(Rev. January 2020)

Department of the Treasury internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2019

Open to Public Inspection

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.

For the 2019 calendar year, or tax year beginning 5/1/2019 4/30/2020 and ending C Name of organization Check if applicable HARPERS CHOICE COMMUNITY ASSOCIATION, INC. D Employer identification number Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) 52-0993424 Name change 5440 OLD TUCKER ROW Telephone number ZIP code Initial return City or town (410) 730-3888 COLUMBIA MD 21044 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 749.355 Amended return G Gross receipts \$ F Name and address of principal officer Yes X Application pending H(a) Is this a group return for subordinates? REBECCA BEALL 5456 ENDICOTT LANE, COLUMBIA, MD 21044 H(b) Are all subordinates included? If "No," attach a list. (see instructions) 501(c)(3) X 501(c) 4947(a)(1) or 527 Tax-exempt status ) < (insert no.) Website: ► harperschoice.org H(c) Group exemption number ▶ X Corporation Form of organization: Trust Association Other > L. Year of formation. M State of legal domicile MD Part I Summary Briefly describe the organization's mission or most significant activities: 1 HCCA is a community organization that Activities & Governance administers programs and special events for the residents of the community. It is also responsible for the operation, maintenance, and development of community facilities. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 2 3 Number of voting members of the governing body (Part VI, line 1a). 3 5 Number of independent voting members of the governing body (Part VI, line 1b). 4 5 15 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 10 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 1.684 Net unrelated business taxable income from Form 990-T, line 39 0 Prior Year **Current Year** 394,212 398.564 8 Contributions and grants (Part VIII. line 1h) Revenue 346,306 350,426 9 Program service revenue (Part VIII, line 2g) . 365 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 203 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 749,355 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 740,721 12 Grants and similar amounts paid (Part IX, column (A) lines 1-3). 0 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 432,938 456,657 Salaries, other compensation, employee benefits (Part IX column (A), Lnes 5–10) 15 Professional fundraising fees (Part IX, column (A), line 11e). 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 298,975 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 282,095 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 738.752 731,913 18 Revenue less expenses. Subtract line 18 from line 12 1.969 17,442 19 Net Assets or Fund Balances Beginning of Current Year End of Year 282,028 20 Total assets (Part X, line 16) 405.835 21 266,612 125,362 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Check X If Paid 8/7/2020 self-employed P00104306 DEBORAH L HERMAN Preparer Firm's name DEBORAH L. HERMAN, CPA Firm's EIN ► 52-1302736 Use Only Firm's address ► 3036 PATUXENT OVERLOOK CT., ELLICOTT CITY, MD 21042 (410) 461-6992 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions)

4d		services (Describe on Schedule O.)	ı
	(Eynenses \$	28 974 including gran	t

19,928 ) (Revenue \$

1,799 )

4e Total program service expenses

582,662

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.			
2		1		X
3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		Х
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If			
7	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
u	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		_
19	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		X
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Par	t IV Checklist of Required Schedules (continued)	70 12 1	<u> </u>	age
			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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			l
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ĺ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			lgi (i
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1
	If"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			1
	If"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N, Part I	31	ļ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		\ \ <u>\</u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	24		
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	25h	1	
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		
27	organization? If "Yes," complete Schedule R, Part V, line 2.  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20		137		$\stackrel{\wedge}{\vdash}$
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Da		1 30		Ь
Fel	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule C contains a response of note to any line in this Falt V		Yes	<u> </u>
4	Financial and the property of	F1 (6)	res	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>-1</b> 1		
b		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	X	
	gaming (gambling) winnings to prize winners?	10	_ ^	

Part	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		100	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	Ì
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	Х	
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		Х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b> </b>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b> </b>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	inger'		
•	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		<del> </del>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		İ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	<del> </del>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
, and	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10		15		X
	excess parachute payment(s) during the year			
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<b></b> -	X
	If "Yes," complete Form 4720, Schedule O.			<u></u>

1 91111 3	HARPERS CHOICE COMMUNITY ASSOCIATION, INC. 52-099	3424	. Р	age <b>0</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	a "No' ee ins	' struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI.			X
Sect	ion A. Governing Body and Management			,
4 -			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5 6	X	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-	_^_	
,	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a 8b	X	-
ь 9	Each committee with authority to act on behalf of the governing body? .  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	90	<u> </u>	<u> </u>
3	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (	Code.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405		
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	-
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	<del>  ^</del>	<del>                                     </del>
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	ļ
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	ļ	X
b	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	16b		
Soot	the organization's exempt status with respect to such arrangements?	100	I	1
17	List the states with which a copy of this Form 990 is required to be filed			
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			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	псу,		
20	and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records	•		
~~	HARPERS CHOICE COMMUNITY ASSOC. (410) 730-3888			

5440 OLD TUCKER ROW, COLUMBIA, MD 21044

HARPERS CHOICE COMMUNITY ASSO	CIATION	INC
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Form 990 (2019)

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if heither the organization hor any	related organiz	ation	COL	npe	nsa	ted ar	iy C	urrent onicer, dir	ector, or trustee.	
(A) Name and title	(B) Average hours	box,	unles er an	Pos neck ss pe	rson	e than o is both or/truste	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEPHEN INGLEY	40.00									
VILLAGE MANAGER	0.00			X	ļ	X		100,563	0	6,034
(2) REBECCA BEALL BOARD CHAIR	2.00 0.00	1		x				0	0	0
(3) LAUREN AVANT	2.00									
BOARD MEMBER	0.00	X	<u> </u>	X	<u> </u>			0	0	0
(4) RALPH PAEZ	2.00	1								
BOARD MEMBER	0.00	+	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0	0	0
(5) JOEL HUREWITZ	2.00	1								
BOARD MEMBER	0.00	+	<u> </u>	L_	<u> </u>	ļ		0	0	0
(6) BRYNN CONOVER	2.00			1						
BOARD MEMBER	0.00	<del></del>	ļ	ļ		<u> </u>		0	0	0
(7) ALAN KLEIN	4.00	1								
COL COUNCIL REP.	0.00	X_	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0	0	0
(8)										
(9)										
(10)										
(11)										
(12)			<del> </del>							
(13)			<del> </del>		$\vdash$					
(14)			<del> -</del>		-					

P	Section A. Officers, Directors, Tru	istees, Key Emj	ploye	es,	((	C)	ghes	t Co	ompensated Em	ployees (contin	ued)		
	(A) Name and title	(B) Average hours	box,	unles	neck ss pe	rson	than o	an	(D) Reportable	(E) Reportable	(F) Estimated amount of other		
		per week (list any hours for related organizations below dotted line)	or director	T	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comper from organiza related org	nsation the t on and	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)				<u> </u>									
(23)													
(24)				-								·	
(25)													
1b	Subtotal		<u> </u>	L	L	L		<b>&gt;</b>	100,563	0		6,034	
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)							<b>&gt;</b>	100,563	0		6,034	
2	Total number of individuals (including but not lin	mited to those lis					recei		<del></del>		<u> </u>	1	
	reportable compensation from the organization										Ye	s No	
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>		•				-		ompensated		3	X	
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.									h	4	X	
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Yo										5	×	
Sec	tion B. Independent Contractors	co, complete of	JII GUL	110 0	101	540	,50,		<u></u>				
1	Complete this table for your five highest compecompensation from the organization. Report co										tax year.		
	(A) Name and business add								(B) Description of ser		(C) Compensat		
												0	
								-				0	
												0	
	Total number of independent contractors (inclu-	ding but not limit	tod to	the	SC 1	icto	d aba		who received			0	
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-		LITC	13C	iole	u abt	0 0					

Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a re	sponse or	note to any lin	e in	this Part VIII.			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S (0	1a	Federated campaigns		1a		0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				0				
	С	Fundraising events .			<del></del>	0				
	d	Related organizations			<del> </del>	0				
	e	Government grants (contrib			<b>1</b>	n				
ig.	f	All other contributions, gifts				Ť				
tion a	•	similar amounts not include			398,5	64				
the the	q	Noncash contributions inclu		·	- 300,0	<u> </u>				
Contribution and Other	9	lines 1a–1f		1g	<sub>\$</sub>	0				
3 E	h	Total. Add lines 1a–1f				<b>D</b>	398,564			
		Total / Total	<del></del>	· · · · · · · ·	Business Code	•	000,00			
9	2a	LEASE AND RENTAL REV	ENUE		900099		347,159	347,159		
اہ خ	b	TUITION AND ENROLLME		NUE	900099		0	0		
Se	C	SPECIAL EVENT REVENU		NATURAL.	900099		1,468	1,468		
E S	d						0			
P. S.	е						0			
Program Service Revenue	f	All other program service re					1,799	115	1,684	
<b>-</b>	g	Total. Add lines 2a–2f.				<b>&gt;</b>	350,426			
	3	Investment income (includir								
		other similar amounts)				▶	365	365		
	4	Income from investment of				▶	0			
	5	Royalties				▶	0			
		•		(i) Real	(ii) Personal					
	6a	Gross rents	6a							
	b	Less: rental expenses .	6b							
	С	Rental income or (loss)	6c	(		0				
	d	Net rental income or (loss)				<b></b>	0			
	7a	Gross amount from	(i	) Securities	(ii) Other			750		
		sales of assets								
		other than inventory.	7a	(		0				
ne	b	Less: cost or other basis								
le l		and sales expenses	7b	(	)	0				
Revenue	С	Gain or (loss)	7c	(		0				
. 1	d			<u></u>	<u> </u>	<b>&gt;</b>	0		<u></u>	
Other	8a	Gross income from fundrais	sing							
0		events (not including \$		0						
		of contributions reported or				_				
		See Part IV, line 18		-		<u> </u>				
	b	Less: direct expenses				0				
	C	Net income or (loss) from fu	-		<del></del>	<u> </u>	0		Curid In Lean 1	
	9a	Gross income from gaming				^				a Terra Nacional
		See Part IV, line 19.			<del></del>	<u>0</u>				
	b	Less: direct expenses			·+		0	Providence		
	C	Net income or (loss) from g Gross sales of inventory, le	_	livities	<u> </u>			With 1988 103 105 115		
	10a	returns and allowances.		10a		0				ar e
	h	Less: cost of goods sold.			<del></del>	0				de la
	b	Net income or (loss) from s		L		$\overline{\triangleright}$	0	at at the strategy satisfies		ì
	С	THE CHICOTHE OF (1055) ITOTH S	100 OI III	werttory.	Business Code	 e				
Snc (	11a				2,311,332,332		0	e in airt ainn an Ann aire e a' an airt		
scellaneo Revenue	b						0			
ke la	C						0			
Miscellaneous Revenue	d	All other revenue					0			
Ξ	e	Total. Add lines 11a-11d				<b></b>	0			
	12	Total revenue. See instruc				<b>&gt;</b>	749,355	349,107	1,684	0

### 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 Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0		Market Control	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	100,563	75,422	25,141	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			
-	persons described in section 4958(c)(3)(B)	0	100 100	20.004	
7 8	Other salaries and wages	251,204	188,403	62,801	
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	24.002	15 707	E 205	
9	Other employee benefits	21,062 33,040	15,797 24,780	5,265 8,260	
10	Payroll taxes	<del></del>	20,302	6,260	
11	Fees for services (nonemployees):	27,069	20,302	0,707	
a	Management	o			
b	Legal	2,187	2,187		
c	Accounting	12,959	9,719	3.240	
d	Lobbying	0	0,710	0,210	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0		<u> </u>	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	43,448	32,586	10,862	
12	Advertising and promotion	821	821	· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	36,970	29,576	7,394	
14	Information technology	4,702	4,702		
15	Royalties	0			
16	Occupancy	147,769	134,379	13,390	
17	Travel.	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	605	605		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,554	11,666		0
23	Insurance	3,215	2,411	804	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	NICIAICLETTED	7,624	7,624		-96 (p. 111 a - 12
a b	DONATIONS	3,703	3,703		
C	SPECIAL EVENTS EXPENSES	13,663	13,663		
d	STAFF DEVELOPMENT	5,755	4,316	1,439	
e	All other expenses	0,700	4,010	1,100	
25	Total functional expenses. Add lines 1 through 24e	731,913	582,662	149,251	C
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  if				
	following SOP 98-2 (ASC 958-720)				
					E 000 (2040)

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

					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			168,260	1	144,643
	2	Savings and temporary cash investments			195,250	2	104,990
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	2,000
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			0	5	Barrier and Strategic Control of the
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		,	0	6	■ New 13 (1 1909 17 1 1909 17 17 17 19 19 19 19 19 19 19 19 19 19 19 19 19
its	7				0	7	0
Assets	8	Inventories for sale or use			0	8	
Ÿ	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment: cost or	1		•		
		other basis. Complete Part VI of Schedule D	10a	238,940			
	b	Less: accumulated depreciation	10b	208,545	42,325	10c	30,395
	11	Investments—publicly traded securities		<u> </u>	0	11	0
	12	Investments—other securities. See Part IV, line			ol	12	0
	13	Investments—program-related. See Part IV, line			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ			405,835	16	282,028
	17	Accounts payable and accrued expenses			64,590	17	52,774
	18	Grants payable			0 1,000	18	32,
	19	Deferred revenue			143,780	19	19,177
	20	Tax-exempt bond liabilities			0	20	10,177
	21	Escrow or custodial account liability. Complete I			Ö	21	
s	22	Loans and other payables to any current or form				4 1	
Liabilities	22	trustee, key employee, creator or founder, subs					
Pi		controlled entity or family member of any of the			0	22	Carried Services
Lia	23	Secured mortgages and notes payable to unrela			0	23	0
	24	Unsecured notes and loans payable to unrelate		•	0	24	0
	25	Other liabilities (including federal income tax, pa		•			
	23	parties, and other liabilities not included on lines	•				
		B 11/ 10 1 1 1 B		+). Complete	58,242	25	53,411
	26	Total liabilities. Add lines 17 through 25			266,612	26	125,362
	20				200,012		Reference to the control of the cont
Balances		Organizations that follow FASB ASC 958, che	eck ne	re 🕨 🔼			불 음 사람이 모든
an	0.7	and complete lines 27, 28, 32, and 33.			130 003	27	156.666
Bai	27				139,223	27 28	130,000
Þ	28	Net assets with donor restrictions			0		No description. A - Profit of the Control of the Co
בַּ		Organizations that do not follow FASB ASC 9	958, cr	eck here			
or Fund		and complete lines 29 through 33.				-00	主義者の記憶が出まった。
ts	29	Capital stock or trust principal, or current funds			0	29	
Se	30	Paid-in or capital surplus, or land, building, or e			0	30	
As	31	Retained earnings, endowment, accumulated in			0	31	450,000
Net Assets	32	Total net assets or fund balances			139,223		156,666
<u>~</u>	33	Total liabilities and net assets/fund balances.	· · ·	<u> </u>	405,835	33	282,028

	990 (2019) HARPERS CHOICE COMMUNITY ASSOCIATION, INC.	52-	0993424	Pag	ge <b>12</b>
Par	XI Reconciliation of Net Assets			· · · · ·	-
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		749	9,355
2	Total expenses (must equal Part IX, column (A), line 25)	2		73	1,913
3	Revenue less expenses. Subtract line 2 from line 1	3		17	7,442
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		139	9,223
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		156	5,666
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	L			Yes	No
1	Accounting method used to prepare the Form 990:		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u>X</u>	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			1969	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b		1

Form **990** (2019)

### SCHEDULE D (Form 990)

Department of the Treasury

**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.

OMB No. 1545-0047 **Open to Public** 

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number HARPERS CHOICE COMMUNITY ASSOCIATION, INC. 52-0993424 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) | Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(i) Revenue included on Form 990, Part VIII, line 1 

following amounts required to be reported under FASB ASC 958 relating to these items: 

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

209,876

С

d

Other

179,481

▶

0

30,395

30,395

Schedule D (F	orm 990) 2019 HARPERS CHOICE COMMUN	ITY ASSOCIATION. I	NC.	52-0993424	Page 3
Part VII	Investments—Other Securities.				95
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11b. See I	Form 990, Part X, line	e 12.
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value	
(1) Financia	al derivatives	C			
(2) Closely	held equity interests	C			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)				· · · · · · · · · · · · · · · · · · ·	
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	C			
Part VIII	Investments—Program Related.				4.0
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See I	Form 990, Part X, line	e 13.
	(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	W. C.				
(7)					
(8)					
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	C			
Part IX	Other Assets.				
	Complete if the organization answered " (a) Description		Part IV, line 11d. See I	Form 990, Part X, line (b) Book va	
(1)	(a) Descri	DUON		(b) Book va	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		•	(
Part X	Other Liabilities.				
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11e or 11f	r. See Form 990, Pan	tΧ,
	line 25.			(1) 0 - 1	
1.		ion of liability		(b) Book va	
	l income taxes UED PAYROLL				( 15,810
					37,601
(4)	UED VACATION LEAVE				57,00
(5)					
(6)					
(7)		1	***************************************		
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) li	ne 25.) .		•	53,41
	(B) III				1

Par	Reconciliation of Revenue per Audited Financial Statements		r 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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	C
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines <b>4a</b> and <b>4b</b>	<del></del>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	XII Reconciliation of Expenses per Audited Financial Statement			
ган	Complete if the organization answered "Yes" on Form 990, Part		dei Retuill.	
1	T-t-land and the second	TV, IIIC 12a.	. 1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	20		
a		2a   2b		
b	Prior year adjustments			
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
e	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4	Investment eveness act included on Form COO. Bort VIII. Size 75	4-	4 × 2 × 4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)	4b		C
a b c	Other (Describe in Part XIII.)	4b		(
a b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.	4b	. 5	(
a b c 5 Part	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	C t X, line
a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, line
a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, line
a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, line
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a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, line
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a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, line
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a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, line
a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, fine
a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, fine
a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, line
a b c 5 Part	Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	. 5 Part V, line 4; Par	t X, line

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HARPERS CHOICE COMMUNITY ASSOCIATION, INC.

Employer identification number

52-0993424

Form 990, Part III, Line 4d: Program Service Expenses: 28,974, Grants and allocations:
19,928, Revenue: 1,799 NEWSLETTER AND MISCELLANEOUS EXPENSES - EXPENSES INCURRED IN
PUBLISHING PERIODIC NEWSLETTERS USED TO INFORM COMMUNITY OF PROGRAMS, EVENTS, AND ACTIVITIES
AVAILABLE AND OTHER SERVICES MADE AVAILABLE TO THE COMMUNITY
Form 990, Part VI, Section B, Line 11A. THE COMPLETED FORM 990 HAS BEEN PROVIDED TO ALL BOARD
MEMBERS VIA EMAIL FOR REVIEW PRIOR TO SUBMISSION.
Form 990, Part VI, Section B, Line 15B: EMPLOYEE WAGES ARE BASED ON AN INDEPENDENT SALARY
STUDY.
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION POSTS ITS GOVERNING DOCUMENTS AND
POLICIES ON ITS WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN THE ORGANIZATION
OFFICE
Form 990, Part VI, Section A, Line 6, 7A, 7B: THE HARPER'S CHOICE COMMUNITY RESIDENTS/MEMBERS
ANNUALLY ELECT THE MEMBERS OF THE BOARD/GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF
THE BOARD. THEY HAVE THE RIGHT TO ELECT OR APPOINT MEMBERS OF THE BOARD.
Form 990, Part XI, Line 9: ROUNDING
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

## Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172
2019

Sequence No. **179** 

Department of the Treasury Internal Revenue Service

(99)

Attach to your tax return.
 Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Business or activity to which this form relates Identifying number HARPERS CHOICE COMMUNITY ASSOCIATIO 990 52-0993424 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,020,000 Total cost of section 179 property placed in service (see instructions). 2 3,131 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . 3 2,550,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 1,020,000 6 (a) Description of property (b) Cost (business use only) (c) Elected cost **FURNITURE** 42 42 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 42 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . . . . . 9 42 **10** Carryover of disallowed deduction from line 13 of your 2018 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11 17.484 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 . . . . 0 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . 14 15 Property subject to section 168(f)(1) election. 15 16 Other depreciation (including ACRS). 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 2019 17 10,543 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/ nvestment use (f) Method (e) Convention (g) Depreciation deduction period in service only-see instructions) 19 a 3-year property HY 309 3.089 5-year property **c** 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L MM S/L 27.5 yrs. property MM S/L i Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20 a Class life S/L **b** 12-year 12 yrs. S/L MM c 30-year 30 yrs. 40 yrs. MM d 40-year Part IV Summary (See instructions.) 4,660 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 15,554 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

			ugh (c) of Sectio												
	Section A-	-Depreciatio	n and Other Inf	ormati	on (Caι	ution: Se	e the in	struc	tions for I	imits for	passe	nger au	ıtomobi	les.)	······
24a	Do you have evidence	to support the l	business/investmen	t use cla	imed?	X Yes	No		24b If "	Yes," is t	he evid	ence wri	tten?	XYes	No
	(a)	(b)	(c)	(	d)		(e)		(f)	(	g)	(	h)		(i)
	Type of property	Date placed	Business/ investment use	Cost or o	ther basis		depreciati s/ investme		Recovery	Met	hod/	Depre	eciation	Elected s	ection 179
	(list vehicles first)	in service	percentage				e only)		period	Conv	ention	dedu	uction	C	ost
25	Special depreciation							_							
	the tax year and us					<u>ıse. See</u>	instruct	ions .		· · · ·	25				<u> </u>
26	Property used mor	e than 50% ir		iness u	se:							·		<b></b>	
			%												
			%			<b></b>			·····						
See s	statement		%										4,660	<u> </u>	
27	Property used 50%	or less in a		s use:		T				,		<del></del>		·	
			%							S/L –		ļ			
			%					_		S/L -		ļ			
			%	l		<u></u>				S/L –	,				
28	Add amounts in co		•					_			28		4,660		
29	Add amounts in co	lumn (i), line								<u> </u>			29	<u> </u>	0
						nation o									
Comp	lete this section for ve	hicles used by	a sole proprietor,	partner	, or othe	r "more t	nan 5% (	owner	," or relate	d persor	ı. If you	provide	d vehicle	es	
to you	ir employees, first ans	wer the questi	ons in Section C t	o see if	you mee	et an exce	eption to	comp	leting this	section f	or those	e vehicle	es.		
20	<b>-</b>				a) icle 1	(l Vehi		.,	(c)	1	d)		e)	1	f)
30	Total business/invest		-	, ven	icie i	Veni	die 2	"	ehicle 3	Vehi	Cie 4	Veni	icle 5	ven	icle 6
0.4	the year (don't inclu	-				ļ		<b> </b>		ļ		ļ			
31	Total commuting mile		- •			<del> </del>		<del> </del>		ļ		<del> </del>			
32	Total other personal	•	J,												
22	miles driven					ļ		<del> </del> -							
33	Total miles driven du														
24	lines 30 through 32			<del></del>	T			<del> </del> -	T	<del></del>	T	<del> </del>	T		ı
34	Was the vehicle avai	•		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
25	use during off-duty h				<del> </del>	<del> </del>		<del> </del>		-					
35	Was the vehicle used							ŀ							
20	5% owner or related				<del> </del>	ļ		<del> </del> -				-			ļ
36	Is another vehicle av					<u></u>	1 - 1 - 1 -		<u> </u>			L		L	l
A = ===	arthaga waatigaa t		Questions for I											-14	
	er these questions to than 5% owners or				n to cor	npieting	Section	B to	venicies	used by	y empio	oyees w	no <b>are</b> i	11	
37							hiolog i			ting by				Voc	No
31	Do you maintain a w your employees?	•	·						•	ung, by				Yes	No
38	Do you maintain a w		atement that nichi							by your					
30	employees? See the		•	•					-						
39	Do you treat all use of												•		
40	Do you provide more														<del></del> -
	use of the vehicles, a														
41	Do you meet the req														
• •	Note: If your answer		• ,												
Part														J	
		(a)			(b)		(c)			d)		(e)		1	f)
	Descrip	tion of costs		Date a	mortizatio	on Am	ortizable a	amount		section		Amortizatio period or		·	for this year
				l	pegins							percentage			•
42	Amortization of cos	sts that begin	s during your 20	19 tax	year (se	e instru	ctions):				•				
								·—·—·					,		
43	Amortization of cos	sts that begar	before your 20	19 tax v	ear .								43	1	-
	Total. Add amount	_	•										44		0

# Form 4562 Statement - 990

Item Description of Placed No Property In Service MACPS deductions for principle and 171	J. IOIN, IIN	32-0333424	47476												
Description of Property in  on Detail	٦٠,٠	_	Buringer	Cost or						L		200	Dr. C. A. C. C.	0,000	0700
Property In	Placed		Use	Other	Sec. 179		Special	Salvage	Recovery	Recovery	ery .	vention	Deprec.,	6107	Accum.
on Detail	in Service	Code	%	Basis	Deduction	Credit	Allowance	Value	Basis	Period	d Method	Code	179, Bonus	Deprec.	Deprec.
out to a prior years (1 inc															
actions for prior years (Line	17)														
CHAIRS 4//	4/21/2013	F-11	100.00%	2.216	0	0		0	2,216	2 9	SCODS	¥	2,058	158	2,216
	4/21/2013	F-1	100.00%	3,378	0	0		0	3,378		SC/CDS	¥	3,137	241	3,378
OFFICE FURNITURE 1/	1/15/2014	F-11	100.00%	4,670	0	0		0	0 4,670		SUGDS	Ή	3,669	299	4.336
BALLROOM CHAIRS 21/	2/27/2014	F-11	100.00%	11,572	0	0		0	11,572		SU/GDS	Ή	960'6	1,655	10,751
TABLES 7/	7/9/2014	F-11	100.00%	1.072	0	0		0	1,072		SU/GDS	¥	813	215	1,028
LOBBY LIGHT FIXTURES 8/	8/4/2014	F-11	100.00%	1,200	0	0		0	1,200		SU6DS		1,080	120	1,200
•	12/1/2014	F-11	100.00%	4,397	0	0		0			SUGDS		3,957	490	4,447
ICEMAKER 5/-	5/13/2015	F-11	100.00%	2,727	0	0		0			SU/GDS		1,908	545	2.453
FLOOR SCRUBBER 5/7	5/27/2015	F-11	100.00%	4,558	0	0	0	0		8 5	SU/GDS	¥	3,191	912	4.103
MO	6/15/2016	F-1	100.00%	8,676	0	0		0			SI/GDS		4,338	1,735	6,073
	8/11/2017	F-11	100.00%	2,762	0	0		0			SU/GDS		8228	552	1,380
	4/18/2018	F-11	100.00%	5,400	0	0		0			SU/GDS		1.620	1.080	2.700
TABLES 4/2	4/23/2018	F-11	100.00%	1,901	0	0		0			SU/GDS	Ή	220	380	950
υ	6/29/2018	F-11	100 00%	7.500	C	C		· C			SOD/IS		750	1 500	2 250
OCIAI ROOM	9/17/2018	- t	100.00%	1.465	o c						2000		777	000,1	2,230
	01/2/10	=	00.00	, -	0	>		0			2000	_	4	687	044
Total MACRS deductions for prior years (Line 17)	years (Line	(21		63,494	0	0	0	0	63,494	l <del>~</del> 1			37,162	10,543	47,705
GDS 5-year property (Line 19b) CHAIRS - SOCIAL ROOM	2/4/2020	F-1	100.00%	3,089	0	0	0	0	3,089	9 5	SU/GDS	Ħ	0	309	309
Total GDS 5-year property (Line 19b)	(Q			3,089	0	0	0	0	3,089	اما			0	309	309
										1					
Subtotal Depreciation			ļ	66,583	0	0	0	0	66,583	രി			37,162	10,852	48,014
Listed Property															
Listed property with more than 50% business use (Line 25 and 26)	siness use (I	Line 25 a	nd 26)	7	c	C		C			i C	2		;	i
	1720/2014	† <u>u</u>	100.00%	20,101	741	<b>&gt;</b> C			01,6	- c	SUGUS	<u>-</u> >	4,590	116	5,101
	14/17/2010	5 1	100.00%	1 7	147					o 4	30,00		4 7	0	147
	12/2010	0 4	100.00%	130	92						2000	È	158	0 00	158
	8/10/2018	٠ ت ب	100.00%	3,108	0 (	0 (		<b>D</b>			SU9/18		TTS.	279	933
JF I WARE	4/30/2018	۲-۲ د ۱	%00.00T	16,400	0	<b>)</b>		O •	-		SU/GDS		4,920	3,280	8,200
LAPIUP 67.	6/24/2015	4	100.00%	1,236	0	Ð		0	1,236		SL/GDS		865	247	1,112
Total listed prop with > 50% business use	ss use			26,744	899	0	0	0	25,845	امرا			11,585	4,660	16,245
Subtotal Listed Property				26,744	899	0	0	0	25,845	امرا			11,585	4,660	16,245
Total Depreciation and Amortization	nortizatio	=		93,327	899	0	0	0	92,428	æ			48.747	15.512	64.259
										11					

## Form 4562 Reconciliation

Annual depreciation and amortization (including Sec 168(f) elected amounts) Special allowance except listed property (Line 14) - current year assets Special allowance - listed property (Line 25) - current year assets

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4/30/2020		2019	Accum.	Deprec.					
		2019		Deprec.			42	0	15,554
		Con- Prior Accum. 2	Deprec	179, Bonus	42	0			
		Con-	vention	Code					
				Method					
			Recove	Perioc					
			Recovery	Basis					
			Salvage	Vaiue					
			Special	Ailowance					
				Credit					
			Sec. 179	Deduction				ine 44)	
		Cost or	Other	Basis	(F			iortization (Li	
	993424	Business	Use	%	ar disallowed	ear		ation and am	
	VC. 52-0		Asset	in Service   Code	es prior ye.	to future y		ual depreci	
	SOCIATION, IN	Date	Placed	in Service	aimed (includ	arried forward	ne 12)	d in total annu	
orm 4562 Statement - 990	HARPERS CHOICE COMMUNITY ASSOCIATION, INC. 52-0993424		Description of	Property	Section 179 amount claimed (includes prior year disallowed)	Section 179 amount carried forward to future year	Section 179 deduction (Line 12)	ess amortization included in total annual depreciation and amortization (Line 44)	Form 4562 , Line 22
orm 4562	HARPERS (		Item	N <sub>O</sub>			Se	ا ا	요
اب.	1								