000 D (IV	" 44 44 0 E 000 B 1 V
	•	e organization answered "Yes" (on Form 990, Part IV,	, line 11e or 11f. See Form 990, Part X,
1.	line 25.	(a) Description of liability	v.	(b) Book value
	income taxes	(a) Description of liability	у	(b) book value
	TT CARD			8,717
(3) PAYRO		7		1,182
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
		rm 990, Part X, line 25, col. (B))		9,899
		ons. In Part XIII, provide the text of the f	=	

Schedule D (Form 990) 2023 HARBOR HOPE CENTER Part XIII Supplemental Information (continued)	82-4495774	Page 5
Part XIII Supplemental Information (continued)		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
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. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

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

Name of the organization HARBOR HOPE CENTER	{				Employer identifica	
Part I Fundraising Activities. Complete		tion	ansv	vered "Yes" on Forr		
Form 990-EZ filers are not required						
1 Indicate whether the organization raised funds through	any of the following	ing ac	tivities	s. Check all that apply.		
a Mail solicitations	e Solicitation	of no	n-gov	vernment grants		
b Internet and email solicitations	f Solicitation	of go	vernr	ment grants		
c Phone solicitations	g 💹 Special fui	ndraisi	ng e	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	in connection wi	ith pro	fessio	onal fundraising services	?	Yes No
b If "Yes," list the 10 highest paid individuals or entities (1 compensated at least \$5,000 by the organization.	fundraisers) pursu	ant to	agre	ements under which the	fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	d fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5		-				
6						
_						
7						
8						
		-				
9						
10						
	l	1				
List all states in which the organization is registered or registration or licensing.	licensed to solicit	contr	bution	ns or has been notified i	t is exempt from	

DAA

Page 2

Schedule G (Form 990) 2023

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events EVENT 1 (add col. (a) through NONE col. (c)) (event type) (event type) (total number) 185,<u>525</u> 1 Gross receipts 185,525 2 Less: Contributions 3 Gross income (line 1 minus 185,525 185,525 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Expenses **7** Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Sche	edule G (Form 990) 2023	HARBOR	HOPE	CENTER	82-4495774			Paç	ge 3
11								Yes	No
12	Is the organization a grant	or, beneficiary o	r trustee of	f a trust, or a me	mber of a partnership or other entity		_		_
	formed to administer chari	table gaming?						Yes _	No
13	Indicate the percentage of	gaming activity	conducted	l in:			i		
а	The organization's facility					13a			%
b	An outside facility					13b			%
14	Enter the name and addre records:	ess of the perso	n who prep	pares the organiza	ation's gaming/special events books and				
	Name								
	Address								
15a	=		-	-	he organization receives gaming			Yes] No
b	If "Yes," enter the amount	of gaming reve	nue receive	ed by the organiz	ration \$ and the				
	amount of gaming revenue	e retained by the	third party	, \$					
С	If "Yes," enter name and a	address of the th	ird party:						
	Name								
	Address								
16	Gaming manager information	tion:							
	Name								
	Gaming manager compen	sation \$							
	Description of services pro	ovided							
	Director/officer	Employ	ee	Independe	ent contractor				
17	Mandatory distributions:								
а	•	d under state la	w to make	charitable distrib	utions from the gaming proceeds to				
								Yes	No
b	Enter the amount of distrib	outions required	under state	e law to be distrib	buted to other exempt organizations or			_	_
	spent in the organization's	-			\$				
Pa	Part III, lines	9, 9b, 10b,			nations required by Part I, line 2b, columns , as applicable. Also provide any additional				
	See instruction	U115.							—

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

HARBOR HOPE CENTER

82-4495774

Employer identification number

FORM 990 - ORGANIZATION'S MISSION HARBOR HOPE CENTER IS A PRIVATE, NON-PROFIT ORGANIZATION ESTABLISHED TO SERVE INDIVIDUALS AND FAMILIES SUFFERING FROM HOMELESSNESS, POVERTY, HUNGER, BROKEN HOMES, DRUG AND ALCOHOL-RELATED PROBLEMS. WE OPERATE TWO CARE HOMES FOR HOMELESS STUDENTS THAT PROVIDE TRANSITIONAL HOUSING FOR MALE AND FEMALE STUDENTS. THEY ARE STAFFED WITH FULL-TIME RESIDENT ADVISORS. STUDENTS TAKE LIFE SKILLS CLASSES AND ARE STRONGLY ENCOURAGED TO GRADUATE. WE ALSO PROVIDE MENTORING FOR STUDENTS IN THE SCHOOL DISTRICT ALONG WITH FOOD, CLOTHING AND TRANSPORTATION ASSISTANCE. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS HARBOR HOPE CENTER IS A PRIVATE, NON-PROFIT ORGANIZATION ESTABLISHED TO SERVE INDIVIDUALS AND FAMILIES SUFFERING FROM HOMELESSNESS, POVERTY, HUNGER, BROKEN HOMES, DRUG AND ALCOHOL-RELATED PROBLEMS. WE OPERATE TWO CARE HOMES FOR HOMELESS STUDENTS THAT PROVIDE TRANSITIONAL HOUSING FOR MALE AND FEMALE STUDENTS. THEY ARE STAFFED WITH FULL-TIME RESIDENT ADVISORS. STUDENTS TAKE LIFE SKILLS CLASSES AND ARE STRONGLY ENCOURAGED TO GRADUATE. WE ALSO PROVIDE MENTORING FOR STUDENTS IN THE SCHOOL DISTRICT ALONG WITH FOOD, CLOTHING AND TRANSPORTATION ASSISTANCE. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Schedule O (Form 990) 2023 Name of the organization	Page 2
	Employer identification number
HARBOR HOPE CENTER	82-4495774
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSET	S EXPLANATION
BOOK / TAX DEPRECIATION DIFFERENCE	\$ 1
•	
·	
•	
• • • • • • • • • • • • • • • • • • • •	
	PAGE 1 OF 1

Form **4562**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Identifying number

chment uence No. 1

82-4495774 HARBOR HOPE CENTER Business or activity to which this form relates **MISCELLANEOUS Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,160,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,890,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 21,450 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L MM S/L Residential rental 27.5 yrs. property 27.5 yrs. MM S/L MM S/L i Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/I S/L 30-year 30 yrs. MM С d 40-year 40 yrs. MM S/L Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 21,450 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the

HA0009 HARBOR HOPE CENTER Federal Asset Report

05/28/2024 1:33 PM

FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other 1 2 3 4 5	Depreciation: CARE HOUSE FURNITURE AND FIXTURES IMPROVEMENTS CARE HOME FOR GIRLS 4706 LAKEBAY PROPERTY Sold/Scrapped: 3/24/23	1/01/19 1/01/20 1/01/20 5/03/21 10/06/21	250,000 1,001 36,513 269,000 150,000		250,000 1,001 36,513 269,000 150,000	27 MO S/L 7 MO S/L 15 MO S/L 27 MO S/L 0 Land	36,364 357 6,086 16,303 0	9,091 143 2,434 9,782 0
	Total Other Depreciation	_	706,514	-	706,514		59,110	21,450
	Total ACRS and Other Depre	ciation =	706,514	=	706,514		59,110	21,450
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers - =	706,514 150,000 0 556,514		706,514 150,000 0 556,514		59,110 0 0 59,110	21,450 0 0 21,450

HA0009 HARBOR HOPE CENTER

82-4495774

AMT Asset Report

05/28/2024 1:33 PM

FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bc	Basis onus for Depr	Per Conv Meth	<u>Prior</u>	Current
Other 1 2 3 4 5	Depreciation: CARE HOUSE FURNITURE AND FIXTURES IMPROVEMENTS CARE HOME FOR GIRLS 4706 LAKEBAY PROPERTY Sold/Scrapped:	1/01/19 1/01/20 1/01/20 5/03/21 10/06/21	0 0 0 0		0 0 0 0	0 HY 0 HY 0 HY 0 HY 0 HY	0 0 0 0	0 0 0 0
	Total Other Depreciation	_	0		0		0	0
	Total ACRS and Other	· Depreciation =	0		0		0	0
	Grand Totals Less: Dispositions and Net Grand Totals	Transfers _	0 0		0 0		0 0	0 0

HA0009 HARBOR HOPE CENTER 05/28/2024 1:33 PM Depreciation Adjustment Report 82-4495774 **All Business Activities** FYE: 12/31/2023 AMT Adjustments/ Preferences Form Unit Asset AMT Description Tax There are no assets that meet the criteria of this report

HA0009 HARBOR HOPE CENTER
82-4495774 Future Depreciation Report FYE: 12/31/24

05/28/2024 1:33 PM

FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Tax	AMT
Other :	Depreciation:				
1 2 3 4	CARE HOUSE FURNITURE AND FIXTURES IMPROVEMENTS CARE HOME FOR GIRLS	1/01/19 1/01/20 1/01/20 5/03/21	250,000 1,001 36,513 269,000	9,091 143 2,434 9,781	0 0 0 0
	Total Other Depreciation		556,514	21,449	0
	Total ACRS and Other Depreciation		556,514	21,449	0
	Grand Totals		556,514	21,449	0

Form **990**

Event Income and Deduction Worksheet

2023

Description **EVENT** 1

Name HARBOR HOPE CENTER

Taxpayer Identification Number 82-4495774

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales 1. 18!	5,525 Advertising and promotion
2. Advertising income 2.	
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7. 18.	Travel & Repairs
8. Cost of Goods Sold 8.	
9. Employment Expense 9.	
10. Fees for services 10.	
11. Indirect Expense 11.	
	Insurance
12. Depreciation Expense 12.	Total Indirect Expense
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145. 36. Net Income/Loss. Line 7 minus Line 136. 154	
16. Net Income/Loss. Line / minus Line 136.	
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense 30,702
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other
Legal	Total Conduciona Comence
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
= =	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedul	e A: Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	·
Part V, Debt Financing	First
Part VI, Controlled Org Income	Second Third
Part VII, Investments for C(7)(9)(17)	
	All other
Part VIII, Exploited Activities	
Part IX, Advertising Income	

Form 990 Two Year Comparison Report 2022 & 2023
For calendar year 2023, or tax year beginning, ending

Name Taxpayer Identification Number

E	HARBOR HOPE CENTER			8	32-44	95774
			2022	2023		Differences
	1. Contributions, gifts, grants	1.	580,994	516,3	191	-64,803
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.				
n e	4. Program service revenue	4.				
n D	5. Investment income	5.				
>	6. Proceeds from tax exempt bonds	6.				
R.	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.		185,	525	185,525
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.	188,645			-188,645
	12. Total revenue. Add lines 1 through 11	12.	769,639	701,	716	-67 , 923
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	44				
e s	15. Compensation of officers, directors, trustees, etc.	15.				
S	16. Salaries, other compensation, and employee benefits	16.	568,014	612,	574	44,560
ē	17. Professional fundraising fees	17.				
х р	18. Other professional fees	18.		8,8	886	8,886
Ш	19. Occupancy, rent, utilities, and maintenance	19.			975	6,975
	20. Depreciation and Depletion	20.		21,4		21,451
	21. Other expenses	21.	176,463	111,'		-64,733
	22. Total expenses. Add lines 13 through 21	22.	744,477	761,0		17,139
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	25,162	-59,9		-85,062
	24. Total exempt revenue	24.	25,162	701,	716	676,554
_	25. Total unrelated revenue	25.				
ţį	26. Total excludable revenue	26.				
Information	27. Total assets	27.	728,514	668,		-59,716
ıfor	28. Total liabilities	28.	9,716		899	183
=	29. Retained earnings	29.	718,798	658,8	399	-59,899
the	30. Number of voting members of governing body	30.		5		
Ö	31. Number of independent voting members of governing body	31.		0		
	32. Number of employees	32.		28		
	33. Number of volunteers	33.				

HA0009 HARBOR HOPE CENTER

82-4495774

FYE: 12/31/2023

Federal Statements

5/28/2024 1:33 PM

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses		Program Service		Management &General		Fund Raising	
UTILITIES - SHELTER ONE	\$	5,534	\$	5,534	\$		\$	
ESCROW FEES	•	4,856			-	4,856		
UTILITIES - SHELTER TWO		4,839		4,839				
MISCELLANEOUS		3,645				3,645		
SUBSCRIPTION		3,386				3,386		
RECRUITMENT		2,720				2,720		
SECURITY		2,355		1,921		434		
HOUSEHOLD EXPENSES - ONE		2,145		2,145				
BACKGROUND CHECKS		2,118				2,118		
PRINTING		1,934				1,934		
TRAINING		1,853				1,853		
PROPERTY TAX		1,849		1,849				
TELEPHONE		1,728				1,728		
HOUSEHOLD EXPENSES - TWO		1,436		1,436				
PROGRAM EXPENSES		1,181		1,181				
OFFICE SUPPLIES		899				899		
FOOD - SHELTER ONE		641		641				
POSTAGE		344				344		
TRANSPORTATION		209		209				
FOOD - SHELTER TWO		201		201				
MEMBERSHIP		160				160		
TAXES & LICENSE		114				114		
FOOD - ADMIN		52				52		
TOTAL	\$	44,199	\$	19,956	\$	24,243	\$	0

HA0009 HARBOR HOPE CENTER 82-4495774 FYE: 12/31/2023	Federal	Statements	5/28/2024 1:33 PM
	Schedule A	Part II, Line 1(e)	
	Description		Amount
OTHER CONTRIBUTIONS TOTAL			\$ 516,191 \$ 516,191
	Schedule A, Part I	, Line 12 - Current year	
	Description		Amount
EVENT 1			\$ <u>185,525</u>
TOTAL			\$ <u>185,525</u>