# Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

2023 Open to Public

Department of the Treasury Internal Revenue Service

Α	For th	e 2023 ca	endar year, or tax year beginning	5/1/2023	, and e	endina 4/3	80/20:24
В		applicable		ICE COMMUNITY ASS			r identification number
	Acdress	change	Doing business as			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, and the second
	Name ch	2000	Number and street (or PO box if mail is not deli	vered to street address)	Room/suite	52-099342	4
	rvanie ci	ange	5440 OLD TUCKER ROW			E Telephone	
	Initial ret	urn	City or town	State	ZIP code		
	Except to the	n.terminated	COLUMBIA	MD	21044	(410) 730-3	3888
	THAN ICLEA	internal ateu	Foreign country name Foreign pro-	vince/state/county	Foreign posta	code	Šį.
	Amended	d return				G Gross rec	eipts \$ 822,522
	Applicate	on pending	F. Name and address of principal officer			*0 t.	**************************************
		o. portaring	REBECCA BEALL 5456 ENDICOTT LA	NE COLLIMBIA ME	24044	H(a) Is this a group return	4. 2.9
10000				NE, COLUMBIA IVID	21044	H(b) Are all subordinate	
	Tax-exer	mpt status	501(c)(3) X 501(c) ( 4 (in	sert no.) 4947(a)(1)	or 527	If "No attach a lis	st See instructions
J	Website	: har	erschoice org			H(c) Group exemption	number
ĸ	Form of	organization	X Corporation Trust Association	Other	I Ves	9	
	art I	Su	nmary			not formation: 1968	M State of legal domicile MC
	1		escribe the organization's mission or mo	ot olera finanti anti ita		A :	
a		adminis	ers programs and special events for the	st significant activitie	s HUU	A is a community o	rganization that
Governance		resnons	hie for the operation, maintanance, and	devalence of the com	munity, it is	also	
ern	_		ble for the operation, maintenance, and				
0	2	Check ti		tinued its operations	or disposed	of more than 25%	of its net assets.
	3	Number	of voting members of the governing bod	y (Part VI, line 1a) 🚐	The state of the s		3
S	4	Number	of independent voting members of the g	overning body (Part)	A, line 1b)		4
Activities &	5	Total nu	nber of individuals employed in calendar	year 2023 (Part V, II	ne 2a)		5 11
cţ	6	Total nu	nber of volunteers (estimate if necessary		6 15		
A	7a	Total un	elated business revenue from Part VIII,	column (C), line 12			7a
	b	Net unre	lated business taxable income from Forr	r 990-T Part I, line 1	1		7b
						Prior Year	Current Year
Je Je	8		tions and grants (Part VIII, line 1h)			371	1,389 380,759
en	9	Program	service revenue (Part VIII, line 2g)	462	2.413 435,306		
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3.		95 6.457		
Œ	11	Other re	venue (Part VIII. column (A), lines 5, 6d,		0		
	12	Total revi	nue—add lines 8 through 11 (must equal P	833	3,897 822,522		
	13	Grants a	nd similar amounts paid (Part IX, column	(A), lines 1-3)			0 0
	14	Benefits	paid to or for members (Part IX, column	(A), line 4).			0
S	15	Salaries.	other compensation, employee benefits (Pa	527	7.693 531.149		
nse	16a	Professi	onal fundraising fees (Part IX, column (A		0		
Expenses	b	Total fun	draising expenses (Part IX, column (D), I	ine 25)	0		
ω	17		penses (Part IX. column (A), lines 11a-1			293	3.963 306 345
	18		enses. Add lines 13-17 (must equal Par		25)		1.656 837 494
	19	Revenue	less expenses. Suptract line 18 from lin	e 12			2.241 -14.972
Net Assets or Fund Balances			f 9 9			Beginning of Current	
sete	20	Total ass	ets (Part X. line 16).				1300 564,963
t As	21	Total liab	lities (Part X. line 26)				5,174 343,809
N D	22	Net asse	ts or fund balances. Subtract line 21 from	n line 20			3,126 221.154
	art II	Sig	nature Block				
Und	er pen alti	es of perjury	I declare that I have examined this return, including	accompanying schedules	and statements	and to the best of my kn	owledge
and	belief if i	s true corre	t, and complete. Declaration of preparer (other than	officer) is based on all infor	mation of which	preparer has any knowle	edge
Sig	an		***************************************				
He		-	ure of officer			Date	
		STE	PHEN INGLEY		VILL	AGE MANAGER	
			or print name and title			and the same of th	
-		Print	Type preparer's name Pre	parer's signature		Date	PTIN
Pa		DEF	ORAH L HERMAN			The second secon	heck X if
	eparer		DEDODALL LIEBURY				P00104306
Us	e Only						52-1302736
			address 3036 PATUXENT OVERLOO		TY, MD 2104	Phone no	(410) 461-6992
Ma	y the IR	S discuss	this return with the preparer shown abo	ve? See instructions			X Vos No

	990 (2023)	HARPER'S CHOICE COMMUNITY ASSOCIATION, INC.	52-0993424	Page 2
F	art III	Statement of Program Service Accomplishments Check if Schedule O contains a recommendation of the statement		age
1	Briefly d	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
	HCCA IS	S A COMMUNITY ORGANIZATION THAT ADMINISTEDS PROCESSAS AND AND ADMINISTEDS		
	RESIDE	A COMMUNITY ORGANIZATION THAT ADMINISTERS PROGRAMS AND SPECIAL EVENTS F	OR THE	
	DEVELO	NTS OF THE COMMUNITY IT IS ALSO RESPONSIBLE FOR THE OPERATION MAINTENANCE OPERATION MAINTENANCE OF COMMUNITY FACILITIES. IT ALSO ENFORCES COMMUNITY COVENANTS	AND	
		TALSO ENFORCES COMMUNITY COVENANTS		
2	Did the d	organization undertake any significant program services during the year which were not listed on		
	trie pho	Form 990 or 990-E27	□ vaa	(V)
	It "Yes."	describe these new services on Schedule O.	Yes	X No
3	Did the o	organization cease conducting, or make significant changes in how it conducts, any program $= rac{1}{2}$		
	sei vices		Yes	X No
	If "Yes."	describe these changes on Schedule O	66	\_\ NC
4	Describe	the organization's program service accomplishments for each of its three largest programservices	ੀ; S as measured by	
	Chpchac	, Section 30 f(c)(3) and 30 f(c)(4) organizations are required to report the amount of grants and all	ocations to others	
	the total	expenses and revenue, if any, for each program service reported		
	/(2l.			
4a	(Code	) (Expenses \$ 149.643 including grants of \$ ) (Revenue)	e \$	)
	PARTICI	M EXPENSES - EXPENSES OF ADMINISTERING PROGRAMS, CLASSES, AND INSTRUCTOR	S FOR COMMUNI	TY
	PARTICI	AHUN		••
			** ***********	
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		the contract of the contract o		
		the same of the sa		
4b	(Code	(Expenses \$ 564.418, including grants of \$ ) (Revenu	0.5 424.6	200 ;
	FACILIT I	S AND EQUIPMENT RENTAL EXPENSES - COSTS INCURRED IN RENTING AND MAINTAININ	e \$ 431.0	)90 ;
	COMMU	HTY FOR BUSINESS AND SOCIAL MEETINGS	io at which doep i	
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		the second of th	••	
4c	(Code	) (Expenses \$ 42,922 including grants of \$ ) (Revenue		
		(Expenses \$ 42,922 including grants of \$ ) (Revenue	2	10)
	EVENTS	EVENTS EXPENSES - EXPENSES INCURRED IN ADMINISTERING SPECIAL YEARLY AND NO PROVIDED FOR COMMUNITY	N-RECURRING	
		Andrew Communication of the Co		
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	-	entrologico de la companya de la co La companya de la co		
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			• • • •	
4d		ram services (Describe on Schedule O.)		
4.	(Expenses	O / (Neveride 5	0)	
40	Total progra	2M SADVICE AVDADOG 750 000		

#### Checklist of Required Schedules Part IV

4	Is the graph metion decreased in a six of a six		162	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		х
2	Is the organization required to complete Schedule B. Schedule of Contributors? See instructions	2		-
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			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes." complete Schedule C, Part III.	5		v
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.	13	<u> </u>	X
	"You " complete Cahadula D. Dadi.			
7	elitai van El	6		X
·	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule De Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Х
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes." complete Schedule D. Part IV			.,
10	Did the organization directly or through a related organization, hold assets in donor-restricted endowments	9		X
	or ri 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	<del></del>		
	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	х	
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
·	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		I	.,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
	reported in Part X, line 16? If "Yes." complete Schedule D, Part IX.	11d		х
e	Did the organization report an amount for other liabilities in Part X line 25? If "Yes." complete Schedule D. Part X	11e	Х	
•	Dic the organization's separate or consolidated financial statements for the tax year include a footnote that adcresses			
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	11f		Χ_
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts Xi and XII.		i	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes."	12a		X
	and if the organization answered "No" to line 12a, then completing Schedule D. Paris X! and XII is optional	426		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? if "Yes." complete Schedule E	12b		X
14a	Dic the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
b	Dic the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking	140		^
	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 Land IV	14b	j	Χ
15	Dic the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes " complete Schedule F. Parts II and IV"	15		X
	Dic the organization report on Part IX. column (A), line 3, more than \$5,000 of aggregate grants or other assistance to crifor foreign individuals? If "Yes," complete Schedule F. Parts III and IV.	40		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	-	<u> </u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I. See instructions	17	į	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u>X</u> _
	Part VIII lines 1c and 8a? If "Yes," complete Schedule G. Part II	18	İ	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		$\neg$	
20-	If "'es," complete Schedule G. Part III	19		X
LVA h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\bot$	<u>X</u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		v
	Tompero Sandaro I. Fatto Fatto II	41		<u> </u>

Pa	rt IV Checklist of Required Schedules (continued)	52-0993424		Page
	oneskilot of required Scriedules (cominued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	1 3 Circle, Column (A), line 2 Circletes, Complete Schedule L Parts Land III	22		1.
23	Did the organization answer "Yes" to Part VII. Section A line 3.4 or 5, about compensation of the	22	┼	<del>  X</del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	completees in resilicomplete scriedtile J	23	ĺ	
24a	Did the organization have a tax-exempt bond issue with an cutstanding principal amount of more than	23	<del>├</del> ─	<u> </u>
	3 100,000 as or the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1	1	1
	240 tirrough 240 and complete Schedule K. If "No." go to line 25a	24a	[	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	├	+^
С	but the organization maintain an escrow account other than a refunding escrow at any time during the year's	245	<del> </del>	+
	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	<del> </del>	+-
25a		12.0	<del> </del>	<del>                                     </del>
	transaction with a disqualified person during the year? If "Yes " complete Schedule L. Part James "Se	25a		X
b	to the organization aware that it engaged in an excess benefit transaction with a disqualified nergon in a	===		Ť
	prior year, and that the transaction has not been reported on any of the organization's ofter Formeloon or	į į	ľ	
20	990-E27 II Yes, complete Schedule L. Part I	25b		X
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%			1
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
21	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	i l		
	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	ļ		
28	Was the organization a party to a business transaction with a safety state.	27		X
	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." scimplete Schedule L. Part IV			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28a		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		X
	"Yes." complete Schedule L. Part IV			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes." complete Schedule M	28c		X
30	Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified	. 29		Х
	conservation contributions? If "Yes." complete Schedule M	امدا	j	
31	Dic the organization I quidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. Port is	30		X
32	The organization self-exchange dispose of, or transfer more than 25% of its net assets? If "Yes "	31		X
	Abinibilete Schedule W. Part II.	32	,	~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	$\dashv$	<u> </u>
	Sections 301 7701-2 and 301 7701-371 "Yes." complete Schedule R. Fart I	33	į	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes " complete Schedule R. Part II	00	-+	
	At Siriv, and Part V, line 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	34	1	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del></del>
b	Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entry within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b	- 1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		i	
37	crganization? If "Yes "complete Schedule R. Part V, line 2	36		Х
57	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	i I		_
38	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		Χ
30	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 197 Note: All Form 990 filers are required to complete Schedule O.		1	
Pari	Vi Statements Pagarding Other IDS Filture and T. C.	38		X
ألنا	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		_	
	2011 State O Contains a response of note to any line in this Part V		<u>.                                    </u>	<u></u> _
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W. 20 instruded and in the second	7	ĺ	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	의		
	reportable gaming (gambling) winnings to prize winners?		ψĺ	
		1c	$\wedge$	

Form 990 - 20231

HARPER'S CHOICE COMMUNITY ASSOCIATION, INC Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year Yes No 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 Enter the number of voting members included on line 1a, above, who are independent End 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 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 4 Х 5 Х Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect of appoint one or more members of the governing body?.... 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Х D d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body?. 8a Each committee with authority to act on behalf of the governing body?

Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached 8b Х at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters branches, or affiliates? 10a Х b. If "Yes," did the organization have written policies and procedures governing the activities of such chapters, arillates and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written waistleblower policy? 13 Χ Did the organization have a written document retention and destruction policy? 14 Х 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? The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b describe the process on Schedule O. See instructions. Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х If "Yes " did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure L st the states with which a copy of this Form 990 is required to be filed 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 X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy.

State the name, address, and telephone number of the person who possesses the organization's books and records

HARPER'S CHOICE COMMUNITY ASSOC 5440 OLD TUCKER ROW COLUMBIA, MD 21044

and financial statements available to the public during the tax year.

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

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

### 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 the 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 with 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.

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

	·						471		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unles er and	ss pe	•	han itee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEPHEN INGLEY VILLAGE MANAGER/SECRETARY/TREASURER	40.00 0.00	A ST	Ð	х			111,863	0	6,712
(2) REBECCA BEALL BOARD CHAIR	2.00 0.00	X		х			0	0	(
(3) ROSALIND DANNER ASST. TREASURER	0.00	X_		х			0	0	. (
(4) JOEL HUREWITZ BOARD MEMBER	2.00 0.00	х					0	0	(
(5) JENNIFER MEDILLIN BOARD MEMBER	2.00 0.00	х					0	0	(
(6) BROOKE BLAIN BOARD MEMBER	2.00 0.00	х					0	0	(
(7) ASHLEY VAUGHAN COL. COUNCIL REP.	4.00 0.00	х					0	0	(
(8)									
(9)									
(10)									
(11)									
(12)						1	,		
(13)				-					
(14)					+-	$\dagger$			

	Section A. Officers, Directors, Tri	ustees, Key Em	ploy	ees,			ighes	st C	ompensated En	nployees (conti	nued)	ı	
			(C) Position										
	(A) Name and title	(B)	(do not check more than one (D)							(E)	İ	(F)	
		Average hours					or/trus		Reportable compensation	Reportable compensation	Est	imated an	
		per week				$\overline{}$	T	<del></del>	from the	from related	C	compensation	
		(list any hours for	Individual to director	ਵੱ	Officer	y e	Highest co employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2	1	from the	
		related	ctor	Š		를	yee co	=	1099-NEC)	1099-NEC)		ganization ed organiz	
		organizations below	Individual trustee or director	Institutional trustee	ĺ	Key employee	Highest compensated employee	1				-	
		dotted line)	6	Ste		"	Sans	1		ĺ			
			1	"			red	1		ti.	1		
(15)			<u> </u>	-		$\vdash$	<del> </del> -	├		- F.	┼		
		*******	ĺ	l		ĺ	ł		4	a account	}		
(16)			<del> </del>	-	<del> </del>		<del> </del>		72	3	$\vdash$		
							ł		The said	<i>S</i>			
(17)				-		<del>  -</del>		<del> </del> -	The state of the s		<del>                                     </del>		
		· · · · · · · · · · · · · · · · · · ·	İ					ļ	The state of the s				
(18)			<del>                                     </del>								├-		
			1						Contract of the contract of th		}		
(19)											<del>                                     </del>		
							الستنجير	4:					
(20)							13		*19		<del>                                     </del>		
							1	* قائقة	\si <sup>#</sup>		ļ		
(21)				ú	ì	10	C				<del>                                     </del>		
				e.	44	*	ট				İ		
(22)	****		1	٠.	1	4.							
1001			J.	• •		4		i					
(23)			4.	, I	~								
(0.4)			<b>V</b>			$\perp$					ĺ		
(24)				÷									
		3 200			_			_			ĺ		
(25)				i	- 1	ļ	1						
1b	Subtotal		i					_			<u> </u>		
C		-4						-	111 863	0		6	712
d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ction A							0	0			0
2									111.863	0		6	712
-	Total number of individua's (including but not limer ortable compensation from the organization	lited to those list	ted at	oove	e) w	ho r	eceiv	ec	more than \$100.	000 of			
		· (1.34											1
3	Dic the organization list any former officer disc						_			,		Yes	No
•	Dic the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu	ctor, trustee, key	emp	oye	e. c	or hi	ghesi	CO	mpensated				
4								•			3	<b></b>	X
*	For any individual listed on line, 1a, is the sum of	reportable com	pens	atio	n ar	ıd o	thero	coni	pensation from			. 1	
	the organization and related organizations great	er than \$150,00	0? If	"Yes	s. ' C	om	olete	Sch	nedule J for such	j	ļ		
_											4	<u> </u>	<u>X</u>
5	Dic any person listed on line 1a receive or accru	e compensation	from	an	y un	irela	itec c	rga	nization or indivi	dual		.	
Soct	for services rendered to the organization? If "Yesion B. Independent Contractors	s," complete Sci	hedul	e J 1	or s	such	pers	on		<u>,</u>	5		X
1	Complete this table for units five highest severe								<del></del>				
•	Complete this table for your five highest compensation from the accompanies.	isated independ	ent co	ontr	acto	ors ti	hat re	cei	ved more than \$	100.000 of			
*****	compensation from the organization Report com (A)	inherrogricity tot. (L	ie cal	erd	ar y	ear	endii	ıg v		organization's t	ax ye	ar.	
	Name and business addre	:SS							(B) Description of serving		(C)		
									Securition of Service	0	ompen		_
							-+						<u>c</u>
			•			-	-+						0
									· · · · · · · · · · · · · · · · · · ·				0
							-+		<del></del>				0
2	Total number of independent contractors (including the \$100,000 of a second them.	ng but not limite	d to t	hos	e lis	ted	abov	e) v	vho received				0
	more than \$100,000 of compensation from the o	rganization					Э						

Pa	irt VII	Statement of Rever	nue		COIATION, INC.			52-0993	424 Page
		Check if Schedule O co		nse o	r note to any line	in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under
ts s	<u>ء</u> 1a			1a	T	<u></u>	<del></del>		sections 512-51
Contributions, Gifts, Grants	5 b			1b		5			l
9	ğ c			1c		5	·		
# }	d d			1d		5			
s E	e e	Government grants (contrib	outions)	1e	(	0			
Ö	5 1	All other contributions, gifts	s, grants, and			7		4	
p g		similar amounts not include		1f	380,759	9	رهب ش	With the state of	
Ę (	g		uded in				William .	E CONTRACTOR OF THE PARTY OF TH	
ပိုင်	, h	ines 1a-1f		1g	[\$ (	긔	di di	1 J	
	<u> </u>	Total. Add lines 1a-1f			<del></del>	380,759			
e	2a	LEASE AND RENTAL REV	ENLIE		Business Code	101.000	AND THE PARTY OF		
Program Service Revenue	١.	TUITION AND ENROLLME			900099	431,096	431 096		
gram Sen Revenue	С	SPECIAL EVENT REVENU	JE		900099	210	210		
e a	d	eren erre estimismismismismismismismismismismismismis	· T • · · · · · · · · ·		300099	210	210		
چو	е			• •		0.00			<del></del>
P	f	All other program service re	evenue			4,000			
	9	Total. Add lines 2a-2f		. ,		435 306	العقا		<del></del>
	3	Investment income (including	ng dividends, in	teres	t, and ,	6.457			
		other similar amounts)			· · · · · · · · · · · · · · · · · · ·	ियः भेषेत्र 6.457	6,457		
	4	Income from investment of t	tax-exempt bor	nd pro	ceeds 💌	Ve - CV2 0			
	5	Royalties		· .		. "4" 0			
	6a	Gross rents	(i) Rea	al	(ii) Personal	4	·		
	b	Less rental expenses	6a		1				
	C	Rental income or (loss)	6b 6c		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1		ľ	
	ď	Net rental income or (loss)	OC	0	0				
	7a	Gross amount from	(i) Securi	ties	(u) Other	0			
		sales of assets			Tay Water				
		other than inventory	7a	0	k was		ļ		
ne	b	Less: cost or other basis		Y.			ĺ		
Ven		and sales expenses	7b	· · · 0	0				
Revenue	С	Gain or (loss)	7c 🧷 🤼	ĴΟ	0				
Other	d	Net gain or (loss) Gross income from fundraisi events (riot including \$				0			
ğ	ва	Gross income from fundraisi	ing 🐫 🚆 🔭		-				
		of contributions reported on							
		See Part IV, line 18		0.					
	b	Less direct expenses		8a 8b	0			1	
1	c	Net income or (.oss) from full	าร์ ndraising event	S S	<u>-</u>	0			
	9a	Gross income from gaming a	activit es						·
		See Part IV, line 19		9a	o				
f	b	Less direct expenses		9b	0	1	1	ĺ	
	С	Net income or (loss) from ga	ıminç activities			О			
	10a	Gross sales of inventory, less	s						
		returns and allowances		10a	0			i	
		Less: cost of goods sold	(	10b	0				
	С	Net income or (loss) from sal	les of inventory	<u>/</u>		0			
scellaneous Revenue	11a			}	Business Code	<u>_</u>			
iğ ği	b	• • • • • • • •		. }		0			
Revenue	c	****	· · · · · · · · · · · · · · · · · · ·	ŀ		0			
ပ္ကို 🔀		A l'other revenue		-·	<del></del>	0			
Ξ	е	Total. Add lines 11a-11d	<u> </u>			0	<del>+</del>		
	12	Total revenue. See instruction	ons.			822.522	441 763		

441.763

## Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other of	organizations must	complete column (A	)
	Check if Schedule O contains a response or note	to any line in this P	art IX	, , , , , , , , , , , , , , , , , , ,	, <u> </u>
Do 8b	not include amounts reported on lines 6b, 7b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21.	l 0	İ		ļ
2	Grants and other assistance to domestic	<u>`</u>	<del></del>		
	individuals. See Part IV, line 22	l 0			·
3	Grants and other assistance to foreign	<del>-</del>			
	organizations, foreign governments, and foreign				1
	ncividuals See Part IV, lines 15 and 16	0		15 TK	1
4	Benefits paid to or for members	0	<del></del>	The state of the s	
5	Compensation of current officers, directors	ļ <u>U</u>			
	trustees, and key employees	111 000	100.07	1 E.	
6	Compensation not included above to disqualified	111,863	100,677	11.186	
	persons (as defined under section 4958(f)(1)) and		A CONTRACTOR OF THE PARTY OF TH	A	
	persons described in section 4958(c)(3)(B)		i i		
7	Other salaries and wages	0.	200.00		
8	Pension plan accruals and contributions (include	312.101	280;891	31,210	
	section 401(k) and 403(b) employer contributions)	05.500	روا المانية		
9	Other employee penefits	25,520	22,968	2,552	
10	Dougall toward	50,161	45,145	5.016	
11	Fees for services (nonemployees)	31,504	28,354	3,150	
a	Management	4 L	•	ĺ	
b	Legal	<u> </u>	**.		
c	Accounting	0			
d		.17,880	16,092	1.788	
e	Lobbying .	0			
f	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
g	Other (If line 11g arrount exceeds 10% of line 25 column	<i>ن</i> د			
12	(A) amount list line 11g expenses on Schedule O.)	6 855	6,169	686	
12	Acvertising and promotion Office expenses		264	0	
13	Office expenses Information technology	36 142	32,528	3.614	
14	Information technology	2 351	2.351	0	
15	Royaltes	0			
16	Occupancy	184,706	166.235	18.471	- 11
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials,	0			
9	Conferences, conventions, and meetings	3.320	3,320	0	
20	nterest	0			——————————————————————————————————————
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	18,647	16,782	1.865	0
23	Insurance	9,731	8,758	973	
24	Other expenses Itemize expenses not covered				
	above (List m scellaneous expenses on line 24e. If				
	ine 24e amount exceeds 10% of line 25, column				
	(A), amount list line 24e expenses on Schedule O.)				
а	NEWSLETTER	7,434	7.434	0	
b	OCNATIONS	4,199	4.199	0	
С	SPECIAL EVENTS EXPENSES	14,480	14,480	ol	
	PRINTING	336	336	0	
е	All other expenses	0			
5	Total functional expenses. Add lines 1 through 24e	837,494	756,983	80.511	0
6	Joint costs. Complete this line only if the			30.011	
	organization reported in column (B) joint costs		1		
	from a combined educational campaign and	1			
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

HARPER'S CHOICE COMMUNITY ASSOCIATION, INC. Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response of	note to any line in th	5 Fall A			
_	T -				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			321,956	1	415,159
	2	Savings and temporary cash investments	en en en en en en en en en en en en en e		130,873	+	108,245
	3	Pledges and grants receivable, riet			0	<del></del>	100,243
	4						318
	5	Loans and other receivables from any current of	or former officer, direct	or	3,700	4	310
	]	trustee, key employee, creator or founder, sub-	stantial contributor, or 3	35%			
		controlled entity or family member of any of the	1	0	- 5		
	6	Loans and other receivables from other disquali	fied persons (as defined	,	<b>4 4 5</b>		
	}	under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(	B)	ر برون 1 مرکز کارند کارند کارند کارند کارند کارند کارند کارند کارند کارند کارند کارند کارند کارند کارند کارند کارند ک	6	
Assets	7	Notes and loans receivable, net	, , , , , , , ,	-/ }-	# 0	75	
188	8	Inventories for sale or use		`			
Q.	9	Prepaid expenses and deferred charges		· · · }-	0	_	
	10a			· · -	7	- 9	
		other basis. Complete Part VI of Schedule D	10a 3	05,969			:
	b			64.728	54,771	40-	
	11	Investments—publicly traded securities		04.720		10c	41,241
	12	Investments—other securities. See Part IV, line	11	· F	0	11	0
	13	Investments—program-related. See Part IV. line		-	15.	12	0
	14	Intangible assets		الم يعد الشر	0	13	
	15	Other assets. See Part IV, line 11	<b>*</b>	- F	0	14	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)	**************************************	0	15	0
	17	Accounts payable and accrued expenses	ar line 33)		511,300	16	564,963
	18	Grants payable		<sup>2</sup> t;	102,437	17	106,962
	19	Deferred revenue	· ·	0	18		
	20	Toy prompt hand take the	-	116.320 0	19 20	182,359	
	21		or custodial account liability. Complete Part IV of Schedule D				
S	22	Loans and other payables to any current or form	or officer diseases	· }-	0	21	
Liabilities		trustee, key employee, creator or founder, subsi	rer officer, director.	-,,		1	
ğ		controllec entity or family member of any of thes	aj mar como	076	_		
Ë	23	Secured mortgages and notes payable to unrela	be helizons	· ·	0	22	
	24	Unsecured notes and loans payable to unrelate	ateu triiro parties	·	0	23	0
	25	Other liabilities (including federal income tax) pa	urira parties			24	0
		parties, and other liabilities not included on lines	yables to related third			!	
		Part X of Schedule D	17-24). Complete		İ	İ	
	26	Total liabilities. Add lines 17 through 25.		ļ	56.417	25	54,488
<u></u>				<del> -</del> -	275 174	26	343.809
ë		Organizations that follow FASB ASC.958, che	ck here X				
a	27	and complete lines 27, 28, 32, and 33.		ĺ			
Ba	27	Net assets without donor restrictions	the second of the second		236,126	27	221 154
٦	28	Net assets with donor restrictions		L_	0	28	
┋╽		Organizations that do not follow FASB ASC 9	58, check here	] [			
๖	20	and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current funds.		0	29		
SSE	30	Paid-in or capital surplus, or land, building, or ed		0	30		
₹	31	Retained earnings, endowment, accumulated in	come, or other funds		0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	· · · · · · · · · · · · · · · · · · ·		236.126	32	221 154
_	33	Total liabilities and net assets/fund balances	<u></u>	.	511,300	33	564.963

_	990 (2023) HARPER'S CHOICE COMMUNITY ASSOCIATION, INC	50.000		
Pai	Reconciliation of Net Assets	52-099342	.4 P	age 12
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	<del></del>		22.500
2	rotal expenses (must equal Part IX, column (A), line 25)	<del> </del>		22,522 37,494
3 4	Nevertue less expenses. Subtract line 2 from line 1			14,972
5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<del> </del>		36,126
6	Net unrealized gains (losses) on investments  Donated services and use of facilities	ļ ———		<u>, , , , , , , , , , , , , , , , , , , </u>
7	Investment expenses			
8	From period adjustments			
9				
10	Net assets of fund balances at end of year Combine lines 3 through 0 (very line)			
	Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32 column (B))  XIII Financial Statements and Reporting			
Part	XII Financial Statements and Reporting	<u> </u>	22	<u>1,154</u>
	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			
		· · · · ·	T	屵
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
	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 an independent accountant?	2a	l <sub>x</sub>	
	res. Check a box below to indicate whether the financial statements for the year we're compiled or		1	<del>                                     </del>
	reviewed on a separate basis, consolidated basis, or both.		İ	1
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	1	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.			Į
	X Separate basis Consolidated basis Both consolidated and separate basis			l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process 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?			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	├	X
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	31.		
	2 and all disposition to differ to differ go such addits	3b	990	
	· · · · · · · · · · · · · · · · · · ·	rorm	330	(2023)

# SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identification number
HAR	PER'S CHOICE COMMUNITY ASSOCIATION, INC		
	Organizations Maintaining Donor Ad	lyised Funds or Other Similar Fun	52-0993424
I was a second	Complete if the organization answered	"Yes" on Form 990 Part IV line 6	ids of Accounts.
	g	(a) Donor advised funds	(h) 5 (
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)		4
3	Aggregate value of grants from (during year)		- N
4	Aggregate value at end of year		10.
5	Did the organization inform all donors and donor	advisors in writing that the assets hold in	donor ad add
	funds are the organization's property subject to the	ne organization's exclusive legal controls	advised V N
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant for	Yes No
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or for an	ov other purpose
	conferring impermissible private benefit?	to the denoted denoted advisor, or idean	Yes No
Par	Conservation Easements.		Tes No
	Complete if the organization answered	"Yes" on Form 900 Part IV line 7	400
1	Purpose(s) of conservation easements held by th	e organization (check all that are like)	
	Preservation of land for public use (for example,		n of a historically invested be de-
	Protection of natural habitat	The same of the sa	n of a historically important land area
		Preservatio	n of a certified histor c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld 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
b	Total acreage restricted by conservation easemen		2b
c d	Number of conservation easements on a certified	historic structure included on line 2a	2c
u	Number of conservation easements included on linct on a historic structure listed in the National Re	ine 2c acquired after July 25, 2006, and	
3	Number of conservation easements modified trans	referred relegand outline library and an in-	2d
Ü	Number of conservation easements modified, trar the tax year	isleried, released, extinguished, or termi	inated by the organization during
4	Number of states where property subject to conse	envation easement is located	
5	Does the organization have a written policy regard	ding the periodic monitoring, inspection	handling of
	violations and enforcement of the conservation en	asements it holds?	
6	Staff and volunteer nours devoted to monitoring, inspe	cting handing of violations and enforcing or	Yes No
		f and this or violations, and emoreing of	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	handling of violations and enforcing conse	ryation easements during the year
		g at the determined of the control o	readon casements during the year
8	Does each conservation easement reported on lin	ne 2d above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, cescribe 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 finan	ncial statements that describes the
	organization's accounting for conservation easem	ents	
Par	Organizations Maintaining Collection	is of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 3.	
1a	If the organization elected, as permitted under FA	SB ASC 958, not to report in its revenue	statement and balance sheet
	works of art historical treasures, or other similar a	assets held for public exhibition, education	in, or research in furtherance of
	public service provide in Part XIII the text of the for	potnote to its financial statements that de	escribes these items
b	If the organization elected, as permitted under FA	SB ASC 958, to report in its revenue stat	ement and balance sheet works
	of art, historical treasures, or other similar assets i	held for public exhibition, education, or re	esearch in furtherance of public
	service provide the following amounts relating to		
	(i) Revenue included on Form 990, Part VIII. line (ii) Assets included in Form 990, Part V		\$
2			\$
2	If the organization received or held works of art, his	istorical treasures, or other similar assets	s for financial gain, provide the
а	following amounts required to be reported under F Revenue included on Form 990, Part VIII, line 1		2
	Assets included in Form 990, Part X		\$ \$
	221. 21.		

Sche	HARPER'S CHOIC	CE COMMUNITY A	SSOCIAT	TION INC			
Pa	Using the organization's acquisition a	Collections of A	rt Hist	orical Tr	22011500	52-(	0993424 Page 2
3	Using the organization's acquisition, a collection items (check all that apply).	ccession, and other	r records	, check an	y of the follo	wing that make signific	sets (continued) cant use of its
а	Public exhibition		۳ (	٦			
b	Scholarly research		d [	_	r exchange p	orogram	
C	Preservation for future generation	_	е [_	Other			**
4	Provide a description of the organization	S nota polloptions					
_	Provide a description of the organization XIII.						urpose in Part
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive dor than to be maintair	nations of ned as pa	art, histor	ical treasure	s, or other similar collection?	☐ Yes ☐ No
Par	t IV Escrow and Custodial Arrar	ngements.	<del></del>				
	Complete if the organization a 990 Part X, line 21.	inswered "Yes" o	on Form	990, Par	t IV. line 9,	or reported an amo	unt on Form
1a	Is the organization an agent, trustee, c	ustodian, or other	intermedia	ary for con	tributions or	other-essets not	
	moluded on Form 990, Part X?				ية المراب الما	See See See See See See See See See See	Yes No
ь	If 'Yes,' explain the arrangement in Pa	rt XIII and complet	e the follo	wing table	e. [f		
С	Beginning balance				*	tuge of 1c	Amount
d	Additions during the year					<del></del>	0
е	Distributions during the year				31 Ta 434	1d   1e	<del></del>
f	Ending balance			•		16 1f	
2a	Did the organization include an amoun	t on Form 990. Par	t Y line 2	1 for eco	with the suctof		0
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	if the eve	lanation b	ow of costor	ided in Deat XIII	Yes X No
Pari	V Endowment Funds.	Trans. Oncouració	ii die exp	स् <u>र</u>	a peen prov	ideo in Part XIII	
	Complete if the organization a	nswered "Yes" o	n Form (	000 Part	∜i :IV line 10		
		(a) Current year		ior year	(c) wo year	s back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance	0		0		0	0 0
b	Contributions		41	37			<u> </u>
С	Net investment earnings, gains,		35				
	and losses	<u> </u>	3				
d	Grants or scholarships	<u> </u>	فيخفاون يمنآ				
е	Cther expenditures for facilities	, , , ,	<b>:</b> .				
	and programs		<b></b>				
1	Administrative expenses End of year balance		ļ				
2		Oursent year and	h = 1 = = = /	0		0	0 0
a	Provide the estimated percentage of the Board designated or quasi-endowment	e content Assu eud		line 1g, co	olumni (a)) ne	id as.	
b	Permanent endowment		-%				
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2	C should equal 100	)%				
3a	Are there endowment funds not in the p	ossession of the o	rganizatio	n that are	held and ad	ministered for the	
	organization by		•				Yes No
	(i) Unrelated organizations						3a(i)
	(ii) Related crganizations						3a(ii)
b	if "Yes" on line 3a(ii), are the related org	ganizations listed a	s required	d on Sched	dule R?		3b
4	Describe in Part XIII the infended uses	of the organization	's endowr	nent funds	<u> </u>		
Part	Land, Buildings, and Equipm Complete if the organization at	<b>nent.</b> nswered "Yes" o	n Form 9	990. Part	IV. line 11a	See Form 990 Pa	art X line 10
	Description of property	(a) Cost or ot			or other basis	(c) Accumulated	(d) Book value
	·	(investm		, .	other)	depreciation	15, 500% value
1a	Land		0		0		0
b	Buildings		0		0	0	
c	Leasehold improvements .	ļ	0		29.064	29,064	
d	Equipment Other		0		276 905	235,664	41,241
e Total	. Add lines 1a through 1e. (Column (d) m	ust equal Form 00	0 Rod V	lina 10a	0	0	<del></del>
	(u) in	oquari Ulli 99	v. rail A.	mie i UC. (	JULUTUU (E))		41 241

1

Part VII Inve	stments—Other Securities. plete if the organization answered '	"Vac" on Form 000	Doct N.C. Add. O	32-0393424 Page
(4)	escription of security or category (including name of security)	(b) Book value	(c) Method of	valuation
(1) Financial deriva		0	Cost or end-of-year	ar market value
(2) Closely held eq		0	<del></del>	
(3) Other	•			
(A)				
(B)				<del></del>
(C)				
(D)			tía.	·
(E)			<del></del>	1
ıFı	*****			n i
(G)				3
(H)	· · · · · · · · · · · · · · · · · · ·		F 183	<u>.;</u>
Total. (Column (b) mus	st equal Form 990. Part X. iine 12. col. (B))	0		<del></del>
Part VIII Inves	stments—Program Related.			
Comp	olete if the organization answered "	Yes" on Form 990	Part IV line 110 See Form	000 D=+ V U=- 40
	a) Description of investment		Tartiv, interior. See Form	990. Part X, line 13.
		(b) Book value	(c) Method of Cost or end-of-year	valuation r market value
(1)		***************************************	of the state of	
(2)				<del></del>
(3)				
(4)		ą		
(5)		2. 1 de .		
(6)		4 46		
(7)		, p	,	<del></del>
(8)		17 97 mm		<del></del>
(9)		19.00		
Total. (Column (b) mus	st equal Form 990. Part X, line 13 col. (B))	0	1.00	<del></del>
	Assets.			
Comp	olete if the organization answered "	Yes" on Form 990. I	Part IV line 11d. See Form	990 Part X line 15
	(a) Descrip	tion ***	0.1.1.1, 1.10 1.10. 000 1.0111	(b) Book value
(1)	, sag.	Tyr		(5) 500 ( 10.50
(2)		'ব <sub>্</sub>		
(3)	.0. %	·		
(4)				
(5)	A Party			
(6)				
(7)	\$ P	<del></del>		
(8)				
(9)	e.			
Total. (Column (b, r	must equal Form 990, Part X. line 15, co	ol. (B))		O
	Liabilities. "I lete if the organization answered "Y	res" on Form 990, F	Part IV. line 11e or 11f. See	
1.	(a) Descriptio	on of linking		T
(1) Federal income		n or liability		(b) Book value
(2) ACCRUED PA				0
(3) ACCRUED VA		· · · · · · · · · · · · · · · · · · ·		15.906
(4)	SATION ELAVE			38.582
(5)				
(6)				
(7)				
(8)				
(9)				
	nust equal Form 990, Part X, line 25, co.	(R))		
2. Liability for uncertain	in tax positions. In Part XIII, provide the text	of the footnote to the ac-	ganization's financial	54.488
organization's liability	for uncertain tax posit ons under FASB ASC	740. Check here if the t	lext of the footnote has been provide	ded in Part XIII

### 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. Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury interna. Revenue Service

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

HARPER'S CHOICE COMMUNITY ASSOCIATION, INC 52-0993424 Form 990, Part VI, Section A, Line 6, 7A, 7B: THE HARPER'S CHOICE COMMUNITY RESIDENTS/MEMBERS ANNUALLY ELECT THE MEMBERS OF THE BOARD/GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF THE BOARD. THEY HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD. Form 990. Part VI. Section B, Line 11A: THE COMPLETED FORM 990 HAS BEEN PROVIDED TO ALL BOARD MEMBERS VIA EMAIL FOR REVIEW PRIOR TO SUBMISSION Form 990, Part VI. Section B, Line 15A, ALL STAFF COMPENSATION, INCLUDING THE MANAGERS, DERIVE FROM AN INDEPENDENT SALARY STUDY APPROVED BY THE BOARD OF DIRECTORS Form 990, Part VI, Section B, Line 15B EMPLOYEE WAGES ARE BASED ON AN INDEPENDENT SAL STUDY Form 990, Part VI Section C. Line 19 THE ORGANIZATION POSTS ITS GOVERNING DOCUEMNTS AND POLICIES ON ITS WEBSITE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN THE ORGANIZATION **OFFICE** 

Department of the Treasury

### **Depreciation and Amortization**

### (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number HARPER'S CHOICE COMMUNITY ASSOCIATION 52-0993424 **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. 1 Maximum amount (see instructions) 1,160,000 1 2 Total cost of section 179 property placed in service (see instructions) 2 25,093 3 Threshold cost of sect on 179 property before reduction in limitation (see instructions) 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar im tation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 1,160,000 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 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 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense ceduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disaflowed 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 4,285 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 1.500 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 11.252 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 (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business-investment use (e) Convention (f) Method (g) Depreciation deduction period in service only--see instructions) 3-year property b 5-year property See Stmnt 1 30 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs S/L h Residential rerital 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20 a Class life **b** 12-yea 12 yrs S/I c 30-yea 30 yrs. MM S/L d 40-yea 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 306 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

18,647

- 0.0	n 4562 (2 <b>923</b> ;												•	
_		Duamanto (I		HAR	PER'S CH	OICE CO	MMUNITY	ASSO	CIATIO	N INC	52-09	03434		
ينجا	Listed	Property (II	nclude autom	odiles cerraii	other v	ehicles,	certain air	craft.	and pr	operty	used for	93424 or	Pag	
	24b. col	many venicie	for which you a	are using the st	andard m	ileage rate	e or deduct	ing lea	se expe	ense, a	omplete	only 24	2	
													<b>u</b> .	
2/1	3. Do you have an de-	Depreciatio	n and Other In	formation (Ca	ution: Se	e the instr	uctions for	limits t	for pass	enger a	automob	iles.)	~	
	a Do you have evidence	to support the I	ousiness/investme	nt use claimed?	X Yes	No	24b if			X Yes No				
	(a)	(b)	(c)	(d)		e)	(f)	T			7 163	_=		
	ype of property	Date placed	Business: investment use	Cost or other pasis	Basis for	epreciation investment	Recovery	1	(g) lethcd/		(h)	(i)		
	( ist vehic es first)	in service	percentage		nound	1	nvention	Depreciation deduction		Elected section				
25	Special depreciation	n allowance	for qualified liste	ted property placed in service during								ļ	cost	
26	the tax year and us	sed more than	1 50% in a quali	fied business i	ise. See ii	nstruction	S		25			ĺ		
26	rioperty used mor	e than 50% in	a qualified bus	siness use:							<del></del>			
EL	L OPTIPLEX & LATI	8/16/2018	100.00%	3,108		3,108	5	S/I	L - HY	T	309	<u> </u>		
										<del></del>				
27	Decrease 4 500			L				<b></b> _		<del>                                     </del>		<del> </del>		
<u> </u>	Property used 50%	or less in a c		ss use								L		
			%					S/L -	-					
			%					S/L -	-					
 28	Add amounts in onl	<u>_</u>	%	L				S/L -		1				
29	Add amounts in col	umn (n). lines	25 through 27	Enter here an	d on line 2	21, page 1	١.		28		309			
	Add amounts in col	umn (i) line 2		nd on line 7, pa tion B—Inform							29			
30	Total business/investrine year (don't includ	e commuting n	niles)	(a) Vehicle 1	(b) Vehicle					(d) ( Vehicle 4 Veh			(f) Vehicle 6	
31	Total commuting miles	s driven during	the year							<u> </u>				
32	Total other personal (i	noncommuting	)											
	miles driven									ļ	!			
33	Total miles driven duri	ng the year. Ac	id	1										
	lines 30 through 32	•									j			
4	Was the vehicle availa		al [	Yes No	Yes	No Ye	s No	Yes	No	Yes	No	Yes	No	
_	use during off-duty ho										1		140	
5	Was the vehicle used	primarily by a r	more than	[ [										
6	5 % owner or related p		· · · · · ·								i l			
<u> </u>	Is another vehicle ava											-		
SW	er these muestions to	datermine to	uestions for E	mployers Who	Provide	Vehicles	for Use by	/ Their	Emplo	yees				
ore:	er these questions to than 5% owners or re	determine ir	you meet an ex	ception to com	pleting Se	ction B fo	r vehicles (	used by	y emplo	yees w	ho aren'	t		
7	Do you maintain a west	ton notice state	s see instruction	ons.										
•	Do you maintain a writ	usn policy state	ement that prohib	its all personal 1	se of vehic	des, includ	ing commut	ing, by				Yes	No	
В	•	ten noticy state	mont that are like			•								
	Do you maintain a writemployees? See the in	istructions for a	rehicles used by	ns personal use	of vehicles	except co	ommuting, b	y your				ĺ		
9	employees? See the in Do you treat all use of	venicles by em	inlovees as nece	corporate officer	s, directors	s, or 1% or	more cwne	rs			L			
)	Do you provide more the	nan five vehicle	es to vour employ	riidi user 1985 Ohtsin info	mation fr-	<b>.</b>	<b></b>				L			
	use of the vehicles, an	d retain the info	ormation received	19	mation tro	m your em	pioyees abo	ut the			- 1			
1	Do you meet the requir	ements conce	rning qualified au	tomobile demon	Stration	 a? San in-	truct o				Ļ		·	
	Note: If your answer to	37, 38, 39, 40	), or 41 is 'Yes." (	don't complete S	ection B fo	the cover	ed vehicles				<b> </b> -			
rt \	VI Amortiza	tion			2		00 7011 0185				1			
	(a	)		(b)	T	(c)	,.,				<del></del>			
	D				1	,	(d)			(0)	1	(f)		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization periodick percentage	(f) Amortization for this yea
2 Amortization of costs that begins during	your 2023 tax year (see in	istructions)	<u></u>	20.00.10.20	<u></u>
		· · · · · · · · · · · · · · · · · · ·			
<ul> <li>3 Amortization of costs that began before</li> <li>4 Total Add amounts in column (f). See the</li> </ul>	your 2023 tax year			43	

Form 4562 Statement - 990

		OCIATION !	אר בי	0993424												4:30/2024
ŀ	R'S CHOICE COMMUNITY ASS	Date	1	Business I	Cost or	1					,	·				
!tcm	Description of	Piaced	Asset -	Use	Other	Sec. 179	ł	Special	Catuana	0	-	1	Con	Prior Accum	2023	2023
Nú	Property	In Service	Code	70	Basis	Deduction	Credit	Allowance	Salvage Value	Recovery Basis	Recovery Period	Melhod	vention	Deprec.	_	Accum.
<u>Depre</u>	ciation Detail								Value		I renou	1 Memoc	Code	179, Bonus	Deprec	Deprec
ACRS (	and other depreciation (Line 1	6)								•						
	WEBSITE DESIGN	5/1/2023	F-1	100 00%	7.500	0	0	0	0	7 500	5.0	SL	FM	0	1 500	1 50
	Total ACRS and other deprecia	ition (Line 16)	)	_	7,500	0	0	0	0	7 500						
MACRS	deductions for prior years (L	ine 17)												0	1,500	1.50
	CURTAINS	6/29/2018	F-11	100.00%	7.500	0	0	0	0	7,500	<i>-</i> 0	CLIODO				
	CHAIRS - SOCIAL ROOM	9/17/2018	F-11	100.00%	1,465	0	0	0	0		5.0	SL/GDS	HY	6.750	750	7,50
	CHAIRS - SOCIAL ROOM	2/4/2020	F-11	100.00%	3,089	0	0	0	-	1.465	5.0	SL/GDS	HY	1,319	146	1,46
	LOBBY FURNITURE	6/3/2021	F-11	100.00%	5,500	0	0	•	0	3.089	5.0	SL/GDS	HY	2,163	618	2.78
	WEBS:TE DESIGN	11/21/2021	F-10	100.00%	22 568	0	-	0	0	5,500	5.0	SL/GDS	HY	1.650	1,100	2 75
	ICE MACHINE (UPSTAIRS)	12/28/2021	F-10	100 00%		=	6	0	G	22.568	50	SUGDS	HY	6,771	4.514	11.28
	ICE MACHINE (DOWNSTAIRS		F-10		4.337	6	Û	Û	0	4.337	5.6	SL/GDS	HY	1.301	867	2.16
	BALLROOM CHAIRS		-	100.00%	3.169	G	O	0	0	3,169	50	SL/GDS	HY	951	634	1,58
	FURNITURE	3/18/2022	F-11	100.00%	9,500	0	0	0	0	9.500	5.0	SL/GDS	HY	2,850	1,900	
	FURNITURE	7/7/2022	F-3	100.00%	3,615	0	0	0	0	3.615	5.0	200DB	HY	362	723	4.750 1.085
	Total MACRS deductions for pr	ior years (Line	e 17)	_	60.743	0	0		0	60,743			-	24 117	44.000	45.55
3D\$ 5-y	ear property (Line 19b)								<u></u>				-	24,117	11,252	35,369
	STAGE	5/1/2023	F-3	100.00%	10.291	0	0	0	0	10,291	5.0	20000				
	BLINDS	5/1/2023	F-3	100.00%	3.022	0	Õ	0	0			200DB	HY	0	999	999
	FURNITURE & FIXTURES	10/31/2023	Γ-11	100.00%	1.889	0	0	1,889	-	3,022	50	SL/GDS	HY	0	302	302
	FURNITURE & FIXTURES	2/6/2024	F-11	100 00%	1,105	Ô	0	1,105	0 0	O Ú	5.0 5.0	200DB 200DB	HY HY	0	0	1.889
	Total GDS 5 year property (Line	196)			16.307	0	0	2.004			0.0	20000			0	1.105
ne 7		,			10.307	······································		2,994	0	13.313			_	0	1,301	4,295
	ear property (Line 19c)															
	FURNITURE & FIXTURES	3/31/2024	F-11	100.00%	827	0	0	827	0	0	7.0	200DB	HY	0	•	
	FURNITURE	4/12/2024	F-11	100.00%	464	0	0	464	0	0	7.0	200DB	HY	0	0 0	827 464
	Total GDS 7-year property (Line	19c)		_	1,291	0	0	1,291	0	0			_			
				_						<u>~</u>			-	0	0	1.291
	Subtotal Depreciation				85,841	0	0	4.285	0	81,556			-	24,117	14,053	42,455
isted	Property												_			42,400
_isted pr	operty with more than 50% bu	siness use (	Lige 25 a	nd 26)												
		7/20/2014		100.00%	5 101	0	0	•								
		12/5/2018		100.00%	/41		0	C	0	5.101	5.0	SL/GDS	HY	5,101	О	5,101
	<b>=</b> = : : : : :	1/12/2018	-	100.00%		741	0	0	0	0	5.0	SL/GDS	HY	741	0	741
	DELL OPTIPLEX & LATITUDE			100.00%	158	158	0	0	0	0	5.0	SL/GDS	HY	158	0	158
		4/30/2018			3 108	0	0	0	0	3 108	5.0	SL/GDS	HY	2.799	309	3,108
			_	100 00%	16.400	C	0	0	0	16.400	5.0	SL/GDS	HY	16.400	0	16,400
		6/24/2015		100.00%	1.236	0	0	0	0	1,236		SL/GDS	HY	1,236	0	
		6/15/2021		100.00%	733	733	0	0	0	0		200DB	HY	733	0	1,236
	PRINTER	12/9/2021	F-15	100.00%	345	345	0	0	0	0		200DB	HY	345	0	733 345
	Total listed prop with > 50% busing	ness use		•	27.822	1.977	0	0	0	25 845						
					<del></del>	-							_	27,513	309	27 822
	Subtotal Listed Property				27.822	1.977										

18,647

Form 4562 Statement - 990

	or oraconnent - 550															
HARPER	R'S CHOICE COMMUNITY AS:	SOC ATION I	VC 52	0993424												4/30/2024
Item No	Description of Property	Date Placed In Service	Asset Code	Business Use	Cost or Other Basis	Sec. 179 Deduction	Credit	Speciai Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con- vention	Prior Accum Deprec	2023	2023 Accum
	Total Depreciation and	d Amortizat	ion	_	113,663	1,977		4.285	0	107,401	L Feriou	1 Method	Code	179, Bonus	Deprec	Deprec
									<del></del> -	101,701	•			51,630	14,362	70,277
Form	4562 Reconciliation	n														
	Annual depreciation and ar	nortization (in	icluding S	ec 168(f) el	ected amount	S)										·
	Special allowance except li	isted property	(Line 14)	) - current ve	ar assets	-7									14.362	
	Special allowance - listed p	roperty (Line	25) - curi	rent vear ass	sets										4,285	
	Section 179 amount clai	imed (include	s prior ve	ar disallowe	d)										0	
	Section 179 amount care	ried forward to	o future v	ear	-,									0		
	Section 179 deduction (Line		,											0		
	Less amortization included	in total annua	al depreci	ation and an	nortization (L)	ne 44)									0	
	Form 4562, Line 22														0	