

FOR TAX YEAR 2024

HANNAHS HOPE MINISTRIES INC

AARRO, Inc.

502 Glenwood Drive

Douglasville, PA 19518

(484) 275-0575

AARRO, Inc.

502 Glenwood Drive
 Douglassville, PA 19518
 aaromas@outlook.com
 Phone: (484)275-0575 | Fax:

Customer Name	Customer Information	
HANNAHS HOPE MINISTRIES INC 736 UPLAND AVENUE Reading, PA 19607-1751	Invoice #:	
	Date:	October 10, 2025
	Phone:	(610)655-7716
	E-mail:	

Your 2024 tax return was prepared by Andrew C Hildebrand.

Description	Fee
Federal And Supplemental Forms	
Form 990	750.00
Form 990 pg 2	
Form 990 pg 3	
Form 990 pg 4	
Form 990 pg 5	
Form 990 pg 6	
Form 990 pg 7	
Form 990 pg 8	
Form 990 pg 9	
Form 990 pg 10	
Form 990 pg 11	
Form 990 pg 12	
Schedule A	
Schedule A pg 2	
Schedule A pg 3	
Schedule A pg 4	
Schedule A pg 5	
Schedule A pg 6	
Schedule A pg 7	
Schedule A pg 8	
Schedule D	
Schedule D pg 2	
Schedule D pg 3	
Schedule D pg 4	
Schedule D pg 5	
Schedule G	
Schedule G pg 2	
Schedule O	
Form 4562	
Form 8868	
Form 8879-TE	
Form 8879-TE	
DEPR - Fed Schedule	
DEPR - Fed Schedule	
DEPR - Next Year	

Statement Sch D	Schedule D - Part VI, Line 1e	
Statement 4562	Form 4562 Statement	
EF Notice	General Information for Electronic Filing	

Total Forms	38	Forms Subtotal	750.00
Adjustments			
DISCOUNT FOR REVIEW PREPARATION			-250.00
FEE FOR FINANCIAL STATEMENT REVIEW			2,000.00
		Subtotal	2,500.00
		Total Balance Due	2,500.00

Payment due upon receipt. Thank you for your business!

**2024 Filing Instructions
HANNAHS HOPE MINISTRIES INC
Tax year ending 12-31-2024**

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

11-17-2025

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

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October 10, 2025

HANNAHS HOPE MINISTRIES INC
736 UPLAND AVENUE
Reading, PA 19607-1751

HANNAHS HOPE MINISTRIES INC:

Enclosed is the 2024 federal return for a tax-exempt organization, prepared for HANNAHS HOPE MINISTRIES INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (484)275-0575.

Sincerely,



Andrew C Hildebrand
AARRO, Inc.

AARRO, Inc.

502 Glenwood Drive
Douglassville, PA 19518
aaromas@outlook.com
Phone: (484)275-0575 | Fax:

October 10, 2025

HANNAHS HOPE MINISTRIES INC
736 UPLAND AVENUE
Reading, PA 19607-1751

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (484)275-0575.

Sincerely,



Andrew C Hildebrand
AARRO, Inc.

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning , 2024, and ending , 20

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

HANNAHS HOPE MINISTRIES INC

45-4674547

Name and title of officer or person subject to tax

KAREN MARSDALE, PRESIDENT CO-CHAIR OF BOD

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	559,528
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

19518

Signature of officer or person subject to tax

Date **10-10-2025**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

237025 19518

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **Andrew C Hildebrand**

Date **10-10-2025**

ERO Must Retain This Form - See Instructions

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. HANNAHS HOPE MINISTRIES INC	Taxpayer identification number (TIN) 45-4674547
	Number, street, and room or suite no. If a P.O. box, see instructions. 736 UPLAND AVENUE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Reading, PA 19607-1751	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KAREN MARSDALE, 736 UPLAND AVENUE READING, PA 19607-1751
 Telephone No. 610-655-7716 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____
 If this is for the whole group, check this box
- If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for

1 I request an automatic 6-month extension of time until 11-17, 20 25, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
 calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason:
 Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2024

Name(s) as shown on return

HANNAHS HOPE MINISTRIES INC

Tax ID Number

****-***4547**

Entity address

736 UPLAND AVENUE

Reading, PA 19607-1751

Thank you for participating in IRS e-file.

1. 2024 8868-01 income tax return for Federal was filed electronically.
The electronic filing services were provided by AARRO, Inc.

2. 8868-01 income tax return was accepted on 05-09-2025 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is 23702520251295zut5hf

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Return of Organization Exempt From Income Tax

2024

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

Form header section containing B (Check if applicable), C (Name of organization: HANNAHS HOPE MINISTRIES INC), D (Employer identification number: 45-4674547), E (Telephone number: (610) 655-7716), G (Gross receipts: \$ 559,528), I (Tax-exempt status: 501(c)(3)), J (Website: N/A), K (Form of organization: Corporation), L (Year of formation: 2012), M (State of legal domicile: PA)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7. Activities & Governance; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances.

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.

Signature block for KAREN MARSDALE, PRESIDENT CO-CHAIR OF BOD. Includes signature and title fields.

Paid Preparer Use Only section for Andrew C Hildebrand, AARRO, Inc., 502 Glenwood Drive, Douglassville PA 19518. Includes preparer's name, signature, date, and firm information.

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

1 Briefly describe the organization's mission:

HANNAH'S HOPE MINISTRIES EXISTS TO IDENTIFY AND PROACTIVELY ADDRESS THE NEEDS OF HOMELESS WOMEN AND THEIR CHILDREN. WE BELIEVE, BY PROVIDING A SUPPORTIVE AND CONSTANT CARE ENVIRONMENT, WOMEN CAN BE RESTORED TO PHYSICAL, EMOTIONAL, AND SPIRITUAL WHOLENESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 162,806 including grants of \$) (Revenue \$)

TRANSFORM PROGRAM: The Transform Program is a residential program that houses single women and their children for up to two years while the women work to transition to independent permanent housing. These services take place in Hannah's Home. Components off the program include case management, employment training, education assistance, life skills training, counseling, parenting classes, financial education, children's programs, Bible studies and discipleship, and community service. In 2018 a group home (known as Hannah's Home) was purchased, prepared, and put in service. This facility, which houses and serves up to six women/children family units at a time, operated at capacity throughout 2019, 2020, 2021, 2022, 2023, and 2024.

4b (Code:) (Expenses \$ 80,188 including grants of \$) (Revenue \$)

CARE PROGRAM: The Care Program is an outreach that provides community services to women and children. This program strengthens women through education and resources to help them become stable physically, emotionally, and spiritually. Care Program outreach includes guidance in parenting, health, nutrition, life skills, finances, emplyment, education, housing, and legal matters. An important component of this program is counseling/guiding clients to other ministries appropriate to their needs. More than 489 persons were served through the Care Program during 2024.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 242,994

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	9		
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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
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 the 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, or 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 columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about governing body members, family relationships, and documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Pennsylvania
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.
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.
KAREN MARSDALE (610) 655-7716, 736 UPLAND AVENUE, Reading, PA 19607-1751

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees 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) MARY MARKS CHIEF ADMINISTRATOR	40.00					X	69,369	0	0	
(2) BETSY SANTIAGO CASE MANAGER	40.00					X	53,000	0	0	
(3) KAREN MARSDALE PRESIDENT CO-CHAIR OF BOD	25.00	X		X			0	0	0	
(4) BARBARA BIEBER VICE PRESIDENT CO-CHAIR OF BOD	4.00	X		X			0	0	0	
(5) DARLENE IMBESI BOARD MEMBER	2.00	X					0	0	0	
(6) YOMARI RIVERA SECRETARY	2.00	X		X			0	0	0	
(7) WILL LOCKHART BOARD MEMBER	2.00	X					0	0	0	
(8) KRISTINA KULLMAN BOARD MEMBER	2.00	X					0	0	0	
(9) CYNTHIA RUTT TREASURER	12.00			X			0	0	0	
(10)										
(11)										
(12)										
(13)										
(14)										

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			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Subtotal							122,369			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							122,369	0	0	

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

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	2,474		
	d	Related organizations	1d			
	e	Government grants (contributions) . .	1e	550,375		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		552,849		
Program Service Revenue	2a	FEES PAID BY CLIENTS	Business Code			
			624200	6,679	6,679	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f		6,679			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real			
			(ii) Personal			
	6b	Less: rental expenses				
	6c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	7b	Less: cost or other basis and sales expenses				
	7c	Gain or (loss)				
	d	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$ <u>2,474</u> of contributions reported on line 1c). See Part IV, line 18	8a				
8b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19	9a				
9b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a				
10b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a		Business Code			
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		559,528	6,679	0	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 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				
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	122,369	53,000	69,369	
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	41,360	41,360		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,823	2,217	1,606	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	2,500		2,500	
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.)	77,400	50,280	13,120	14,000
12	Advertising and promotion	13,614		4,765	8,849
13	Office expenses	3,801	456	798	2,547
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,196		3,196	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,633	22,581	1,052	
23	Insurance	11,496	6,898	2,299	2,299
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					
b	PARTICIPANT EXPENSE	33,557	33,557		
c	HANNAH'S HOUSE OP EXP	32,645	32,645		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	369,394	242,994	98,705	27,695
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)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	350,218	1	197,685
	2	Savings and temporary cash investments	188,168	2	190,562
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,199	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		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	826,337		
	b	Less: accumulated depreciation	95,331	10c	731,006
	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)	975,655	16	1,119,253	
Liabilities	17	Accounts payable and accrued expenses		17	
	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	44,882	23	
	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	4,694	25	3,040
	26	Total liabilities. Add lines 17 through 25	49,576	26	3,040
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	737,911	27	925,651
	28	Net assets with donor restrictions	188,168	28	190,562
	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	926,079	32	1,116,213
33	Total liabilities and net assets/fund balances	975,655	33	1,119,253	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (559,528); Line 2: Total expenses (369,394); Line 3: Revenue less expenses (190,134); Line 4: Net assets at beginning of year (926,079); Line 10: Net assets at end of year (1,116,213).

Part XII Financial Statements and Reporting

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

Table with 7 rows for financial reporting questions. Row 1: Accounting method (Cash checked). Row 2a: Financial statements compiled (Yes checked). Row 2b: Financial statements audited (No checked). Row 2c: Committee oversight (No checked). Row 3a: Federal award audit (No checked). Row 3b: Required audit explanation.

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization HANNAHS HOPE MINISTRIES INC	Employer identification number 45-4674547
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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 must generally 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	219,641	299,894	438,211	534,010	307,735	1,799,491
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	219,641	299,894	438,211	534,010	307,735	1,799,491
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						1,799,491

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	219,641	299,894	438,211	534,010	307,735	1,799,491
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3	3	19	160	1,879	2,064
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.)	7,312	(3,778)	(2,932)			602
11 Total support. Add lines 7 through 10						1,802,157
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.85 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.77 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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 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.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 in 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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		45,000		45,000
b Buildings		737,905	86,821	651,084
c Leasehold improvements				
d Equipment		12,452	8,510	3,942
e Other <i>STMDIE</i>		30,980		30,980
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				731,006

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) PAYROLL TAX PAYABLE	3,040
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,040

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HANNAHS HOPE MINISTRIES INC

Employer identification number

45-4674547

01. Form 990 governing body review (Part VI, line 11)

FORM 990 AND APPROPRIATE SCHEDULES ARE PREPARED BY AARRO INC WITH THE INPUT FROM THE EXECUTIVE DIRECTOR OF THE PROGRAM AND STAFF AS NEEDED. THE COMPLETED RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR, WHO SIGNS AND FILES THE RETURN.

02. Governing documents, etc., available to public (Part VI, line 19)

FINANCIAL STATEMENTS AND OTHER RELEVANT DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST - GRANTING AGENCIES REGULARLY REQUEST SUCH DOCUMENTS.

03. List of other fees for services expenses (Part IX, line 11g)

CONTRACT SERVICES 970

GIFTS 14,790

MISC 468

PAYROLL PROCESSING 7,320

REPAIRS 16,488

SECURITY 3,992

STAFF TRAVEL/ED/TRAINING 3,307

SUPPLIES 1,551

VEHICLE 912

WEB PAGE 482

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

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

Name(s) shown on return HANNAHS HOPE MINISTRIES INC	Business or activity to which this form relates FORM 990 - 1	Identifying number 45-4674547
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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	
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	
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 2023 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 2025. 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	3,911

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 2024	17	11,069
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 2024 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					1,357
c	7-year property	925	7	MO	200 DB	231
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	287,505	39 yrs.	MM	S/L	7,065

Section C - Assets Placed in Service During 2024 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	23,633
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.

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

HANNAHS HOPE MINISTRIES INC

45-4674547

Form 990 - Schedule D - Part VI - Line 1e
Investments - Other

Statement #D1e

<u>Description of Investment</u>	<u>Cost/Basis (Investment)</u>	<u>Cost/Basis (Other)</u>	<u>Depr</u>	<u>Book Value</u>
VEHICLE	0	16,565	828	15,737
FURNITURE HHP	0	14,415	12,916	1,499
Total	<u>0</u>	<u>30,980</u>	<u>13,744</u>	<u>17,236</u>

Form 4562 - Line 19b

PG01
Statement #567

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
461	5	MQ	200 DB	161
1,050	5	MQ	200 DB	368
16,565	5	MQ	200 DB	828
Total				<u>1,357</u>

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

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2024

PAGE 1

HANNAHS HOPE MINISTRIES INC												Social security number/EIN 45-4674547				
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
1	HANNAH'S HOUSE	02-28-2018	419,975		100.00			419,975	39	SL	MM	2,564	61,470	10,769	72,239	
2	LAND - UPLAND AVENUE	02-28-2018	45,000	45,000	100.00				0	SL	HY	14.286	167	37	204	
3	ELECTRICAL UPGRADES	06-01-2019	260		100.00			260	7	SL	HY	14.286	460	102	562	
4	ELECTRICAL EQUIPMENT	06-21-2019	717		100.00			717	7	SL	HY	14.286	269	77	346	
5	DISHWASHER	02-21-2020	537		100.00			537	7	SL	MM	2,564	775	300	1,075	
6	NEW FLOORING	06-10-2021	11,702		100.00			11,702	39	SL	HY	6.667	1,060	424	1,484	
7	VINYL FENCE AROUND P	07-09-2021	6,366		100.00			6,366	15	SL	HY	14.286	298	199	497	
8	RADON MITIGATION SYST	12-16-2022	1,390		100.00			1,390	7	SL	HY	14.286	1,740	316	2,056	
9	BEDS AND MATTRESSES	03-09-2018	2,215		100.00			2,215	7	SL	HY	14.286	677	123	800	
10	DR TABLE AND 16 CHAIR	04-13-2018	860		100.00			860	7	SL	HY	14.286	175	32	207	
11	GARBAGE AND STEP CANS	05-16-2018	222		100.00			222	7	SL	HY	14.286	1,271		1,271	
12	APPLE DESKTOP OT ROOM	12-02-2018	1,271		100.00			1,271	5	SL	HY	14.286	590	131	721	
13	FURNITURE OT ROOM	03-08-2019	919		100.00			919	7	SL	HY	14.286	1,174	261	1,435	
14	OFFICE FURNITURE CLAS	03-15-2019	1,825		100.00			1,825	7	SL	HY	14.286	307	68	375	
15	CARPET STEAM CLEANER	03-22-2019	477		100.00			477	7	SL	HY	14.286	113	25	138	
16	RESIDENT LOCK BOXES	09-27-2019	177		100.00			177	7	SL	HY	14.286	2,201	629	2,830	
17	PLAYGROUND EQUIPMENT	06-30-2020	4,401		100.00			4,401	7	SL	HY	14.286	129	86	215	
18	VACUUM CLEANERS (2)	03-29-2022	600		100.00			600	7	SL	HY	14.286	236	157	393	
19	LAWN MOWER	04-18-2022	1,099		100.00			1,099	7	SL	HY	14.286	39	26	65	
20	ECHO TRIMMER	04-27-2022	179		100.00			179	7	SL	HY	14.286				
32	KITCHEN RENOVATION	12-01-2022	3,523	3,523	100.00				0	SL	HY	14.286	395	263	658	
33	SECURITY SYSTEM	05-20-2022	1,844		100.00			1,844	7	SL	HY	14.286	32	64	96	
34	LAPTOP	07-01-2023	318		100.00			318	5	SL	HY	20				
36	WAVERLY APPLIANCES	01-01-2024	1,050		100.00			1,050	5	200 DB	MQ	35		368	368	
37	N WAVERLY SFPREET	01-01-2024	287,505		100.00			287,505	39	SL	MM	2.457		7,065	7,065	
38	VEHICLE	10-30-2024	16,565		100.00			16,565	5	200 DB	MQ	5		828	828	
39	FURNITURE & FIXTURES	03-26-2024	925		100.00			925	7	200 DB	MQ	25		231	231	
Totals			811,922					763,399				73,578	22,581	96,159		

Land Amount
Net Depreciable Cost

811,922

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

22,581

ST ADJ:
96,159

Depreciation Detail Listing

Management & General

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

45-4674547

HANNAHS HOPE MINISTRIES INC

Name(s) as shown on return

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
21	EPSON PRINTER	01-30-2013	325		100.00	179		325	5		0	325		325	
22	APPLE COMPUTER	07-30-2014	1,571		100.00			1,571	5		0	1,571		1,571	
23	PRINTER/COPIER	07-30-2014	878		100.00			878	5		0	878		878	
24	HP 13-4101DX NOTEBOOK	10-12-2015	1,420		100.00			1,420	5		0	1,420		1,420	
25	OFFICE DESK & FURNITURE	07-20-2018	625		100.00			625	7	SL	14.286	491	89	580	
26	2 APPLE LAPTOP COMPUTERS	11-12-2018	2,330		100.00			2,330	5	SL	0	2,330	73	2,330	
27	LAPTOP COMPUTER	02-21-2020	367		100.00			367	5	SL	20	256		329	
28	WEB PAGE REDESIGN	12-15-2020	3,500		100.00			3,500	3		0	3,500		3,500	
29	COMPUTER EQUIPMENT	03-02-2022	583		100.00			583	5	SL	20	175	117	292	
30	LAPTOP COMPUTER	07-18-2022	1,300		100.00			1,300	5	SL	20	390	260	650	
31	QUICKBOOKS PRO 2019	08-06-2022	1,055		100.00			1,055	3	SL	33.333	528	352	880	
35	COPIER	01-01-2024	461		100.00			461	5	200 DB MQ	35	161	161	161	
Totals			14,415					14,415				11,864	1,052	12,916	

Land Amount
Net Depreciable Cost

14,415

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

1,052

ST ADJ:
1,052

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

HANNAHS HOPE MINISTRIES INC

45-4674547

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	HANNAH'S HOUSE	02-28-2018	419,975	SL	MM	10,769
PRG	1	LAND - UPLAND AVENUE	02-28-2018			0	
PRG	1	ELECTRICAL UPGRADES	06-01-2019	260	SL	HY	37
PRG	1	ELECTRICAL EQUIPMENT	06-21-2019	717	SL	HY	102
PRG	1	DISHWASHER	02-21-2020	537	SL	HY	77
PRG	1	NEW FLOORING	06-10-2021	11,702	SL	MM	300
PRG	1	VINYL FENCE AROUND PLAYG	07-09-2021	6,366	SL	HY	424
PRG	1	RADON MITIGATION SYSTEM	12-16-2022	1,390	SL	HY	199
PRG	1	BEDS AND MATTRESSES	03-09-2018	2,215	SL	HY	159
PRG	1	DR TABLE AND 16 CHAIRS	04-13-2018	860	SL	HY	60
PRG	1	GARBAGE AND STEP CANS	05-16-2018	222	SL	HY	15
PRG	1	APPLE DESKTOP OT ROOM	12-02-2018	1,271		5	
PRG	1	FURNITURE OT ROOM	03-08-2019	919	SL	HY	131
PRG	1	OFFICE FURNITURE CLASSRO	03-15-2019	1,825	SL	HY	261
PRG	1	CARPET STEAM CLEANER	03-22-2019	477	SL	HY	68
PRG	1	RESIDENT LOCK BOXES	09-27-2019	177	SL	HY	25
PRG	1	PLAYGROUND EQUIPMENT	06-30-2020	4,401	SL	HY	629
PRG	1	VACUUM CLEANERS (2)	03-29-2022	600	SL	HY	86
PRG	1	LAWN MOWER	04-18-2022	1,099	SL	HY	157
PRG	1	ECHO TRIMMER	04-27-2022	179	SL	HY	26
MGT	1	EPSON PRINTER	01-30-2013	325		5	
MGT	1	APPLE COMPUTER	07-30-2014	1,571		5	
MGT	1	PRINTE/COPIER	07-30-2014	878		5	
MGT	1	HP 13-4101DX NOTEBOOK CO	10-12-2015	1,420		5	
MGT	1	OFFICE DESK & FURNITURE	07-20-2018	625	SL	HY	45
MGT	1	2 APPLE LAPTOP COMPUTERS	11-12-2018	2,330		5	
MGT	1	LAPTOP COMPUTER	02-21-2020	367	SL	HY	38
MGT	1	WEB PAGE REDESIGN	12-15-2020	3,500		3	
MGT	1	COMPUTER EQUIPMENT	03-02-2022	583	SL	HY	117
MGT	1	LAPTOP COMPUTER	07-18-2022	1,300	SL	HY	260
MGT	1	QUICKBOOKS PRO 2019 SOFT	08-06-2022	1,055	SL	HY	175
PRG	1	KITCHEN RENOVATION	12-01-2022			0	
PRG	1	SECURITY SYSTEM	05-20-2022	1,844	SL	HY	263
PRG	1	LAPTOP	07-01-2023	318	SL	HY	64
MGT	1	COPIER	01-01-2024	461	200	DEMQ	120
PRG	1	WAVERLY APPLIANCES	01-01-2024	1,050	200	DEMQ	273
PRG	1	N WAVERLY STREET	01-01-2024	287,505	SL	MM	7,372
PRG	1	VEHICLE	10-30-2024	16,565	200	DEMQ	6,295
PRG	1	FURNITURE & FIXTURES	03-26-2024	925	200	DEMQ	198
		TOTAL					28,745