

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.

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable:	C Name of organization HOPE WOMEN'S CENTER, INC.	D Employer identification number 86-0668354
<input type="checkbox"/> Address change	Doing business as	E Telephone number 602-715-0999
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1640 E. MC DOWELL ROAD	G Gross receipts\$ 2,236,137
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code PHOENIX AZ 85006	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: TAMMY WELDON ABERNETHY 1640 E. MC DOWELL ROAD PHOENIX AZ 85006	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
<input type="checkbox"/> Application pending	J Website: WWW.HOPEWOMENSCENTER.ORG	L Year of formation: 1991 M State of legal domicile: AZ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	1087
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,847,405	Current Year 1,965,716
	9 Program service revenue (Part VIII, line 2g)	2,550	495
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101	-8,454
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	269,617	95,288
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,119,673	2,053,045
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	23,264	26,951
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	804,038	1,089,235
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 367,057		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	348,062	565,593
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,175,364	1,681,779	
19 Revenue less expenses. Subtract line 18 from line 12	944,309	371,266	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,612,167	End of Year 5,042,946
	21 Total liabilities (Part X, line 26)	432,530	444,027
	22 Net assets or fund balances. Subtract line 21 from line 20	4,179,637	4,598,919

Part II Signature Block

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

Sign Here	Signature of officer TAMMY WELDON ABERNETHY Type or print name and title		Date
		CEO	
Paid Preparer Use Only	Print/Type preparer's name RACHEL LOCKE, CPA	Preparer's signature RACHEL LOCKE, CPA	Date 11/12/24
	Firm's name FESTER & CHAPMAN, PLLC	Firm's EIN 82-1455657	Check <input type="checkbox"/> if self-employed PTIN P00450405
	Firm's address 9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260	Phone no. 602-264-3077	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[X] Yes [] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[X] Yes [] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,100,848 including grants of \$ 26,951) (Revenue \$ 495)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,100,848

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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 negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	42		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
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.	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? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 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. [X] Own website [] Another's website [X] 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.

HOPE WOMENS CENTER PHOENIX

1640 E. MC DOWELL ROAD

AZ 85006

602-715-0999

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TAMMY WELDON ABERNETHY CEO	40.00 0.00			X				93,812	0	8,400
(2) KATHY BIERDERBECK DIRECTOR	2.00 0.00	X						0	0	0
(3) MENDY CHARLTON DIRECTOR	2.00 0.00	X						0	0	0
(4) TRACY MILLER VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(5) TOM REIMERS TREASURER	2.00 0.00	X		X				0	0	0
(6) DAVID VAN SLYKE DIRECTOR	2.00 0.00	X						0	0	0
(7) PHIL THOMAS SECRETARY	2.00 0.00	X		X				0	0	0
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							93,812		8,400	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							93,812		8,400	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	317,287			
	d Related organizations	1d				
	e Government grants (contributions)	1e	200,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,448,429			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		1,965,716			
Program Service Revenue	2a RESIDENT PROGRAM FEE	Business Code	495	495		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		495			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		591		591	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	40,634			
		(ii) Personal				
		6a	40,634			
	b Less: rental expenses	6b	48,016			
	c Rental inc. or (loss)	6c	-7,382			
	d Net rental income or (loss)		-7,382		-7,382	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	4,500			
		7a	4,500			
	b Less: cost or other basis and sales exps.	7b	13,545			
	c Gain or (loss)	7c	-9,045			
d Net gain or (loss)		-9,045	-9,045			
8a Gross income from fundraising events (not including \$ 317,287 of contributions reported on line 1c). See Part IV, line 18	8a	121,531				
	b Less: direct expenses	8b	121,531			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a	102,670				
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory		102,670	102,670			
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		2,053,045	94,120	0	-6,791	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	26,951	26,951		
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	102,212	66,438	10,221	25,553
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	893,790	580,964	89,379	223,447
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,147	7,895	1,215	3,037
10 Payroll taxes	81,086	52,706	8,108	20,272
11 Fees for services (nonemployees):				
a Management				
b Legal	1,925	1,925		
c Accounting	15,686	586	15,100	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	112,477	26,465	13,540	72,472
12 Advertising and promotion	10,285	9,985	300	
13 Office expenses	57,209	37,357	19,852	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	5,353	2,935	2,366	52
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18,861	17,918	754	189
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,451	62,178	2,618	655
23 Insurance	43,996	41,796	1,760	440
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.)				
a UTILITIES	74,594	70,864	2,984	746
b REPAIRS & MAINTENANCE	65,796	62,506	2,632	658
c VOLUNTEER EXPENSES	27,950	5,247	22,703	
d OTHER FUNDRAISING	19,527			19,527
e All other expenses	46,483	26,132	20,342	9
25 Total functional expenses. Add lines 1 through 24e	1,681,779	1,100,848	213,874	367,057
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,208,530	1	2,496,041
	2 Savings and temporary cash investments	380,712	2	
	3 Pledges and grants receivable, net	9,000	3	
	4 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	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,374	9	350
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,937,629		
	b Less: accumulated depreciation	10b 391,074	2,010,551	10c 2,546,555
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		4,612,167	16	5,042,946
Liabilities	17 Accounts payable and accrued expenses	34,909	17	61,644
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	397,621	23	382,383
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		432,530	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,179,637	27	4,598,919
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	4,179,637	32	4,598,919	
33 Total liabilities and net assets/fund balances	4,612,167	33	5,042,946	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,053,045
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,681,779
3	Revenue less expenses. Subtract line 2 from line 1	3	371,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,179,637
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	48,016
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,598,919

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 an independent accountant? 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

HOPE WOMEN'S CENTER, INC.

Employer identification number

86-0668354

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar 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.")	686,667	968,914	1,735,741	1,845,023	1,965,716	7,202,061
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	686,667	968,914	1,735,741	1,845,023	1,965,716	7,202,061
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.						7,202,061

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	686,667	968,914	1,735,741	1,845,023	1,965,716	7,202,061
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	54	40	38	101	41,225	41,458
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						7,243,519

12 Gross receipts from related activities, etc. (see instructions) 12 224,696

13 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

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.43%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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 A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

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

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

Part IV Supporting Organizations

(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

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

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
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	

Section 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 integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported 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 organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) 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			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c 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			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

HOPE WOMEN'S CENTER, INC.

86-0668354

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

HOPE WOMEN'S CENTER, INC.

Employer identification number

86-0668354

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 90,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 88,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 81,726	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 40,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2023

Open to Public Inspection

Name of the organization

Employer identification number

HOPE WOMEN'S CENTER, INC.

86-0668354

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		378,220		378,220
b Buildings		2,520,489	362,224	2,158,265
c Leasehold improvements		10,595	4,712	5,883
d Equipment		9,922	5,735	4,187
e Other		18,403	18,403	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,546,555

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	2,101,061
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	48,016	
e	Add lines 2a through 2d		2e	48,016
3	Subtract line 2e from line 1		3	2,053,045
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,053,045

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	1,681,779
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,681,779
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,681,779

Part XIII Supplemental Information

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL EXPENSES **\$ 48,016**

**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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HOPE WOMEN'S CENTER, INC.

Employer identification number

86-0668354

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and 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
		NIGHT OF HOPE (event type)	_____ (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	438,818			438,818
	2 Less: Contributions ..	317,287			317,287
	3 Gross income (line 1 minus line 2)	121,531			121,531
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,750			6,750
	7 Food and beverages	60,272			60,272
	8 Entertainment	1,225			1,225
	9 Other direct expenses	53,284			53,284
	10 Direct expense summary. Add lines 4 through 9 in column (d)				121,531
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> 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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HOPE WOMEN'S CENTER, INC.

Employer identification number

86-0668354

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 UTILITY/HOUSEHOLD ASSISTANCE	468	26,951		FMV	
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

HOPE WOMEN'S CENTER, INC.

Employer identification number

86-0668354

FORM 990 - ORGANIZATION'S MISSION

HOPE WOMEN'S CENTER IS A NON-PROFIT ORGANIZATION THAT PROVIDES FREE LIFE SKILLS AND FAITH BASED EDUCATION, INDIVIDUAL MENTORING AND SUPPORT GROUPS, MATERIAL ASSISTANCE, BRIEF SOLUTIONS FOCUSED COUNSELING, PREGNANCY SUPPORT, ADVOCACY FOR MOMS IN CRISIS, AND COMMUNITY REFERRALS FOR THE VULNERABLE WOMEN AND TEEN GIRLS AND THEIR FAMILIES LIVING IN THE EAST VALLEY, COOLIDGE, PHOENIX, MARICOPA, NORTHERN ARIZONA, AND WEST VALLEY COMMUNITIES.

FORM 990, PART III, LINE 2

IN 2023 WE LAUNCHED OUR EVERY MOTHER'S ADVOCATE (EMA) PROGRAM TO PROVIDE PREVENTION SERVICES TO MOMS AT RISK OF DCS/FOSTER CARE INTERVENTION.

FORM 990, PART III, LINE 3

IN SEPTEMBER OF 2023 WE CLOSED THE PROGRAMS AT OUR MATERNITY HOME AND LEASED IT TO ANOTHER NONPROFIT HOUSING SINGLE WOMEN IN NEED.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

OUR EDUCATION PROGRAM IS DESIGNED WITH THREE GOALS IN MIND: TO BUILD RELATIONSHIPS, TO IMPART KNOWLEDGE, AND TO ENCOURAGE BEHAVIORAL CHANGES. CLASSES ARE A MIX OF LIFE SKILLS AND FAITH BASED TOPICS SUCH AS PARENTING, ENGLISH AS A SECOND LANGUAGE, ANGER MANAGEMENT, GRIEF AND LOSS, HEALTH AND NUTRITION, HEALING FROM TRAUMA, RECOVERY FROM ABUSE, HEALTH RELATIONSHIPS, CRAFTS, PARENT-CHILD BONDING, AND JOB READINESS. OUR MENTORING PROGRAM PROVIDES TRAINED MENTORS AND STAFF TO MEET WITH CLIENTS TO DISCUSS

UNPLANNED PREGNANCY, DOMESTIC ABUSE, UNEMPLOYMENT, HOMELESSNESS,

Name of the organization

Employer identification number

HOPE WOMEN'S CENTER, INC.

86-0668354

PROSTITUTION/RAPE, FAMILY CONFLICT, SUBSTANCE ABUSE RECOVERY, AND OTHER LIFE CHALLENGES. ALL SERVICES ARE FREE AND CLIENTS CAN MEET WITH A MENTOR OR JOIN A SUPPORT GROUP AS OFTEN AS THEY LIKE. OUR HOPE HEALS PROGRAM PROVIDES WOMEN WITH FREE BRIEF SOLUTIONS BASED THERAPY. OUR HOPE AT WORK PROGRAM PROVIDES CLASSES, JOB COACHING, AND CAREER READINESS AND SUPPORT.

PROGRAMS ARE FREE BUT ARE INCENTIVIZED TO CLIENTS BY PROVIDING CLIENT POINTS FOR ATTENDING CLASSES THAT CAN BE USED IN OUR WOMENS BOUTIQUE FOR MATERIAL RESOURCES AND UTILITY ASSISTANCE. OUR WOMENS BOUTIQUES ARE STOCKED WITH DIAPERS, WIPES, TOILETRIES, CLEANING SUPPLIES, FOOD, HOUSEHOLD ITEMS, CLOTHING, AND BABY ITEMS. WE ALSO OFFER A CASH UTILITY ASSISTANCE PROGRAM, TRANSPORTATION ASSISTANCE, AND FREE PREGNANCY TESTING AND SUPPORT.

OUR EVERY MOTHER'S ADVOCATE PROGRAM WORKS WITH BIRTH MOMS WHOSE CHILDREN ARE IN FOSTER CARE OR AT RISK OF FOSTER AND IS FOCUSED ON EARLY INTERVENTION, CREATING HEALTH HOME ENVIRONMENTS, AND SUPPORT FOR MOMS WORKING ON RE-UNIFICATION. WE ALSO HAVE A CHILDRENS PROGRAM (FREE FOR AGES 0-5 WHILE MOM IS ATTENDING PROGRAMS),

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 DRAFT IS SENT TO ALL BOARD MEMBERS TO REVIEW, NOTE QUESTIONS, AND APPROVE BEFORE BEFORE THE EXECUTIVE DIRECTOR SIGNS AND THE RETURN IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS ANNUALLY SIGN AND UPDATE THE CONFLICT OF INTEREST FORM. THE CONFLICT OF INTEREST FORM IS IN OUR EMPLOYEE HANDBOOK AND IS SIGNED UPON HIRE FOR ALL EMPLOYEES.

Name of the organization

Employer identification number

HOPE WOMEN'S CENTER, INC.

86-0668354

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION INCLUDES A REVIEW
 OF COMPARABLE DATA AND DISCUSSION WITH THE BOARD CONSIDERING THE BUDGET.
 COMPENSATION FOR THE EXECUTIVE DIRECTOR IS WITHIN BUDGET, HOWEVER IT IS
 BELOW MARKET VALUE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION INCLUDES A REVIEW
 OF COMPARABLE DATA AND DISCUSSION WITH THE BOARD CONSIDERING THE BUDGET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 AVAILABLE ON WEBSITE (PUBLIC DISCLOSURE COPY) AND ALSO UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
 RENTAL EXPENSES \$ 48,016

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Attachment Sequence No. **179**

Name(s) shown on return

Identifying number

HOPE WOMEN'S CENTER, INC.

86-0668354

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	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 deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II 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	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,373

Part III 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	50,218
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	03/13/23	535,000	39 yrs.	MM	S/L	10,860
				MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	22	65,451
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Non-Residential Real Property:									
30	BUILDING - COOLIDGE	3/13/23	535,000			535,000	39 MMS/L	0	10,860
			<u>535,000</u>			<u>535,000</u>		<u>0</u>	<u>10,860</u>
Prior MACRS:									
1	BUILDINGS - APARTMENTS	1/01/91	37,588			37,588	27 MMS/L	36,905	0
2	BUILDING - CENTER	1/01/95	149,192			149,192	39 MMS/L	70,660	3,825
3	IMPROVEMENTS	1/01/08	10,595			10,595	39 MMS/L	4,440	272
4	IMPROVEMENTS - 1640 MCD	12/31/16	303,070			303,070	39 MMS/L	46,626	7,771
5	IMPROVEMENTS - 1640 MCD	1/01/17	195,040			195,040	39 MMS/L	30,006	5,001
6	BUILDING 1640 MCDOWELL	1/01/17	550,000			550,000	39 MMS/L	84,618	14,103
7	BUILDING - 1530 MCDOWELL	1/05/18	14,850			14,850	39 MMS/L	1,905	381
8	BUILDING - MARICOPA-2019	12/01/20	105,595			105,595	39 MMS/L	5,642	2,708
9	BUILDING - MARICOPA-2019	12/01/20	1,772			1,772	39 MMS/L	94	45
10	BUILDING - MARICOPA-2019	12/01/20	2,813			2,813	39 MMS/L	150	72
11	BUILDING - MARICOPA-2019	12/01/20	119,770			119,770	39 MMS/L	6,398	3,071
12	BUILDING - 77 GENERAL COOK TR	8/01/21	213,117			213,117	39 MMS/L	7,742	5,465
13	BUILDING - ANNA HOUSE	8/01/21	74,740			74,740	39 MMS/L	2,715	1,916
22	IMPROVEMENTS - 77 GENERAL COOK	8/01/21	114,757			114,757	39 MMS/L	4,168	2,942
23	IMPROVEMENTS - ANNA HOUSE	8/01/21	93,698			93,698	39 MMS/L	3,404	2,403
24	IMPROVEMENTS - MARICOPA	5/16/21	9,487			9,487	39 MMS/L	385	243
			<u>1,996,084</u>			<u>1,996,084</u>		<u>305,858</u>	<u>50,218</u>
Other Depreciation:									
14	CONEX STORAGE	8/01/21	2,564			2,564	7 MO S/L	519	366
15	VAN - HONDA ODYSSEY	8/01/21	12,480			12,480	5 MO S/L	3,536	1,248
	Sold/Scrapped: 7/12/23								
16	TOYOTA SIENNA	8/01/21	6,898			6,898	5 MO S/L	1,955	1,035
	Sold/Scrapped: 10/11/23								
17	RV-KEYSTONE CAMP VERDE	8/01/21	4,858			4,858	5 MO S/L	1,378	972
18	RV-NOMAD CAMP VERDE	8/01/21	3,758			3,758	5 MO S/L	1,065	752
	Sold/Scrapped: 12/20/23								
19	FURNITURE & EQUIPMENT	1/01/13	17,271			17,271	7 MO S/L	17,271	0
20	FURNITURE & FIXTURES	1/01/13	1,132			1,132	7 MO S/L	1,132	0
21	OFFICE EQUIPMENT	12/31/15	2,500			2,500	7 MO S/L	2,500	0
25	LAND	1/01/95	83,220			83,220	0 -- Land	0	0
26	LAND - MARICOPA	9/01/18	27,000			27,000	0 -- Land	0	0
27	LAND - 77 GENERAL COOK TRAIL	8/01/21	163,000			163,000	0 -- Land	0	0
28	LAND - ANNA HOUSE	8/01/21	25,000			25,000	0 -- Land	0	0
29	LAND - COOLIDGE	10/16/23	80,000			80,000	0 -- Land	0	0
	Total Other Depreciation		<u>429,681</u>			<u>429,681</u>		<u>29,356</u>	<u>4,373</u>
	Total ACRS and Other Depreciation		<u>429,681</u>			<u>429,681</u>		<u>29,356</u>	<u>4,373</u>
	Grand Totals		2,960,765			2,960,765		335,214	65,451
	Less: Dispositions and Transfers		23,136			23,136		6,556	3,035
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,937,629</u>			<u>2,937,629</u>		<u>328,658</u>	<u>62,416</u>

AZ Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
Non-Residential Real Property:								
30	BUILDING - COOLIDGE	3/13/23	535,000	535,000	0	10,860	10,860	0
			<u>535,000</u>	<u>535,000</u>	<u>0</u>	<u>10,860</u>	<u>10,860</u>	<u>0</u>
Prior MACRS:								
1	BUILDINGS - APARTMENTS	1/01/91	37,588	37,588	36,905	0	0	0
2	BUILDING - CENTER	1/01/95	149,192	149,192	70,660	3,825	3,825	0
3	IMPROVEMENTS	1/01/08	10,595	10,595	4,440	272	272	0
4	IMPROVEMENTS - 1640 MCD	12/31/16	303,070	303,070	0	7,771	7,771	0
5	IMPROVEMENTS - 1640 MCD	1/01/17	195,040	195,040	30,006	5,001	5,001	0
6	BUILDING 1640 MCDOWELL	1/01/17	550,000	550,000	84,618	14,103	14,103	0
7	BUILDING - 1530 MCDOWELL	1/05/18	14,850	14,850	1,905	381	381	0
8	BUILDING - MARICOPA-2019	12/01/20	105,595	105,595	5,642	2,708	2,708	0
9	BUILDING - MARICOPA-2019	12/01/20	1,772	1,772	94	45	45	0
10	BUILDING - MARICOPA-2019	12/01/20	2,813	2,813	150	72	72	0
11	BUILDING - MARICOPA-2019	12/01/20	119,770	119,770	6,398	3,071	3,071	0
12	BUILDING - 77 GENERAL COOK TR	8/01/21	213,117	213,117	7,742	5,465	5,465	0
13	BUILDING - ANNA HOUSE	8/01/21	74,740	74,740	2,715	1,916	1,916	0
22	IMPROVEMENTS - 77 GENERAL COOK	8/01/21	114,757	114,757	4,168	2,942	2,942	0
23	IMPROVEMENTS - ANNA HOUSE	8/01/21	93,698	93,698	3,404	2,403	2,403	0
24	IMPROVEMENTS - MARICOPA	5/16/21	9,487	9,487	385	243	243	0
			<u>1,996,084</u>	<u>1,996,084</u>	<u>259,232</u>	<u>50,218</u>	<u>50,218</u>	<u>0</u>
Other Depreciation:								
14	CONEX STORAGE	8/01/21	2,564	2,564	519	366	366	0
15	VAN - HONDA ODYSSEY	8/01/21	12,480	12,480	3,536	1,248	1,248	0
	Sold/Scrapped: 7/12/23							
16	TOYOTA SIENNA	8/01/21	6,898	6,898	1,955	1,035	1,035	0
	Sold/Scrapped: 10/11/23							
17	RV-KEYSTONE CAMP VERDE	8/01/21	4,858	4,858	0	972	972	0
18	RV-NOMAD CAMP VERDE	8/01/21	3,758	3,758	1,065	752	752	0
	Sold/Scrapped: 12/20/23							
19	FURNITURE & EQUIPMENT	1/01/13	17,271	17,271	17,271	0	0	0
20	FURNITURE & FIXTURES	1/01/13	1,132	1,132	1,132	0	0	0
21	OFFICE EQUIPMENT	12/31/15	2,500	2,500	2,500	0	0	0
25	LAND	1/01/95	83,220	83,220	0	0	0	0
26	LAND - MARICOPA	9/01/18	27,000	27,000	0	0	0	0
27	LAND - 77 GENERAL COOK TRAIL	8/01/21	163,000	163,000	0	0	0	0
28	LAND - ANNA HOUSE	8/01/21	25,000	25,000	0	0	0	0
29	LAND - COOLIDGE	10/16/23	80,000	80,000	0	0	0	0
	Total Other Depreciation		<u>429,681</u>	<u>429,681</u>	<u>27,978</u>	<u>4,373</u>	<u>4,373</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>429,681</u>	<u>429,681</u>	<u>27,978</u>	<u>4,373</u>	<u>4,373</u>	<u>0</u>
	Grand Totals		2,960,765	2,960,765	287,210	65,451	65,451	0
	Less: Dispositions		23,136	23,136	6,556	3,035	3,035	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>2,937,629</u>	<u>2,937,629</u>	<u>280,654</u>	<u>62,416</u>	<u>62,416</u>	<u>0</u>

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Non-Residential Real Property:									
30	BUILDING - COOLIDGE	3/13/23	535,000			535,000	39 MMS/L	0	10,860
			<u>535,000</u>			<u>535,000</u>		<u>0</u>	<u>10,860</u>
Prior MACRS:									
1	BUILDINGS - APARTMENTS	1/01/91	37,588			37,588	40 MMS/L	30,031	940
2	BUILDING - CENTER	1/01/95	149,192			149,192	40 MMS/L	104,279	3,730
3	IMPROVEMENTS	1/01/08	10,595			10,595	39 MMS/L	4,440	272
4	IMPROVEMENTS - 1640 MCD	12/31/16	303,070			303,070	39 MMS/L	46,950	7,771
5	IMPROVEMENTS - 1640 MCD	1/01/17	195,040			195,040	39 MMS/L	29,798	5,001
6	BUILDING 1640 MCDOWELL	1/01/17	550,000			550,000	39 MMS/L	84,028	14,102
7	BUILDING - 1530 MCDOWELL	1/05/18	14,850			14,850	39 MMS/L	1,888	381
8	BUILDING - MARICOPA-2019	12/01/20	105,595			105,595	39 MMS/L	5,528	2,707
9	BUILDING - MARICOPA-2019	12/01/20	1,772			1,772	39 MMS/L	93	45
10	BUILDING - MARICOPA-2019	12/01/20	2,813			2,813	39 MMS/L	147	72
11	BUILDING - MARICOPA-2019	12/01/20	119,770			119,770	39 MMS/L	6,270	3,071
12	BUILDING - 77 GENERAL COOK TR	8/01/21	213,117			213,117	39 MMS/L	7,514	5,464
13	BUILDING - ANNA HOUSE	8/01/21	74,740			74,740	39 MMS/L	2,635	1,916
22	IMPROVEMENTS - 77 GENERAL COOK	8/01/21	114,757			114,757	39 MMS/L	4,046	2,942
23	IMPROVEMENTS - ANNA HOUSE	8/01/21	93,698			93,698	39 MMS/L	3,303	2,403
24	IMPROVEMENTS - MARICOPA	5/16/21	9,487			9,487	39 MMS/L	395	244
			<u>1,996,084</u>			<u>1,996,084</u>		<u>331,345</u>	<u>51,061</u>
Other Depreciation:									
14	CONEX STORAGE	8/01/21	2,564			2,564	7 MO S/L	519	366
15	VAN - HONDA ODYSSEY	8/01/21	0			0	0 HY	0	0
	Sold/Scrapped: 7/12/23								
16	TOYOTA SIENNA	8/01/21	0			0	0 HY	0	0
	Sold/Scrapped: 10/11/23								
17	RV-KEYSTONE CAMP VERDE	8/01/21	0			0	0 HY	0	0
18	RV-NOMAD CAMP VERDE	8/01/21	0			0	0 HY	0	0
	Sold/Scrapped: 12/20/23								
19	FURNITURE & EQUIPMENT	1/01/13	0			0	0 HY	0	0
20	FURNITURE & FIXTURES	1/01/13	0			0	0 HY	0	0
21	OFFICE EQUIPMENT	12/31/15	0			0	0 HY	0	0
25	LAND	1/01/95	0			0	0 HY	0	0
26	LAND - MARICOPA	9/01/18	0			0	0 HY	0	0
27	LAND - 77 GENERAL COOK TRAIL	8/01/21	0			0	0 HY	0	0
28	LAND - ANNA HOUSE	8/01/21	0			0	0 HY	0	0
29	LAND - COOLIDGE	10/16/23	0			0	0 HY	0	0
	Total Other Depreciation		<u>2,564</u>			<u>2,564</u>		<u>519</u>	<u>366</u>
	Total ACRS and Other Depreciation		<u>2,564</u>			<u>2,564</u>		<u>519</u>	<u>366</u>
	Grand Totals		2,533,648			2,533,648		331,864	62,287
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>2,533,648</u>			<u>2,533,648</u>		<u>331,864</u>	<u>62,287</u>

Depreciation Adjustment Report**All Business Activities**AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	
MACRS Adjustments:						
Page 1	1	1	BUILDINGS - APARTMENTS	0	940	-940
Page 1	1	2	BUILDING - CENTER	3,825	3,730	95
Page 1	1	3	IMPROVEMENTS	272	272	0
Page 1	1	4	IMPROVEMENTS - 1640 MCD	7,771	7,771	0
Page 1	1	5	IMPROVEMENTS - 1640 MCD	5,001	5,001	0
Page 1	1	6	BUILDING 1640 MCDOWELL	14,103	14,102	1
Page 1	1	7	BUILDING - 1530 MCDOWELL	381	381	0
Page 1	1	8	BUILDING - MARICOPA-2019	2,708	2,707	1
Page 1	1	9	BUILDING - MARICOPA-2019	45	45	0
Page 1	1	10	BUILDING - MARICOPA-2019	72	72	0
Page 1	1	11	BUILDING - MARICOPA-2019	3,071	3,071	0
Page 1	1	12	BUILDING - 77 GENERAL COOK TR	5,465	5,464	1
Page 1	1	13	BUILDING - ANNA HOUSE	1,916	1,916	0
Page 1	1	22	IMPROVEMENTS - 77 GENERAL COOK	2,942	2,942	0
Page 1	1	23	IMPROVEMENTS - ANNA HOUSE	2,403	2,403	0
Page 1	1	24	IMPROVEMENTS - MARICOPA	243	244	-1
Page 1	1	30	BUILDING - COOLIDGE	10,860	10,860	0
				<u>61,078</u>	<u>61,921</u>	<u>-843</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	BUILDINGS - APARTMENTS	1/01/91	37,588	0	940
2	BUILDING - CENTER	1/01/95	149,192	3,826	3,730
3	IMPROVEMENTS	1/01/08	10,595	271	271
4	IMPROVEMENTS - 1640 MCD	12/31/16	303,070	7,771	7,771
5	IMPROVEMENTS - 1640 MCD	1/01/17	195,040	5,001	5,001
6	BUILDING 1640 MCDOWELL	1/01/17	550,000	14,102	14,103
7	BUILDING - 1530 MCDOWELL	1/05/18	14,850	381	381
8	BUILDING - MARICOPA-2019	12/01/20	105,595	2,707	2,708
9	BUILDING - MARICOPA-2019	12/01/20	1,772	46	46
10	BUILDING - MARICOPA-2019	12/01/20	2,813	72	73
11	BUILDING - MARICOPA-2019	12/01/20	119,770	3,071	3,071
12	BUILDING - 77 GENERAL COOK TR	8/01/21	213,117	5,464	5,465
13	BUILDING - ANNA HOUSE	8/01/21	74,740	1,917	1,917
22	IMPROVEMENTS - 77 GENERAL COOK	8/01/21	114,757	2,943	2,943
23	IMPROVEMENTS - ANNA HOUSE	8/01/21	93,698	2,402	2,402
24	IMPROVEMENTS - MARICOPA	5/16/21	9,487	244	243
30	BUILDING - COOLIDGE	3/13/23	535,000	13,718	13,718
			<u>2,531,084</u>	<u>63,936</u>	<u>64,783</u>
Other Depreciation:					
14	CONEX STORAGE	8/01/21	2,564	367	367
17	RV-KEYSTONE CAMP VERDE	8/01/21	4,858	971	0
19	FURNITURE & EQUIPMENT	1/01/13	17,271	0	0
20	FURNITURE & FIXTURES	1/01/13	1,132	0	0
21	OFFICE EQUIPMENT	12/31/15	2,500	0	0
25	LAND	1/01/95	83,220	0	0
26	LAND - MARICOPA	9/01/18	27,000	0	0
27	LAND - 77 GENERAL COOK TRAIL	8/01/21	163,000	0	0
28	LAND - ANNA HOUSE	8/01/21	25,000	0	0
29	LAND - COOLIDGE	10/16/23	80,000	0	0
	Total Other Depreciation		<u>406,545</u>	<u>1,338</u>	<u>367</u>
	Total ACRS and Other Depreciation		<u>406,545</u>	<u>1,338</u>	<u>367</u>
	Grand Totals		<u>2,937,629</u>	<u>65,274</u>	<u>65,150</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>AZ</u>
<u>Prior MACRS:</u>				
1	BUILDINGS - APARTMENTS	1/01/91	37,588	0
2	BUILDING - CENTER	1/01/95	149,192	3,826
3	IMPROVEMENTS	1/01/08	10,595	271
4	IMPROVEMENTS - 1640 MCD	12/31/16	303,070	7,771
5	IMPROVEMENTS - 1640 MCD	1/01/17	195,040	5,001
6	BUILDING 1640 MCDOWELL	1/01/17	550,000	14,102
7	BUILDING - 1530 MCDOWELL	1/05/18	14,850	381
8	BUILDING - MARICOPA-2019	12/01/20	105,595	2,707
9	BUILDING - MARICOPA-2019	12/01/20	1,772	46
10	BUILDING - MARICOPA-2019	12/01/20	2,813	72
11	BUILDING - MARICOPA-2019	12/01/20	119,770	3,071
12	BUILDING - 77 GENERAL COOK TR	8/01/21	213,117	5,464
13	BUILDING - ANNA HOUSE	8/01/21	74,740	1,917
22	IMPROVEMENTS - 77 GENERAL COOK	8/01/21	114,757	2,943
23	IMPROVEMENTS - ANNA HOUSE	8/01/21	93,698	2,402
24	IMPROVEMENTS - MARICOPA	5/16/21	9,487	244
30	BUILDING - COOLIDGE	3/13/23	535,000	13,718
			<u>2,531,084</u>	<u>63,936</u>
<u>Other Depreciation:</u>				
14	CONEX STORAGE	8/01/21	2,564	367
17	RV-KEYSTONE CAMP VERDE	8/01/21	4,858	971
19	FURNITURE & EQUIPMENT	1/01/13	17,271	0
20	FURNITURE & FIXTURES	1/01/13	1,132	0
21	OFFICE EQUIPMENT	12/31/15	2,500	0
25	LAND	1/01/95	83,220	0
26	LAND - MARICOPA	9/01/18	27,000	0
27	LAND - 77 GENERAL COOK TRAIL	8/01/21	163,000	0
28	LAND - ANNA HOUSE	8/01/21	25,000	0
29	LAND - COOLIDGE	10/16/23	80,000	0
	Total Other Depreciation		<u>406,545</u>	<u>1,338</u>
	Total ACRS and Other Depreciation		<u>406,545</u>	<u>1,338</u>
	Grand Totals		<u>2,937,629</u>	<u>65,274</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 591		14			
TOTAL	<u>\$ 591</u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER SERVICES	\$ 112,477	\$ 26,465	\$ 13,540	\$ 72,472
TOTAL	<u>\$ 112,477</u>	<u>\$ 26,465</u>	<u>\$ 13,540</u>	<u>\$ 72,472</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK & MERCHANT FEES	\$ 14,702	\$ 3,535	\$ 11,167	\$
SUPPLIES	11,317	8,607	2,710	
POSTAGE & PRINTING	7,904	5,410	2,494	
MISCELLANEOUS	6,782	6,736	37	9
DUES & SUBSCRIPTIONS	5,778	1,844	3,934	
TOTAL	<u>\$ 46,483</u>	<u>\$ 26,132</u>	<u>\$ 20,342</u>	<u>\$ 9</u>

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER CONTRIBUTIONS	\$ 317,974
STATE OF ARIZONA - ARIZONA DEPT CASH CONTRIBUTION	200,000
FINISH LINE FOUNDATION II, INC. CASH CONTRIBUTION	100,000
THE VIRGINIA G PIPER CHARITABLE CASH CONTRIBUTION	90,000
NATIONAL CHRISTIAN FOUNDATION-SW CASH CONTRIBUTION	88,750
VANDENBURGH, BRIAN & LISA CASH CONTRIBUTION	81,726
AMERICAN NATIONAL/EVERY MOTHER'S CASH CONTRIBUTION	40,500
MARTENS, DAVID & HEIDI CASH CONTRIBUTION	32,483

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
HAMPTON, RICHARD & SHERRI CASH CONTRIBUTION	\$ 30,291
VAN HORN FOUNDATION CASH CONTRIBUTION	30,000
OTTO & EDNA NEELY FOUNDATION CASH CONTRIBUTION	28,300
BETH & RAVENEL CURRY FOUNDATION CASH CONTRIBUTION	25,000
COYOTE STEEL SERVICES, INC CASH CONTRIBUTION	25,000
THOMAS N ABDELLA MD FOUNDATION CASH CONTRIBUTION	25,000
SPRINGS CHAPEL AT SUNLAND SPRINGS CASH CONTRIBUTION	23,201
LYNN LONDEN CASH CONTRIBUTION	21,000
BIEDERBECK, RICK AND KATHY CASH CONTRIBUTION	20,000
NEW CITY CHURCH CASH CONTRIBUTION	20,000
THUNDERBIRDS CHARITIES CASH CONTRIBUTION	20,000
JERRY B WILMOUTH CASH CONTRIBUTION	18,000
PROCUNIER, MONICA CASH CONTRIBUTION	16,655
CRISTOFELLIS, ROUSHAN CASH CONTRIBUTION	15,150
HILL, ELMER CASH CONTRIBUTION	15,000
QUINTUS, INC CASH CONTRIBUTION	14,000
SHIELDS, SANDY CASH CONTRIBUTION	13,588
ARIZONA COMMUNITY FOUNDATION CASH CONTRIBUTION	13,000
THE BENEVITY COMMUNITY IMPACT FUND CASH CONTRIBUTION	12,427

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
LUCKY, LAURA	\$
CASH CONTRIBUTION	12,140
DECA CREMATION SERVICES, INC	
CASH CONTRIBUTION	12,000
WINGERSKY, TIM & MARCELLA	
CASH CONTRIBUTION	12,000
BIG BROTHERS BIG SISTERS OF CENTRAL	
CASH CONTRIBUTION	11,787
MARTENS, PHILIP & SUSIE	
CASH CONTRIBUTION	10,841
KNIGHTS OF COLUMBUS POPE JOHN PAUL 1	
CASH CONTRIBUTION	10,647
WINEMAN, JACK & SHARON	
CASH CONTRIBUTION	10,100
SEASON FOR SHARING	
CASH CONTRIBUTION	10,000
THE WISE FAMILY FOUNDATION	
CASH CONTRIBUTION	10,000
FIDELITY CHARITABLE	
CASH CONTRIBUTION	9,900
CAMELBACK BIBLE CHURCH	
CASH CONTRIBUTION	9,500
LOWE, SUSAN	
CASH CONTRIBUTION	9,289
ESPACIO VITAL GLOBE V118	
CASH CONTRIBUTION	9,175
KATHLYNN M ROYBAL	
CASH CONTRIBUTION	8,000
JAMES, LISA	
CASH CONTRIBUTION	7,700
ARIZONA YOUTH PARTNERSHIP	
CASH CONTRIBUTION	7,250
SEELEY, BRETT & BRIDGETTE	
CASH CONTRIBUTION	7,219
PHOENIX UNITED REFORMED CHURCH	
CASH CONTRIBUTION	7,126
REIMERS, TOM & ALYSSA	
CASH CONTRIBUTION	7,100

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
MISKELL, JAIME	\$
CASH CONTRIBUTION	6,819
BOTTOLFSON, TIFFANY	
CASH CONTRIBUTION	6,559
KOSTRIVAS, BILL & MARY	
CASH CONTRIBUTION	6,163
HANSON, CYNTHIA	
CASH CONTRIBUTION	6,003
REDEMPTION GATEWAY	
CASH CONTRIBUTION	6,000
SCHWAB CHARITABLE	
CASH CONTRIBUTION	6,000
GRAPEVINE GIVING FOUNDATION	
CASH CONTRIBUTION	5,664
LIFEPOINT CHRISTIAN FELLOWSHIP	
CASH CONTRIBUTION	5,550
NARDUCCI, KYLE & TAYLOR	
CASH CONTRIBUTION	5,400
KIELMEYER, JONATHAN & KEIRA	
CASH CONTRIBUTION	5,240
ANOTHER JOURNEY, INC.	
CASH CONTRIBUTION	5,162
LUKE, DON	
CASH CONTRIBUTION	5,050
ACAIR FOUNDATION	
CASH CONTRIBUTION	5,000
CARMODY, TOM & LAURIE	
CASH CONTRIBUTION	5,000
CRISWELL, LINDA	
CASH CONTRIBUTION	5,000
DONALD NORRIS PROCUNIER TTE	
CASH CONTRIBUTION	5,000
HERBERT H. & BARBARA C DOW FOUNDATIO	
CASH CONTRIBUTION	5,000
MANTIS SHRIMP LLC, DBA CAMBIUM WLS	
CASH CONTRIBUTION	5,000
NATIONAL CHRISTIAN FOUNDATION	
CASH CONTRIBUTION	5,000

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
ODOM, BEN & SUSAN	\$
CASH CONTRIBUTION	5,000
RENAISSANCE CHARITABLE FOUNDATION	
CASH CONTRIBUTION	5,000
VANGUARD CHARITABLE	
CASH CONTRIBUTION	5,000
VELDA ROSE CHARITABLE FOUNDATION INC	
CASH CONTRIBUTION	5,000
WARNER, WILLIAM & STACY	
CASH CONTRIBUTION	5,000
NIGHT OF HOPE	
CASH CONTRIBUTION	317,287
TOTAL	<u>\$ 1,965,716</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 591
RENTAL INCOME	40,634
TOTAL	<u>\$ 41,225</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
RESIDENT PROGRAM FEE	\$ 495
MERCHANDISE SALES	102,670
NIGHT OF HOPE	121,531
TOP GOLF	
OTHER	
TOTAL	<u>\$ 224,696</u>

Federal Statements

NIGHT OF HOPE

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EVENT EXPENSES	\$ <u>53,284</u>
TOTAL	\$ <u><u>53,284</u></u>