			** PUBLIC DISCLOSURE CO	DV **		
		000	Return of Organization Exempt Fro	minoomo	Tox	OMP No. 1515 00 17
Fo	orm	990	Under section 501(c) 527 or 4047(c)(d) - (d) - (d)	in income	lax	OMB No. 1545-0047
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coo Do not enter social security numbers on this form as it n	de (except private fo	undation	
Inte	partmei ernal Re	nt of the Treasury evenue Service	Go to www.irs.gov/Form990 for instructions and the la	nay be made public		Open to Public
A	For t	the 2022 calend		ing JUN 30,	2023	Inspection
В	Check		f organization		the second se	
				D Employe	dentifica	ation number
		inge HUBB.	ARD HOUSE INC.			
	cha	nge Doing bu	usiness as	59-1	81463	5
	retu Fina	m Number	and street (or P.O. box if mail is not delivered to street address) Room	m/suite E Telephon	the second se	
	retu tern	rn/ F.U.	BOX 4909		354-0	076
		ended .TACK	own, state or province, country, and ZIP or foreign postal code SONVILLE, FL 32201	G Gross receip	and the second se	7,413,427.
	retu App tion		SONVILLE, FL 32201 ad address of principal officer: GAIL PATIN	H(a) Is this a		
	pen	ding SAME	AS C ABOVE		ordinates?	
T	Tax-e	xempt status:	<b>Y</b> F04(-)(0) F04(-)(-)	H(b) Are all sub		
	Webs		S://WWW.HUBBARDHOUSE.ORG/			st. See instructions
ĸ	Form	of organization:		H(c) Group e	o76	number State of legal domicile: FL
P	art I	Summary			570[M]	State of legal domicile: F L
đ	1	Briefly describe	the organization's mission or most significant activities: SAFETY,	EMPOWERME	IT. AN	ND SOCTAL
Activities & Governance		CHANGE I	FOR VICTIMS OF DOMESTIC VIOLENCE AND	THEIR FAMI	LIES.	TO THAT
erns	2	Check this box	if the organization discontinued its operations or disposed of	f more than 25% of its	net asset	S.
NOE	3	Number of voti	ng members of the governing body (Part VI, line 1a)			15
~	4	Number of inde	ependent voting members of the governing body (Part VI line 1b)			15
ties	5	rotal number o	f individuals employed in calendar year 2022 (Part V, line 2a)		5	82
tivi	7 2	Total unrelated	f volunteers (estimate if necessary)		. 6	707
A	h	Net unrelated h	business revenue from Part VIII, column (C), line 12		. 7a	0.
	-	Hot annoiated b	usiness taxable income from Form 990-T, Part I, line 11		7b	0.
6	8	Contributions a	nd grants (Part VIII, line 1h)	Prior Year 5,597,	200	Current Year
nue	9		e revenue (Part VIII, line 2g)		0.	6,404,080.
Revenue	10	Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)	75		16,364.
Œ	11	Other revenue (	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44.		39,026.
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,717,2		6,459,470.
	13	Grants and simi	lar amounts paid (Part IX, column (A), lines 1-3)			830,215.
	14	Benefits paid to	or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other o	compensation, employee benefits (Part IX, column (A), lines 5-10)	3,733,9	63.	3,786,141.
ens	168	Protessional fun	draising fees (Part IX, column (A), line 11e)		0.	0.
Expens	17	Other expenses	g expenses (Part IX, column (D), line 25) 351,104.	1 0 0 0		
		Total expenses	(Part IX, column (A), lines 11a-11d, 11f-24e)	1,259,7		1,384,817.
	19	Revenue less ex	Add lines 13-17 (must equal Part IX, column (A), line 25)			6,001,173.
or		1010100 1033 07	penses. Subtract line 18 from line 12	359,8		458,297.
sets	20	Total assets (Pa	rt X, line 16)	Beginning of Curren		End of Year
tAss	21	Total liabilities (F		553,0		<u>11,693,155.</u> 502,182.
Net Assets or Fund Balances	22	Net assets or fu	nd balances. Subtract line 21 from line 20	10,554,7		11,190,973.
Pa	rt II	Signature	Block		1.275	
Unde	er pena	lities of perjury, I d	eclare that I have examined this return, including accompanying schedules and sta	atements, and to the be	st of my kno	owledge and belief, it is
true,	correc	t, and complete. D	eclaration of preparer (other than officer) is based on all information of which prep	parer has any knowledg	е.	
		Signature of offic		5	-15	~24
Sign Here		GAIL PAT		Date		5
here		Type or print nam				
-		D.L.T				

	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	DANA ALEXANDER		05/15/2		
Preparer	Firm's name CARR, RIGGS & IN	GRAM, LLC		the Real Property lies in case of the owner, where the real party is not the	-1396621
Use Only	Firm's address 7411 FULLERTON S	TREET, SUITE 300	FII1	IISEIN 12	-1390021
-		32256	Ph	one no 904	356.6023
May the I	RS discuss this return with the preparer shown a	bove? See instructions			57
232001 12-1					A Yes No

<sup>12-13-22</sup> LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022)

Pent III         Statement of Program Service Accomplishments           Check TSchnduk Contains a regense route to any line in this Pent II           Indry describe the organization's mession:           SAFETY, EMPCONERMENT, AND SOCIAL CHANGE FOR VICTIMS OF DOMESTIC           YIOLENCE AND THEIR FAMILIES. TO THAT END WE OFFER A FULL COMPENDIUM C           SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE.           2         Dd the organization case: acompliant program services during the year which were not listed on the prior Form 900 or 900 cf 200 cf?           11 'Yes, describe these new services on Schedule O.           0 both organization case: acompliant exists acomplianters for each of its three largest program services, an revenue, if any for each program service acomplianters for each of grams are services are equired to report the amount of grants and allocations to others, the total expenses. Section 501(6)(3) and 501(6)(4) organizations are equired to report the amount of grants and allocations to others, the total expenses. Section 501(6)(3) and 501(6)(4) organizations are equired to report the amount of grants and allocations to others, the total expenses. Section 501(6)(3) and 501(6)(4) organizations are equired to report the amount of grants and allocations to others, the total expenses. Section 501(6)(3) and 501(6)(4) organizations are equired to report the amount of grants and allocations to others, the total expenses. Section 501(6)(3) and 501(6)(4) organizations are equired to report the amount of grants and allocations to others, the total expenses. Section 501(6)(3) and 501(6)(4) organizations are equired to report the amount of grants and allocations to others, the total expenses. Section 501(6)(3) and 501(6)(4) ORDESTIC TOLENCE IN DUVAL AND BAKEN COUN	Page
1         Bieffy describe the againstation's mission:           SAFETY, EMPOWERMENT, AND SOCIAL CHANGE FOR VICTIMS OF DOMESTIC VIOLENCE AND THEIR FAMILIES. TO THAT END WE OFFER A FULL COMPENDIUM OF SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE.           2         Did the organization's program services during the year which were not listed on the prior Form 950 or 950 cf 200.         Yes           1         ''''''''''''''''''''''''''''''''''''	X
SAFETY, EMPOWERMENT, AND SOCIAL CHANGE FOR VICITINS OF DOMESTIC VIOLENCE AND THEIR FAMILIES. TO THAT END WE OFFER A FULL COMPENDIUM O SERVICES FOR VICITIMS OF DOMESTIC VIOLENCE.	<u> [A</u>
VIOLENCE AND THEIR FAMILIES. TO THAT END WE OFFER A FULL COMPENDIUM C         SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE.         2       Dd the organization quadration program services during the year which were not listed on the prior form 980 or 980 cE?         10 the organization case conducting, or make significant changes in how it conducts, any program services, and the significant changes in how it conducts, any program services, and the significant changes in the significant changes in the significant changes in the significant changes in the second of the second the angunation to grama merice second the amount of grants and allocations to others, the total expenses. Section 501(cg) and 501(cg) organizations are equired to report the amount of grants and allocations to others, the total expenses, an reversul, any (for each program service second.         40 (cont.) (forements)       2,408,976. troberg and of 3,732. (forement)         SHELTER       HUBBARD HOUSE HAS EEEN PROVIDING SAFE SHELTER AND WARAP-AROUND SERVICE TO SURVIVORS OF DOMESTIC VIOLENCE IN DUVAL AND BAKER COUNTIES, FLORITT THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOUSE'S EMPOWERMENT THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOUSE'S EMPOWERMENT THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOUSE'S EMPOWERMENT THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOWSE'S EMPOWERMENT THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOWSE'S EMPOWERMENT THAT OPERATE.         SURVIVORS DEP TOMAKE THEIN (NN CHOICES, PARTICULARLY WHEN SO MAN AND THAT SURVIVORS BARY FLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, AND THAT THERE AND THESE AND THEIN THE AND THE SURVIVORS EXPERIENCING DOMESTIC VIOLENCE AND NOT NECESSARILY IN NEED SHELTER CAN VISIT HUBBARD HOUSE'S OUTKEACH ENTERVENTION, EFERTAL SCUUTE SOL (NEAR). AND THER FAMIL	
SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE.           2         Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-627         Image: Service Servic	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27         IV Yes, 'describe these new services on Schedule 0.           If 'Yes,' describe these changes on Schedule 0.         IV Yes,' describe these changes on Schedule 0.           If 'Yes,' describe these changes on Schedule 0.         IV Yes,' describe these changes on Schedule 0.           If 'Yes,' describe these changes on Schedule 0.         IV Yes,' describe these changes on Schedule 0.           Oto the organization Segmen service accomplatments for each of its three largest program services, as measured by expenses.         Scetch 5010(20) organizations are required to report the amount of grants and allocations to others, the total expenses, an avenue, fair, for each organization spream service accomplation and the organization spream service spread.           40         (Cost) (previews	)F
Did the organization undertake any significant program services during the year which were not listed on the prior Form 590 or 990-E27 If "Yes," describe these new services on Schedule 0. Bit Yes," describe these changes on Schedule 0. If "Yes," describe these	
prior form 580 or 580 c27         Yes           If Yes,' describe these new services on Schedule 0.         Did the organization cases conducting, or make significant changes in how it conducts, any 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, an revenue, ling, for each program service accompliations to require to report the amount of grants and allocations to others, the total expenses, an revenue, ling, for each program service accompleted.           4a         (cone) (forwards	
prior form 500 or 900 227         Pres           11 'Yes,' describe these new services on Schoule 0.         Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, Jary for each program service accompletion.           42         Core	
If 'Yes,' describe these new services on Schedule 0.         3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.         4 Describe the organization's program service accompletments for each of its three largest program services, as measured by expenses.         5 Section 501(e)(3) and 501(e)(4) and 501(e)(4) quanizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service accompletments for each of its three largest program services.         40 Gene	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	21 INC
If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accompletements for each of its three largest program services, as measured by expenses, an revenue, if any, for each program service accompletements for each of its three largest program services, as measured by expenses, an revenue, if any, for each program service (Segments	37
<ul> <li>4 Describe the organization's program service accompletionents for each of its three largest program services as measured by expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service reported.</li> <li>4a (Cote) (Depreses</li></ul>	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service reported.  (come	
10         2,408,976.         137,732.) (nummes           43         (Come)(Expondes)(Exp	
4a       (come)(browness2,408,976. moduling guint ofs137,732.) (meanuressing structuressing structures struct	d
4a       (come)(browness2,408,976. moduling guint ofs137,732.) (meanuressing structuressing structures struct	
SHELTER         HUBBARD HOUSE HAS BEEN PROVIDING SAFE SHELTER AND WRAP-AROUND SERVICE         TO SURVIVORS OF DOMESTIC VIOLENCE IN DUVAL AND BAKER COUNTIES, FLORIT         SINCE 1976. WE EMPHASIZE PROVIDING A WARM AND WELCOMING ENVIRONMENT         MODEL AND TRAUMA-INFORMED CARE DRIVE OUR PROGRAMS AND HOW WE OPERATES.         SURVIVORS DESERVE TO MAKE THEIR OWN CHOICES, PARTICULARLY WHEN SO MAN         HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM         COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE.         SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE,         SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION,         40       (code )(coments 987,544. mediang guile of 17,667.) (meents         OUTREACH       987,544. mediang guile of 17,667.) (meents         SURVIVORS EXPERIENCING DOMESTIC VIOLENCE AND NOT INECESSATILY IN NEED         SHELTER CAN VISIT HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES         WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALD OF ITS         OUTREACH INTITIVES, HUBBARD HOUSE'S SUPPOWERMENT MODEL AND         TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE'S ENFOL 4, 828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS FROVIDED 14, 293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERALS, COURT	,
HUBBARD HOUSE HAS BEEN PROVIDING SAFE SHELTER AND WRAP-AROUND SERVICH TO SURVIVORS OF DOMESTIC VIOLENCE IN DUVAL AND BAKER COUNTIES, FLORIN SINCE 1976. WE EMPHASIZE PROVIDING A WARM AND WELCOMING ENVIRONMENT THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOUSE'S EMPOWERMENT MODEL AND TRAUMA-INFORMED CARE DRIVE OUR PROGRAMS AND HOW E OPERATE. SURVIVORS DESERVE TO MAKE THEIR OWN CHOICES, PARTICULARLY WHEN SO MAN HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE.         SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, 40 (com) () (proverse) 987,544. meluding grants of 17,667. ) (prevents) OUTREACH SURVIVORS EXPERIENCING DOMESTIC VIOLENCE AND NOT NECESSARILY IN NEED SHELTER CAN VISIT HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE SERVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A PROVIDED 14,293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT 46 (com) () (prevents) 1,062,974. molding grants of 653,350. ) (prevents) THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT) PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVID WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTERSIVE CC MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING, COURT ALVOCACY, COUNSE	
TO SURVIVORS OF DOMESTIC VIOLENCE IN DUVAL AND BAKER COUNTIES, FLORII SINCE 1976. WE EMPHASIZE PROVIDING A WARM AND WELCONING ENVIRONMENT THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOUSE'S EMPOWERMENT MODEL AND TRAUMA-INFORMED CARE DRIVE OUR PROGRAMS AND HOW WE OPERATE. SURVIVORS DESERVE TO MAKE THEIR OWN CHOICES, PARTICULARLY WHEN SO MAN HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE. SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, 40 (come )(engeness 97,544. medung gunts of 17,667.) (Mereaus OUTREACH SURVIVORS EXPERIENCING DOMESTIC VIOLENCE AND NOT NECESSARILY IN NEED SHELTER CAN VISIT HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS OUTREACH INITIATIVES, HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS OUTREACH INITIATIVES, HUBBARD HOUSE'S OUTREACH CENTER. HUBBARD HOUSE SERVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A PROVIDED 14,293 COUNSELING HOURS. THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT 46 (come )(Genemes 1,062,974. medung gunts ds 663,350.) (Mercane 2 THE HUBBARD HOUSE, INC. HOPE (HOUSING OF MORE PERMAMENT TAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVIL MRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON CALCH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CZ MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING GOURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CZ MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING	20
SINCE 1976. WE EMPHASIZE PROVIDING A WARM AND WELCOMING ENVIRONMENT THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOUSE'S EMPOWERMENT MODEL AND TRAUMA-INFORMED CARE DRIVE OUR PROGRAMS AND HOW WE OPERATE. SURVIVORS DESERVE TO MAKE THEIR OWN CHOICES, PARTICULARLY WHEN SO MAN HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE. SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, 40 (come ) (Represes 987,544. metuding guest of 17,667.) (Menues OUTREACH (Come ) 987,544. metuding guest of 17,667.) (Menues OUTREACH (Come ) 00000000000000000000000000000000000	
THAT OPERATES AT NO COST TO SURVIVORS. HUBBARD HOUSE'S EMPOMERMENT MODEL AND TRAUMA-INFORMED CARE DRIVE OUR PROGRAMS AND HOW WE OPERATE. SURVIVORS DESERVE TO MAKE THEIR OWN CHOICES, PARTICULARLY WHEN SO MAN HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE. SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, 40 (Code:)(Recents	JA
MODEL AND TRAUMA-INFORMED CARE DRIVE OUR PROGRAMS AND HOW WE OPERATE. SURVIVORS DESERVE TO MAKE THEIR OWN CHOICES, PARTICULARLY WHEN SO MAN HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE.         SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, 40 (cod	
SURVIVORS DESERVE TO MAKE THEIR OWN CHOICES, PARTICULARLY WHEN SO MAN HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE. SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, (com)(expenses987,544. modulegrammods17,667.) (RevenuesOUTREACH SURVIVORS EXPERIENCING DOMESTIC VIOLENCE AND NOT NECESSARILY IN NEED SHELTER CAN VISIT HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE SERVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A PROVIDED 14,293 COUNSELING HOURS. THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT 40 (code)(Expenses 1,062,974. modune grants at 663,350.) (Revenue 5 THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT) PROGRAM PROVIDES RENTIAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVI WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CF MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD MANAGEMENT, VICTIM ADVOCACY, RESTAINCE IN HOUSING SCARCH, LANDLORD MARAGEMENT, VICTIM ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 44 Other program services (DESCHED ON SCHEDUE) (cvenem	
HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE. SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, (code	•
HAVE BEEN TAKEN FROM THEM. IN EVERY INSTANCE, THE HUBBARD HOUSE TEAM COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE. SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, (code	JY I
COMMUNICATES A CRITICAL MESSAGE TO SURVIVORS: YOU ARE NOT ALONE. SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, 40 (code)(Expenses	,
SERVICES OFFERED INCLUDE SAFE SHELTER, 24-HOUR EMERGENCY HOTLINE, SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION, (code)(Expenses987,544. including grants of s17,667.) (Revenues OUTREACH SURVIVORS EXPERIENCING DOMESTIC VIOLENCE AND NOT NECESSARILY IN NEED SHELTER CAN VISIT HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE SERVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A PROVIDED 14,293 COUNSELING HOURS. THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERALS, COUT 46 (code)(Expenses 1,062,974. including grants of 663,350. ) (Revenues THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT) PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THROUGH SECURING TRANSITIONAL HOUSING OR MORP EMEMANENT RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVI WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 44 Other program service (Describe on Schedue O.) (Expenses 4,924,640. 114,466.) (Revenue 5 118.) 4 Total program service expense 4,924,640.	
SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION,         40       (Code:	
SAFETY PLANNING, CASE MANAGEMENT, COUNSELING, CRISIS INTERVENTION,         40       (Code:	
4b       (Code:)(Expenses 3	
OUTREACH         SURVIVORS EXPERIENCING DOMESTIC VIOLENCE AND NOT NECESSARILY IN NEED         SHELTER CAN VISIT HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES         WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS         OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND         TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE         SERVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A         PROVIDED 14,293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS         AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY         PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         4c (code:	
SURVIVORS EXPERIENCING DOMESTIC VIOLENCE AND NOT NECESSARILY IN NEED         SHELTER CAN VISIT HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES         WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS         OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND         TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE'S ENVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A         PROVIDED 14,293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS         AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY         PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         40       (code:)(Expenses	
SHELTER CAN VISIT HUBBARD HOUSE'S OUTREACH CENTER. THE CENTER TAKES         WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS         OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND         TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE         SERVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A         PROVIDED 14,293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS         AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY         PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         40 (code:)(Expenses	
WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE SERVED 4, 828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A PROVIDED 14, 293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         4c       (code:)(Expenses 1,062,974. including grants of 663,350.) (Revenue 5 THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT) PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THRE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT) PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVII WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE C2 MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 4d Other program service (Describe on Schedule 0.) (Expenses 465,146. including grants of 11,466.) (Revenue 5 118.)         Form 92	OF
WALK-INS AND IN-PERSON OR VIRTUAL APPOINTMENTS. THROUGH ALL OF ITS OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE SERVED 4, 828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A PROVIDED 14, 293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         4c       (code:)(Expenses 1,062,974. including grants of 663,350.) (Revenue 5 THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT) PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THRE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT) PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVII WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE C2 MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 4d Other program service (Describe on Schedule 0.) (Expenses 465,146. including grants of 11,466.) (Revenue 5 118.)         Form 92	
OUTREACH INITIATIVES, HUBBARD HOUSE'S EMPOWERMENT MODEL AND TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE SERVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A PROVIDED 14,293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         4c       (code:)(Expenses 1,062,974. including grants of 663,350.) (Revenue \$ THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT) PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVII WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLOOD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 4d Other program services (Describe on Schedule O.) (Expenses 465,146. including grants of 11,466.) (Revenue \$ 118.)         4e Total program service expenses       4,924,640.	
TRAUMA-INFORMED CARE DRIVES OUR WORK. LAST FISCAL YEAR, HUBBARD HOUSE SERVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A PROVIDED 14,293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         4c       (code:)(texpenses 1,062,974	
SERVED 4,828 SURVIVORS AND THEIR FAMILIES THROUGH OUTREACH PROGRAMS A         PROVIDED 14,293 COUNSELING HOURS.         THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS         AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY         PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         4c (code:	~~~~~
PROVIDED 14,293 COUNSELING HOURS. THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT 4c (code)(Expenses 1,062,974. including grants ofs63,350.) (Revenues THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT) PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVII WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELF SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 4d Other program services (Describe on Schedule 0.) (Expenses 4,924,640. Form 92 CEE COUNDINCE OF CONSENSION	
THROUGH THE OUTREACH CENTER AND OTHER OUTREACH INITIATIVES, SURVIVORS AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         4c       (code:)(Expenses)(62,974. including grants of \$663,350.) (Revenue \$         THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT)         PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVII WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE         4d       Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.)         GENE SUPPORT	
AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT 4c (code:)(Expenses \$ 1,062,974. including grants of \$ 663,350.) (Revenue \$	
AND THEIR CHILDREN RECEIVE INDIVIDUAL AND GROUP COUNSELING, SAFETY PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT 4c (code:)(Expenses \$ 1,062,974. including grants of \$ 663,350.) (Revenue \$	
PLANNING, CASE MANAGEMENT, CRISIS INTERVENTION, REFERRALS, COURT         4c (code:)(Expenses 1,062,974. including grants of \$	3
4c       (code:)(Expenses \$ 1,062,974. including grants of \$ 663,350.) (Revenue \$	
4c       (code:)(Expenses \$ 1,062,974. including grants of \$ 663,350.) (Revenue \$	
THE HUBBARD HOUSE, INC. HOPE (HOUSING OPTIONS PROMOTE EMPOWERMENT)         PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE         THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID         RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVID         WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE         INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND         ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA         MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD         NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES         THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY,         COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE         SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE         4d       Other program services (Describe on Schedule O.)         (Expenses \$ 4.65,146. including grants of \$ 11,466.) (Revenue \$ 118.)         465,146. including grants of \$ 11,466.)	
PROGRAM PROVIDES RENTAL ASSISTANCE FOR SURVIVORS OF DOMESTIC VIOLENCE THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVID WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 4d Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.) 4e Total program service expenses 4,924,640. Form 99	
THROUGH SECURING TRANSITIONAL HOUSING OR MORE PERMANENT RAPID         RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVID         WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE         INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND         ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA         MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD         NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES         THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY,         COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE         SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE         4d Other program services (Describe on Schedule O.)       11,466.) (Revenue \$ 118.)         (Expenses \$ 465,146. including grants of \$ 11,466.)       118.)         GEE COUND LE ON CONMULTION CON (C)	
RE-HOUSING. IN ADDITION TO RENTAL ASSISTANCE, THE HOPE PROGRAM PROVID         WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE         INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND         ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA         MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD         NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES         THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY,         COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE         SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE         4d Other program services (Describe on Schedule O.)       11,466.) (Revenue \$ 118.)         (Expenses \$ 465,146. including grants of \$ 11,466.)       118.)         Form 99	2
WRAP-AROUND SERVICES TO EACH SURVIVOR, BASED ON EACH UNIQUE INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 4d Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.) 4e Total program service expenses 4,924,640. Form 99	
INDIVIDUAL'S SET OF CIRCUMSTANCES, AIMED AT SAFETY, HEALING, AND         ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA         MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD         NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES         THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY,         COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE         SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE         4d Other program services (Describe on Schedule O.)         (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.)         4e Total program service expenses         4.924,640.	DES
ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 40 Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.) 40 Total program service expenses 4,924,640. Form 99	
ECONOMIC EMPOWERMENT. THESE WRAP-AROUND SERVICES INCLUDE INTENSIVE CA MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 40 Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.) 40 Total program service expenses 4,924,640. Form 99	
MANAGEMENT, VICTIM ADVOCACY, ASSISTANCE IN HOUSING SEARCH, LANDLORD NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY, COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE 4d Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.) 4e Total program service expenses 4,924,640. Form 99	ASE
NEGOTIATION, TENANTS' RIGHTS ADVOCACY, RENTAL ASSISTANCE, ACTIVITIES         THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY,         COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE         SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE         4d       Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.)         4e       Total program service expenses         4,924,640.	
THAT HELP SURVIVORS RETAIN HOUSING, SAFETY PLANNING, COURT ADVOCACY,         COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE         SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE         4d Other program services (Describe on Schedule O.)         (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.)         Form 99         GEE COULEDINE OF FOR CONTINUATION (C)	
COUNSELING, PEER SUPPORT GROUPS, AND CHILDREN'S SERVICES. MORE         SPECIALIZED       SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE         4d       Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.)         4e       Total program service expenses       4,924,640.	
SPECIALIZED SERVICES ARE ALSO OFFERED BY HUBBARD HOUSE THAT ARE         4d       Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.)         4e       Total program service expenses       4,924,640.         Form 99	
4d       Other program services (Describe on Schedule O.) (Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.)         4e       Total program service expenses       4,924,640.         Form 99	
(Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.) 4e Total program service expenses 4,924,640. Form 99	
(Expenses \$ 465,146. including grants of \$ 11,466.) (Revenue \$ 118.) 4e Total program service expenses 4,924,640. Form 99	
4e Total program service expenses       4,924,640.         Form 99         Form 99	
Form 99	
CEE COLEDILE O FOR CONTINUETON (C)	90 /222
32002 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	<b>90</b> (202)
2	

Form	990	(2022)

 Form 990 (2022)
 HUBBARD HOUSE INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 21
0	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			
5	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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		37	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	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)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
α	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV 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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
232003	12-13-22	Form	990	(2022)

232003 12-13-22

15220515 794202 90-04471.000

3

2022.05090 HUBBARD HOUSE INC.

Form	990	(2022)
	330	(2022)

 Form 990 (2022)
 HUBBARD HOUSE INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	• •		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
04		34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D.	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 organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	07		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		50		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 46		162	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a4 oEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(analytical) uniquipate to anima unique of	1c	Х	
23200	(gambling) winnings to prize winners?		990	(2022)
232004	4	1 0111		(2022)

<sup>2022.05090</sup> HUBBARD HOUSE INC.

	990 (2022) HUBBARD HOUSE INC.	59-1814	635	P	<sub>age</sub> 5
Par	<b>TV</b> 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,			100	110
	filed for the calendar year ending with or within the year covered by this return	2a 82			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	-			
_	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax shelter transaction at any	tion?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	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 ser	vices provided to the payor?	7a	X	
			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			37
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-		7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fc		7g		
-	If the organization received a contribution of qualified intellectual property, and the organization mere		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	encrossing evention have evenes business heldings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	116			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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	4		
С	Enter the amount of reserves on hand	13c			
14a			14a		X
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	income?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
	5				

2	022	05090	HUBBARD	HOUGH
4	044.	02090	HUBBARD	HOUSE

Form 990	(2022)
----------	--------

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 res	ponse or note to	o anv line in	this Part VI	
oncon in concourc	0 001111110 1100		o any mile m		

X
---

			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	e direc	t supervision			<u></u>
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					<u></u>
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	<u>11a</u>	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			37	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			37
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	i'S			
<u></u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
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, ar	nd 990	- I (section 501(c)(3)s	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	l finano	cial	
	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 boo	oks and	d records			
	JULIO LACAYO - (904) 354-0076					
	PO BOX 4909, JACKSONVILLE, FL 32201				000	
232006	6 12-13-22 <b>6</b>			Form	990	(2022
	U					

<sup>2022.05090</sup> HUBBARD HOUSE INC.

Form 990 (2022)	HUBBARD HOUSE INC.	59-1814635 Pag	e 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Se	chedule O contains a response or note to any line in this Part VII							
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Em	ployees						
<ul> <li>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.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>								

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-NEĆ) 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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	L	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) GAIL PATIN	60.00	_	_				-			
CEO		1		Х				229,651.	Ο.	19,252.
(2) KRISTI BRANDON	50.00									
CDAO		1				X		141,876.	Ο.	6,888.
(3) CAROL GINZIG	50.00									
CRO						X		112,366.	Ο.	7,856.
(4) WENDY HUGHES	50.00									
FORMER CFO - THROUGH 5/2023							Х	110,117.	0.	9,662.
(5) JULIO LACAYO JR	50.00									
CFO - BEGINNING 11/2022				Х				13,269.	0.	0.
(6) WILLIAM DRISCOLL	1.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(7) JANEEN KIRCH	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) BRANDON SHERLINSKI	2.00									
FIRST VICE PRESIDENT		Х		Х				0.	0.	0.
(9) ROBERT HINES	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KELLY TOASTON	1.00									-
SECRETARY		Х		Х				0.	0.	0.
(11) LAURA BRADLEY	1.00									-
SECOND VICE PRESIDENT	1	Х		Х				0.	0.	0.
(12) BARBARA FINKE	1.00								0	0
TREASURER	1 00	X		Х				0.	0.	0.
(13) GLENN MORNINGSTAR	1.00							0	0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(14) EVELYN CHIANG	1.00							0	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(15) WEST HERFORD	1.00							0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(16) JILL NAPONELLI	1.00							0	0	0
DIRECTOR (17) JUDY ZOLLER	1 00	Х						0.	0.	0.
(17) JUDY ZOLLER DIRECTOR	1.00	x						0.	0.	0.
		Δ						0.	0.	Form <b>990</b> (2022)
232007 12-13-22				_						Form <b>330</b> (2022)

7

15220515 794202 90-04471.000

2022.05090 HUBBARD HOUSE INC.

Form 990 (2022) HUBBARD HOUSE INC.								59-18	3140	535	Р	age <b>8</b>	
Part VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C		, ,				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unles	ss per	tion nore son is	ion Reportable		compensation	(E) Reportable compensation from related		ion amount o		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	I	fr org and	pensa om th anizat d relat anizati	ie tion ted
(18) STEPHEN DACKIEWICZ DIRECTOR	1.00	x						0.		0.			0.
(19) TARA FORREST	1.00	- 23						0.		<u> </u>			0.
DIRECTOR		х						0.		0.			0.
(20) IVY ARCHER DIRECTOR	1.00	x						0.		0.			0.
1b Subtotal	l							607,279.		0.	4	3,6	58.
c Total from continuation sheets to Part VI								0. 607,279.		0.	1	2 6	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not address the second secon</li></ul>									000 of reportable		4	5,0	58.
compensation from the organization						,		,					4
										ſ		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-		•	•			Ŭ	• •			3	х	
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization				
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>											4	X	
rendered to the organization? If "Yes." com	-				-			-			5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	monopoted ind	long	ndor		ntro	otor	o +k	at received more than <sup>¢</sup>	100.000 of com	onoot	ion fre		
the organization. Report compensation for t	•	•							•		(C		
(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	С		nsatio	n
							_						
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	l to t	hos: 0		ted	above) who received mo	ore than				

232008 12-13-22

га	rt V	/111	Statement of Reve	enue					
			Check if Schedule O cor	ntains a respon	se or note to any line		(P)		
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		48,555.				
Gra			Membership dues		255,011.				
fts,			Fundraising events Related organizations		233,011.				
, Gi			Government grants (contribu		4,215,875.				
ons Sin			All other contributions, gifts, gra						
her		•	similar amounts not included ab		1,884,639.				
Iot		g	Noncash contributions included in line		29,903.				
Cor		-	Total. Add lines 1a-1f			5,404,080.			
					Business Code				
e	2	а							
Program Service Revenue		b							
Se		с							
am		d							
ogr		е			_				
Р		f	All other program service rev	venue					
		g	Total. Add lines 2a-2f						
	3		Investment income (includin	ig dividends, int	erest, and				
						32,902.			32,902.
	4		Income from investment of t	tax-exempt bon	d proceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6			ба					
				<u>6b</u>					
				6c					
	_		Net rental income or (loss)	(i) Securitie	s (ii) Other				
	1	а	Gross amount from sales of	7a 621,757	.,				
		h	assets other than inventory <b>7</b> Less: cost or other basis	(a) 21, 75	/•				
e		D		ль 638, 295	5.				
Revenue		c	Gain or (loss)	$r_{c} = 16.538$	3.				
seve			Net gain or (loss)			-16,538.			-16,538.
			Gross income from fundraising			20,0001			20,0000
Other	Ŭ	-	including \$ 255,	011. of					
•			contributions reported on lin						
			Part IV, line 18		8a 9,180.				
		b	Less: direct expenses		8b 47,776.				
			Net income or (loss) from fur	-	s	-38,596.			-38,596.
			Gross income from gaming a	r					
			Part IV, line 19		9a				
		b	Less: direct expenses		9b				
			Net income or (loss) from ga	τ <sup>σ</sup>					
	10	а	Gross sales of inventory, les						
			and allowances	F	10a345,390.				
		b	Less: cost of goods sold		ю <mark>267,886.</mark>				
		с	Net income or (loss) from sa	les of inventory		77,504.			77,504.
s					Business Code				
e le	11	а	MISCELLANEOUS	INCOME	561000	118.	118.		
lan. enu		b			_				
Miscellaneous Revenue		с			_				
Mis			All other revenue			110			
	L		Total. Add lines 11a 11d			<u>118.</u> 5,459,470.	110	0	55 070
	12	-13-:	Total revenue. See instructions	3		0,409,4/0.	118.	0.	55,272. Form <b>990</b> (2022)

Form 990 (2022)

15220515 794202 90-04471.000

2022.05090 HUBBARD HOUSE INC.

90-04471

59-1814635 Page 9

HUBBARD HOUSE INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	830,215.	830,215.		
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,				
Ŭ	trustees, and key employees	427,449.	150,308.	277,141.	
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,707,788.	2,406,940.	96,048.	204,800.
8	Pension plan accruals and contributions (include	2770777000	2/100/5100		201/0001
0	section 401(k) and 403(b) employer contributions)	113,093.	84,963.	18,377.	9,753.
•		310,887.	272,782.	27,177.	10,928.
9 10	Other employee benefits	226,924.	185,684.	26,771.	14,469.
10	Payroll taxes	220,924•	105,004.	20,771•	11,100.
11	Fees for services (nonemployees):				
a	0	7,200.	1,775.	5,425.	
b		33,594.	6,260.	27,334.	
	Accounting	55,594.	0,200.	27,334.	
	Lobbying				
e 4	Professional fundraising services. See Part IV, line 17	16,330.	16,330.		
f	Investment management fees           Other. (If line 11g amount exceeds 10% of line 25,	10,550.	10,550.		
y	column (A), amount, list line 11g expenses on Sch 0.)				
40	· · · · · · · · · · · · · · · · · · ·				
12	Advertising and promotion	443,620.	244,194.	120,426.	79,000.
13	Office expenses	115,020.	211,191.	120,420.	15,000.
14 15	Information technology				
16	Royalties Occupancy	314,270.	313,240.	1,030.	
17	Travel	39,279.	29,083.	9,869.	327.
18	Payments of travel or entertainment expenses	0072700		5,0051	0270
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,823.	1,544.	2,444.	835.
20	Interest	4,785.	4,602.		183.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	221,264.	191,098.	15,970.	14,196.
23	Insurance	139,464.	111,899.	17,564.	10,001.
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 0.)				
а	CONTRACT SERVICES	116,032.	48,436.	62,107.	5,489.
b	MISCELLANEOUS	30,413.	21,636.	8,777.	•
c	DUES & SUBSCRIPTIONS	13,743.	3,651.	8,969.	1,123.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,001,173.	4,924,640.	725,429.	351,104.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	advestignal compaign and fundraising colligitation				

232010 12-13-22

educational campaign and fundraising solicitation. Check here \_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

> 10 2022.05090 HUBBARD HOUSE INC.

Form 990 (2022)

Form 990 (2022)

Part X Balance Sheet

## HUBBARD HOUSE INC.

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,293,147.	1	3,544,174.
	2	Savings and temporary cash investments			86,478.	2	121,055.
	3	Pledges and grants receivable, net			842,210.	3	1,198,811.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				21,625.	9	234.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,495,088.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	4,312,483.	5,375,333.	10c	5,182,605.
	11	Investments - publicly traded securities	1,483,530.	11	1,626,414.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			5,500.	15	19,862.
	16	Total assets. Add lines 1 through 15 (must equa			11,107,823.	16	11,693,155.
	17	Accounts payable and accrued expenses	299,087.	17	267,086.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	d parties	253,953.	23	223,867.
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	-				
		parties, and other liabilities not included on lines	17-24).	Complete Part X			44 000
		of Schedule D		······	0.	25	11,229.
	26				553,040.	26	502,182.
Ś		Organizations that follow FASB ASC 958, che	ck here	X			
ice		and complete lines 27, 28, 32, and 33.			0 040 040		10 526 001
alar	27			····· -	9,948,248.	27	10,536,081.
Ä	28			······	606,535.	28	654,892.
ŭ		Organizations that do not follow FASB ASC 9	58, cheo	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
μ	31	Retained earnings, endowment, accumulated inc			10 554 702	31	11 100 073
Š	32	Total net assets or fund balances			10,554,783. 11,107,823.	32	11,190,973.
	33	Total liabilities and net assets/fund balances	<u></u>		11,10/,0 <b>4</b> 3.	33	11,693,155.

59-1814635 Page 11

Form 990 (2022)

15220515 794202 90-04471.000

Form	1990 (2022) HUBBARD HOUSE INC.	<u>59-1</u> 8	14635	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)         Total expenses (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 2 from line 1         Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         Net unrealized gains (losses) on investments         Donated services and use of facilities	1 2 3	6,459 6,001 458 10,554 177	,1 3,29 ,78	73. 97. 83.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,190	),97	73.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0.		Yes	No
2a			<b>2</b> a		<u>X</u>
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Consolidated basis, or both: Separate basis, or both: Separate basis, or both: Separate basis, or both: Separate basis, or both:		2b	x	
	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		2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?		20	<u>^</u>	
30	If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Jd	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
D.	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			x	
	en addreg explain thry on benedice of and decemberary steps taken to undergo soon addres			990	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2022
Open to Public Inspection

T

Nam	e of t	he organization						Employer	identification number		
				INC.				5	9-1814635		
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)					
1 [		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 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).									
	X	An organization that norma	-					e general r	ublic described in		
• .		section 170(b)(1)(A)(vi). (C	•		onna gove			e general p			
8		A community trust describe		1)(A)(vi) (Complete Par	• 11 \						
9		An agricultural research org				nd in coniu	nction with a	land grant	collogo		
9		or university or a non-land-g				-		-	-		
			frant college of agrici			lame, city	, and state of	line college	<b>O</b>		
10		university:	Illy reacives (1) mare:	than 22 1/20/ of its sum	art from a	ontributior	a mambarabi	n face and	l areas ressints from		
10		An organization that norma									
		activities related to its exem							-		
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	πer June 30, 1975.		
		See section 509(a)(2). (Con					0(-)(4)				
11		An organization organized a									
12		An organization organized a	-	-				•			
	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.								neck the box on		
_					-			-			
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-					
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting		
		organization. You must o									
b		<b>Type II.</b> A supporting org	-				-		-		
		control or management o			ame persoi	ns that co	ntrol or manag	ge the supp	oorted		
		organization(s). You mus	-								
С		Type III functionally inte						y integrate	d with,		
		its supported organization		-							
d		<b>Type III non-functionally</b>						-			
		that is not functionally int			•		-	an attentiv	veness		
		requirement (see instructi	,	•							
е		Check this box if the orga					Type I, Type I	I, Type III			
		functionally integrated, or		nally integrated supporting	ng organiza	ation.					
f		r the number of supported o	•								
g		ide the following information ) Name of supported			(iv) Is the orga	nization listed	(v) Amount of	monoton	(vi) Amount of other		
	(	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see in	,	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	support (see in	structions	support (see instructions)		
Total											

Schedule A	(Form	000	202
Schedule A	(FOIIII	990	) 2024

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	4781544.	5490854.	5940828.	5597398.	6404079.	28214703.				
2	Tax revenues levied for the organ-										
	ization'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	4781544.	5490854.	5940828.	5597398.	6404079.	28214703.				
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)										
	Public support. Subtract line 5 from line 4.						28214703.				
	ction B. Total Support						1				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	4781544.	5490854.	5940828.	5597398.	6404079.	28214703.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	22.007	04 055	44 400	00 050	20.000	015 100				
	and income from similar sources $\dots$	33,987.	84,857.	41,180.	22,256.	32,902.	215,182.				
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	F1 000		20 254		0 007	115 225				
	assets (Explain in Part VI.)	51,292.	16,750.	30,254.	7,742.	9,297.	115,335.				
	Total support. Add lines 7 through 10						28545220.				
	Gross receipts from related activities,	-					,176,471.				
13	First 5 years. If the Form 990 is for th	-									
500	organization, check this box and stor										
	ction C. Computation of Public			(f)			98.84 %				
	Public support percentage for 2022 (I		-			14	00 55				
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15					
108	stop here. The organization qualifies						V				
h	33 1/3% support test - 2021. If the o		-		line 15 is 33 1/3%						
	and stop here. The organization qual	-									
17a	10% -facts-and-circumstances test										
170		-									
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
h	10% -facts-and-circumstances test	-		• • • •							
~	more, and if the organization meets the	-									
	organization meets the facts-and-circl										
18	-		•								
	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										

232022 12-09-22

Schedule A	Form 990	) 202

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

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

Sec	tion A. Public Support			-		-	-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
		-					
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did n	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
23202	3 12-09-22		15			Schedule	A (Form 990) 2022

2022.05090 HUBBARD HOUSE INC.

1

2

3a

Yes No

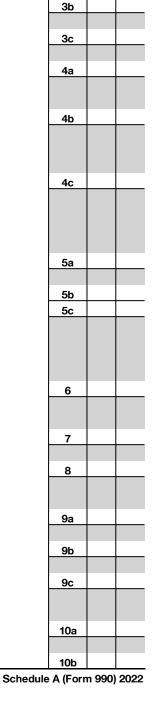
## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022 Part IV Supporting Organ	HUBBARD	
Fart iv   Supporting Orga	ilizations (contin	nued)

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

INC.

	directors, or trustees at an times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

						Ulyanizat	
Sectio	n C.	Туре	II Supp	orting	Orga	nizatio	ns

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

Section D	All Type	<b>III Supporting</b>	Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a d	overnmental entity	(see instructions)	
---	--	---	-------------------------	-------------------	--------------------	--------------------	--

17

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

15220515 794202 90-04471.000

2022.05090 HUBBARD HOUSE INC.

Yes No

1	I Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
с	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see			

 Schedule A (Form 990) 2022
 HUBBARD HOUSE INC.

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

Check here if the instructions).

Schedule A (Form 990) 2022

59-1814635 Page 6

232026 12-09-22

b	From 2018		
с	From 2019		
d	From 2020		
е	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D,		
	line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
с	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
а	Excess from 2018		
b	Excess from 2019		
с	Excess from 2020		
d	Excess from 2021		
е	Excess from 2022		

19

2022.05090 HUBBARD HOUSE INC.

(i)

**Excess Distributions** 

Schedule A (Form 990) 2022

\_\_\_\_

1

2

3

4

5

6

7

8 9

10

(ii)

Underdistributions

Pre-2022

**Current Year** 

(iii)

Distributable

Amount for 2022

HUBBARD HOUSE INC.

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

Distributable amount for 2022 from Section C, line 6

2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

Excess distributions carryover, if any, to 2022

Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Part V	Type II	Non-Functional	v Integrated 50	9(a)(3) Supporting	organizations	(continued)
Schedule A	(Form 990)	2022 HU	BBARD HOUS	E INC.		

Section D - Distributions

2

3

4

6

7

8

9

10

1

3

a From 2017

Schedule A	(Form 990) 2022	HUBBARD HOUSE I	NC.	59-1814635 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, lines 2 and 3; Part IV, Section E,	ons required by Part II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V , 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
	(See instructions.)	, and i alt i, coolion 2, mico 2,		
232028 12-09-2	>			Schedule A (Form 990) 2022
232020 12-09-2	-		20	Jonedule A (1º0111 330) 2022

		Supplement	al Financial Statements		OMB No. 1545-0047
	HEDULE D		nization answered "Yes" on Form 990,		2022
(FOII	1 990)		Ζυζζ		
	ment of the Treasury Revenue Service		Open to Public Inspection		
	e of the organizati		0 for instructions and the latest information.	Emp	bloyer identification number 59-1814635
Par	t I Organiza		d Funds or Other Similar Funds or Ac	coun	
		n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	<b>b)</b> Fun	ds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4	Aggregate value a	t end of year			
5	-		writing that the assets held in donor advised func		
			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used o		
			r donor advisor, or for any other purpose conferri	Ũ	
Par	impermissible priv	ate benefit?	ganization answered "Yes" on Form 990, Part IV,		Yes No
		servation easements held by the organization		line 7.	
1		of land for public use (for example, recrea		ricolly	important land area
		f natural habitat	Preservation of a certi		•
		of open space		neu ma	
2			ied conservation contribution in the form of a co	nservat	tion easement on the last
2	day of the tax year				Held at the End of the Tax Year
а				2a	
b		take of the second second transmission of the second second second second second second second second second se		2b	
c	-	-	ucture included in (a)	2c	
d		vation easements included in (c) acquired a			
			·····	2d	
3	Number of conser		eased, extinguished, or terminated by the organi	zation	during the tax
	year				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	,	orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ments during the year
7	Amount of expens	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	sement	s during the year
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h)				
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense statem	ent and	d
			note to the organization's financial statements that	at desc	ribes the
Dar	organization's acc t III Organiza	ounting for conservation easements.	Art, Historical Treasures, or Other S	imila	r Accote
1 41		the organization answered "Yes" on Form		ma	A33013.
10			8, not to report in its revenue statement and bala	noo ok	voot worko
Id	•	· •	blic exhibition, education, or research in furtherar		
			ncial statements that describes these items.		JUDIIC
b	· •		8, to report in its revenue statement and balance	sheet	works of
~	-		exhibition, education, or research in furtherance		
		ng amounts relating to these items:		e. pur	
				:	\$
					\$
2	.,		asures, or other similar assets for financial gain, p		
	-	unts required to be reported under FASB A			
а	•				\$
b					\$ 56,700.
		eduction Act Notice, see the Instructions			Schedule D (Form 990) 2022
232051	09-01-22				

25 2022.05090 HUBBARD HOUSE INC. 90-04471

Sche		HOUSE INC.				59-18		5 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	•		•		ose in Part	XIII.		
5	During the year, did the organization solicit or		,	,	r assets		_		-
Der	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
4	reported an amount on Form 990, Par	•			the effected at				
та	Is the organization an agent, trustee, custodia								] •••
h	on Form 990, Part X?					∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table.				Amount		
~	Beginning balance				1c		, arroarr		
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • •				j
Par	t V Endowment Funds. Complete in	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	<b>(b)</b> Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	770,152.	883,450.	764,984.		752,142.		751,	094.
b	Contributions								
	Net investment earnings, gains, and losses	85,317.	-113,298.	205,846.		42,842.		31,	048.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			87,380.		30,000.		30,	000.
f	Administrative expenses								
g	End of year balance	855,469.	770,152.	,		764,984.		752,	142.
2	Provide the estimated percentage of the curr			) held as:					
	Board designated or quasi-endowment	35.7080	_%						
	Permanent endowment 64.2920	%							
С		%							
•	The percentages on lines 2a, 2b, and 2c should be the second seco	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	ne		ſ	Yes	No
	organization by:						20(1)	X	110
	(i) Unrelated organizations						3a(i) 3a(ii)	X	
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization							X	
4	Describe in Part XIII the intended uses of the						50		
_	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or of			Accumulat	ed	(d) Bool	k value	 ә
	······································	basis (investr	• •		epreciation		.,200		
1a	Land		1,92	6,616.			1,920	5,61	16.
	Buildings				078,1		2,470		
	Leasehold improvements		14	7,055.	96,0			),9	
	Equipment				138,2	12.	673	2,08	87.
	Other		5	6,700.				5,70	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	K. column (B), line 1	0c.)			5,182	2,6	)5.
						<u> </u>			

Schedule D (Form 990) 2022

232052 09-01-22

Complete if the organization answered "Yes"			- <b>f</b>
(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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)         Part VIII         Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value		of yoor market value
		(c) Method of valuation: Cost or end-	oryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin         Part X       Other Liabilities.			
Complete if the organization answered "Yes"	on ⊢orm 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			11 000
(2) DUE TO DCF			11,229
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			11,229

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 HUBBARD HOUSE INC.			59-3	1814635	Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With I				<u> </u>
	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	6,674,	309.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	177,893.			
b	Donated services and use of facilities	2b	5,500.			
с	Recoveries of prior year grants					
d			47,776.			
е	Add lines 2a through 2d			2e	231,	169.
3	Subtract line 2e from line 1			3	6,443,	140.
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	16,330.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		,330.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,459,	<u>470.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			· · · ·		
1	Total expenses and losses per audited financial statements			1	6,038,	<u>,119.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	5,500.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	47,776.			
е	Add lines 2a through 2d			2e	53, 5,984,	276.
3	Subtract line 2e from line 1			3	5,984,	843.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	16,330.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		,330.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	6,001,	<u>,173.</u>
Pa	t XIII Supplemental Information.					

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

PART V, LINE 4:

A GIFT WAS RECEIVED TO ESTABLISH AN ENDOWMENT FOR THE MAINTENANCE AND
PRESERVATION OF THE ORGANIZATION'S CURRENT SHELTER. THE GIFT PLACES
RESTRICTIONS ON THE USE OF THE ENDOWMENT'S PRINCIPAL AND INCOME. IN ANY
GIVEN FISCAL YEAR, THE INCOME OF THE FUND, NOT TO EXCEED FIVE PERCENT OF
THE MARKET VALUE OF THE FUND AT THE CLOSE OF THE PREVIOUS FISCAL YEAR, MAY
BE DISBURSED. THE REMAINING INCOME WOULD INCREASE THE ENDOWMENT FUNDS TO
OFFSET THE EFFECTS OF INFLATION. THE ENDOWMENT FUNDS CORPUS OF \$550,000
MAY BE USED TO REPAIR THE STRUCTURE SHOULD IT SUFFER A CATASTROPHIC EVENT.
THE FUNDS IN THIS ENDOWMENT ARE RESTRICTED IN PERPETUITY UNDER THE
PROVISION OF THE GIFT AGREEMENT. THE ORGANIZATION HAS ESTABLISHED AN
INVESTMENT POLICY TO MANAGE THE ENDOWMENT FUNDS.
232054 09-01-22 Schedule D (Form 990) 2022 28

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE ORGANIZATION TAKES POSITIONS WHICH IT FEELS ARE ADHERING TO THE LAWS ESTABLISHED BY THE TAXING AUTHORITIES; THEREFORE, THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY UNCERTAIN TAX POSITIONS WHICH COULD SUBJECT IT TO PENALTIES OR INTEREST AND NONE HAVE BEEN ACCRUED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES - INCLUDED ON LINE 990, PART VIII 47,776.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES - INCLUDED ON LINE 990, PART VIII

47,776.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivitie	es o	DMB No. 1545-0047
(Form 990)	rm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
	C	organization entered more than \$15 Attach to Form 990 c						
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruct				ı.		Open to Public Inspection
Name of the organization							mployer ide	ntification number
		HOUSE INC.					9-1814	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17. F	Form 990-EZ	filers are not
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes aiser is to be	
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or cor		(iv) Gross receipts from activity	tò (or ro fun	nount paid etained by) idraiser i in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
-			Yes	No	-			
Total				1				
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exe	mpt from re	gistration
				-				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

59-1814635 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BREAKFAST	WALK		col. (c)
ų			(event type)	(event type)	(total number)	
	1	Gross receipts	150,055.	114,136.		264,191
	2	Less: Contributions	140,875.	114,136.		255,011
	3	Gross income (line 1 minus line 2)	9,180.			9,180
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
הווברו בצהבוופבי	7	Food and beverages				
5	8	Entertainment				
	9	Other direct expenses		12,319.		47,776
	-	Direct expense summary. Add lines 4 through				47,776
		Net income summary. Subtract line 10 from I				-38,596
	4		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	<b>(c)</b> Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue				
הווברו באהבווסבא		Cash prizesNoncash prizes				
	4	Rent/facility costs				
2						
+	5	Other direct expenses	Yes %	Yes %		
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	•	Net coming income commonly Output time 7				
1	8	Net gaming income summary. Subtract line 7	nomine i, column (d)			1
		er the state(s) in which the organization condu he organization licensed to conduct gaming a	· · · · ·	states?		Yes N
а		No," explain:				
b	We	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax ve	ear?	Yes N
c a		re any of the organization's gaming licenses re Yes," explain:		rminated during the tax ye	ear?	

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	HUBBARD HOUSE	INC.	59-1814635 Page 3
11	Does the organization conduct ga	ming activities with nonmem	bers?	Yes No
			or a member of a partnership or other entity formed	
	to administer charitable gaming?			Yes 🗌 No
13	Indicate the percentage of gaming			
â	The organization's facility			
14	Enter the name and address of th	e person who prepares the o	rganization's gaming/special events books and recor	ds:
	Name			
	Address			
	Address			
15a	Does the organization have a con	tract with a third party from v	whom the organization receives gaming revenue?	Yes No
				······································
k	If "Yes," enter the amount of gam	ing revenue received by the	organization \$ and the an	nount
	of gaming revenue retained by the	e third party \$		
c	If "Yes," enter name and address			
	Name			
	Address			
16	Coming manager information:			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
		<b>F</b> aralauna		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
		state law to make charitable	e distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
k	Enter the amount of distributions		e distributed to other exempt organizations or spent	
_	organization's own exempt activit			
Pa			nations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any	vadditional information. See instructions.	
_				
2320	83 10-27-22			Schedule G (Form 990) 2022
			32	

Part IV	Supplemental Information	(continued)
		Schedule G (Form 990)
232084 04-01-	-22	

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States			o. 1545-0047 <b>D22</b>
Department of the Treasury		Comp	ete il alle el gamzatio	Attach to Forn				Oper	to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Ins	pection
Name of the organization								Employer identifica	
		OUSE INC.						59-1	814635
						. four the owner to our opening			
<ol> <li>Does the organization ma criteria used to award the</li> </ol>			6	,	с с ,	for the grants of assis			
2 Describe in Part IV the or	•								
Part II Grants and Other	Assistance to I	Domestic Organiz		Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
1 (a) Name and address of or government	U U	(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assista	

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

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

HUBBARD HOUSE INC.

59-1814635

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO DOMESTIC VIOLENCE VICTIMS	5786	830,215.	0.		
			1		1

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

PART I, LINE 2:

GRANTS ARE DESIGNATED FOR INDIVIDUALS OR FAMILIES THAT ARE FLEEING OR

ATTEMPTING TO FLEE DOMESTIC VIOLENCE, DATING VIOLENCE, OR OTHER

LIFE-THREATENING CONDITIONS TO MOVE AS QUICKLY AS POSSIBLE INTO PERMANENT

HOUSING HOUSEHOLDS. ELIGIBILITY REQUIRES THAT INDIVIDUALS OR FAMILIES

RECEIVING BENEFITS MUST MEET ELIGIBILITY GUIDELINES ESTABLISHED BY FUNDING

SOURCE(S). ALSO, PROGRAM PARTICIPANT'S HOUSEHOLD MUST CONTINUE TO LACK

SUFFICIENT RESOURCES AND OTHER SUPPORTIVE NETWORKS.

SCHE	EDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Form	ו 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-
Departme	ent of the Treasury	Attach to Form 990.		Open to		
Internal R	evenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name o	of the organization		Employer id			mber
		HUBBARD HOUSE INC.	59-1	81463	5	
Part		s Regarding Compensation				
					Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Pa	<b>_</b> · · ·	ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or cl					
	Travel for com	canions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee				
		pending account Personal services (such as maid, chauffer				
L			ur, crier)			
h If	any of the boyes of	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	•	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Ind	dicate which. if an	y, of the following the organization used to establish the compensation of the organization's	6			
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		tion of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant X Compensation survey or study				
X	K Form 990 of ot	ommittee				
<b>4</b> Du	uring the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
or	ganization or a rel	ated organization:				
<b>a</b> Re	eceive a severance	e payment or change-of-control payment?		4a		X
b Pa	articipate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
c Pa	articipate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
<b>5</b> Fo	or persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	ontingent on the re					X
	a The organization?					
	b Any related organization?					X
		r 5b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	ontingent on the n					v
						X X
	ny related organiza			<u>6b</u>		
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
		es 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t		7		- 21
	-			8		x
	-	d the organization also follow the rebuttable presumption procedure described in				- 23
	egulations section			9		
		53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 900	1 2022
	or i upor work ne		Joneu			, 2022

232111 10-18-22

Schedule J (Form 990) 2022

### 59-1814635

Page 2

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) GAIL PATIN	(i)	208,966.	20,685.	0.	10,796.	8,456.	248,903.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) WENDY HUGHES	(i)	108,117.	2,000.	0.	923.	8,739.	119,779.	0.	
FORMER CFO - THROUGH 5/2023	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE EXECUTIVE COMMITTEE WILL OBTAIN SUCH INFORMATION AS IT DEEMS

APPROPRIATE TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION

(SALARY, BONUS, AND BENEFITS) OF THE CEO ON AN ANNUAL BASIS, BASED ON A

REVIEW OF COMPARABILITY DATA.

IN ACCORDANCE WITH IRS GUIDELINES, THE EXECUTIVE COMMITTEE WILL SECURE

AVAILABLE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR

SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR

ORGANIZATIONS (I.E. CEOS/EXECUTIVE DIRECTORS) OF OTHER CERTIFIED DOMESTIC

VIOLENCE SHELTERS IN FLORIDA. THE BOARD OF DIRECTORS MAY ALSO CHOOSE TO

INCLUDE ADDITIONAL COMPARABLE DATA IF REGIONAL OR OTHER COMPARISONS ARE

DEEMED NECESSARY AS A SECONDARY RESOURCE.

AT LEAST THREE COMPARABLE COMPENSATION DATA SHALL BE REVIEWED; IT IS

RECOMMENDED THAT FIVE OR MORE COMPARABLE COMPENSATION DATA BE REVIEWED, IF

AVAILABLE. DATA SOURCES FOR COMPARABLE COMPENSATION MAY INCLUDE THE

FOLLOWING:

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

1. SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES;

2. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS;

3. DOCUMENTED TELEPHONE CALLS TO COMPARABLE ORGANIZATIONS ABOUT SIMILAR

POSITIONS, AND

4. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR

ORGANIZATIONS, WHICH CAN CURRENTLY BE FOUND ON THE CHARITY NAVIGATOR AND/OR

GUIDESTAR WEBSITES.

ALL FORMS OF COMPENSATION FROM THE ABOVE DATA SOURCES MUST BE PROPERLY

AGGREGATED, ACCOUNTED FOR, AND INCLUDED IN TOTAL COMPENSATION.

TO DETERMINE WHETHER THE HUBBARD HOUSE CEO'S COMPENSATION IS COMMENSURATE

WITH OTHER LIKE ORGANIZATIONS, SEVERAL FACTORS SHOULD BE CONSIDERED

REGARDING THE ROLE OF THE CEO/EXECUTIVE DIRECTOR AT HUBBARD HOUSE AS

COMPARED TO OTHER SELECT ORGANIZATIONS.

1. DUTIES AND RESPONSIBILITIES;

2. EXPERIENCE AND LEVEL OF EDUCATION;

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### 3. ANY PROFESSIONAL LICENSES/CERTIFICATIONS;

- 4. THE NUMBER OF EMPLOYEES OF THE ORGANIZATION;
- 5. THE SIZE OF THE BUDGET, REVENUE, AND/OR ASSETS OF THE ORGANIZATION;

6. THE NUMBER OF INDIVIDUALS SERVED BY THE ORGANIZATION (INCLUDING THOSE

SERVED IN- SHELTER AS WELL AS THOSE SERVED THROUGH A CRISIS HOTLINE OR

#### COMMUNITY OUTREACH, IF AVAILABLE);

7. THE NUMBER OF HOURS WORKED; AND

8. WHETHER THE JOB IS NATIONAL OR LOCAL IN SCOPE.

HIGHER COMPENSATION FOR THE HUBBARD HOUSE CEO POSITION MAY BE WARRANTED IN

#### SITUATIONS WHERE, FOR EXAMPLE

1. THE CEO HAS SPECIAL KNOWLEDGE, EXPERIENCE, OR RELATIONSHIPS THAT WOULD

BE DIFFICULT TO REPLACE; AND/OR

2. THE CEO HAS RECEIVED COMPETING OFFERS AT THAT LEVEL OR OTHER SPECIAL

#### CIRCUMSTANCES; AND/OR

3. THE CEO HAS SPECIAL QUALIFICATIONS RELEVANT TO RECOVERING FROM

MISMANAGEMENT OR TO GROWTH INTO NEW AND DIFFERENT AREAS.

### IN EACH OF THESE SITUATIONS, HUBBARD HOUSE MAY NEED TO COMPENSATE THE CEO

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OUTSIDE OF THE RANGE OF WHAT WOULD BE THE MEDIAN FOR COMPARABLE

ORGANIZATIONS

THE EXECUTIVE COMMITTEE MAY ALSO CONSIDER A REASONED OPINION FROM A LAWYER,

CERTIFIED PUBLIC ACCOUNTANT, OR COMPENSATION EXPERT AS A VALUABLE MECHANISM

TO DISCOVER AND STRENGTHEN THE ANALYSIS OR DOCUMENTATION OF THE

COMPENSATION PROCESS.

ADDITIONALLY, THE EXECUTIVE COMMITTEE OF HUBBARD HOUSE, INC. SHALL ANNUALLY

EVALUATE THE CEO ON HIS/HER PERFORMANCE AND ASK FOR HIS/HER INPUT ON

MATTERS OF PERFORMANCE AND COMPENSATION (REFER TO POLICY E-4, CONDUCTING

THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE EVALUATION).

BOARD DOCUMENTATION AND APPROVAL. TO APPROVE THE COMPENSATION FOR THE CEO,

THE BOARD MUST DOCUMENT ANNUALLY HOW IT REACHED ITS DECISIONS, INCLUDING

THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE

COMPENSATION WAS APPROVED. THE DOCUMENTATION MUST BE MADE CONCURRENTLY WITH

THE DETERMINATION OF THE COMPENSATION ARRANGEMENT. RECORDS MUST BE PREPARED

BY THE NEXT MEETING OR WITHIN 60 DAYS OF THE MEETING WHERE COMPENSATION WAS

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### DISCUSSED AND MUST BE REVIEWED AND APPROVED BY THE GOVERNING BODY AS

REASONABLE, ACCURATE, AND COMPLETE. DOCUMENTATION WILL INCLUDE:

1. DESCRIPTION OF ALL TERMS OF COMPENSATION PACKAGE AND BENEFITS APPROVED;

2. DATE APPROVED;

3. THE MEMBERS OF THE BOARD WHO WERE PRESENT DURING THE DISCUSSION ABOUT

COMPENSATION AND BENEFITS, AND THE RESULTS OF THE VOTE (SPECIFICALLY

DOCUMENTING WHO VOTED TO APPROVE, WHO VOTED TO REJECT, AND WHO ABSTAINED);

4. ANY ACTIONS TAKEN (SUCH AS ABSTAINING FROM DISCUSSION AND VOTE) WITH

RESPECT TO CONSIDERATION OF THE COMPENSATION BY ANYONE WHO IS OTHERWISE A

MEMBER OF THE BOARD BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE

DECISION ON THE COMPENSATION AND BENEFITS;

5. A DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON AND HOW THE DATA

WAS OBTAINED; AND

6. THE BASIS FOR THE DETERMINATION WHENEVER THE BOARD DECIDES THE

REASONABLE COMPENSATION IS HIGHER OR LOWER THAN THE RANGE OF COMPARABLE

#### DATA RECEIVED.

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

2

ſ

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Department of the Treasury Internal Revenue Service

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Employer identification number 59-1814635

Name of the organization

### HUBBARD HOUSE INC.

Par	rt I Types of Property							
		(a)	(b) Number of	(c) Noncash contribution		d)		
		Check if applicable	contributions or	amounts reported on	Method of noncash contri			\$
		applicable	items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		27,910.	THRIFT STO	RE SZ	ALES	<u>3 P</u>
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( EDUCATIONAL MAT )	Х	3		FAIR MARKE			
26	Other (OFFICE EQUIPMEN)	Х	3	342.	FAIR MARKE	T VAI	LUE	
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	o contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used t	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,			

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

Schedule M (Form 990) 2022

232141 09-09-22

describe in Part II.

59-1814635 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	44	
232142 09-09-22		Schedule M (Form 990) 2022
		_

15220515 794202 90-04471.000

2022.05090 HUBBARD HOUSE INC.

SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



HUBBARD HOUSE INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

END WE OFFER A FULL COMPENDIUM OF SERVICES FOR VICTIMS OF DOMESTIC

VIOLENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN'S SERVICES AND EDUCATIONAL SUPPORT, COURT ADVOCACY AND

INJUNCTION FOR PROTECTION ATTORNEYS, FOOD, CLOTHING, AND JOB AND

HOUSING HELP.

IN ITS 45 YEARS OF OPERATION, HUBBARD HOUSE HAS SHELTERED MORE THAN 46,500 VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN AND ANSWERED MORE THAN 105,510 HOTLINE CALLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ADVOCACY, INJUNCTION FOR PROTECTION ATTORNEYS, AND JOB AND HOUSING

HELP. ADVOCATES ARE EMBEDDED AT THE OUTREACH CENTER, THE DEPARTMENT OF

CHILDREN AND FAMILIES, IN BAKER COUNTY, AND THE DUVAL COUNTY

COURTHOUSE. HUBBARD HOUSE VICTIM ADVOCATES LOCATED AT THE DUVAL COUNTY

COURTHOUSE PROVIDE VICTIMS OF DOMESTIC VIOLENCE WITH ASSISTANCE IN

NAVIGATING THE CIVIL AND CRIMINAL PROCESS, SAFETY PLANNING, AND OTHER

ADVOCACY SERVICES. THE IFP ATTORNEYS REPRESENT VICTIMS OF DOMESTIC

VIOLENCE IN OBTAINING INJUNCTIONS FOR PROTECTION.

IN ADDITION TO SURVIVOR ADVOCACY, KEY OUTREACH PROGRAMS INCLUDE INVEST,

HARK, WAVE, AND THE JACKSONVILLE SAFETY FIRST PROJECT. INVEST IS AN

AWARD-WINNING, NATIONALLY RECOGNIZED PARTNERSHIP BETWEEN THE

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

Name of the organization HUBBARD HOUSE INC.	Employer identification number 59-1814635
JACKSONVILLE SHERIFF'S OFFICE AND HUBBARD HOUSE, ASSESSING	•
LETHAL DOMESTIC VIOLENCE CASES AND PROVIDING OUTREACH AND	
SURVIVORS. HARK (HEALTHY AND RESILIENT KIDS) IS AN INTERVE	NTION AND
PREVENTION PROGRAM THAT FOCUSES ON CHILDREN AGED 4-17 WHO	HAVE
EXPERIENCED DOMESTIC VIOLENCE IN THEIR HOMES. IN THE PROGR	AM, CHILDREN
ARE PLACED IN AGE-APPROPRIATE GROUPS AND PARTICIPATE IN AC	TIVITIES
DESIGNED TO EDUCATE ABOUT THE DYNAMICS OF DOMESTIC VIOLENC	E AND HOW TO
DEAL WITH EMOTIONS. THROUGH THE WAVE PROGRAM, HUBBARD HOUS	E WORKS IN
THE SCHOOLS, PROVIDING AGE-APPROPRIATE PREVENTION CURRICUL	UM DESIGNED
TO TEACH ABOUT HEALTHY RELATIONSHIPS. THE JACKSONVILLE SAF	ETY FIRST
PROJECT IS A MULTIDISCIPLINARY COMMUNITY COLLABORATION THA	T SUSTAINS
AND STRENGTHENS THE COORDINATION OF THE JUDICIAL AND COMMU	NITY RESPONSE
TO VISITATION AND CUSTODY CASES. IN ALL OF HUBBARD HOUSE'S	OUTREACH
PROGRAMS, WE ADVOCATE ON BEHALF OF SURVIVORS, SEEKING TO F	EDUCE THE
BARRIERS THEY FACE, AND TO ADVOCATE FOR SOCIAL CHANGE WITH	IIN OUR
COMMUNITY.	

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: DESIGNED SPECIFICALLY TO HELP SURVIVORS RECOVER FROM THE TRAUMA OF VIOLENCE AND VICTIMIZATION IN THEIR LIVES. FURTHERMORE, PARTICIPANTS IN THE HOPE PROGRAM ARE OFFERED THE SERVICES OF THE HUBBARD HOUSE COACH (CREATING OPPORTUNITIES AND CAREER HELP) PROGRAM. THE COACH PROGRAM IS A PROVEN ECONOMIC EMPOWERMENT PROGRAM WHICH PROVIDES SURVIVORS WITH ASSISTANCE IN RESUME WRITING, JOB READINESS ASSESSMENTS, CAREER COUNSELING, JOB SEARCHING, CERTIFICATION SUPPORT, INTERVIEW PRACTICE, DRESSING APPROPRIATELY FOR INTERVIEWS, STIPENDS FOR JOB TRAINING, CHILDCARE, AND TRANSPORTATION THROUGH COMMUNITY PARTNERSHIPS WITH BUSINESSES AND OTHER ORGANIZATIONS. ALL SUPPORT SERVICES DELIVERED ARE Schedule O (Form 990) 2022 232212 10-28-22 46 2022.05090 HUBBARD HOUSE INC.

15220515 794202 90-04471.000

Name of the organization HUBBARD HOUSE INC.	Employer identification number 59-1814635
VOLUNTARY AND SURVIVOR DRIVEN, BASED ON AN EMPOWERMENT MOD	EL OF SERVICE
DELIVERY.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER VARIOUS OTHER SERVICES FOR VICTIMS INCLUDING BUT NO	T LIMITED TO
SERVING DISABLED POPULATION, COMMUNITY AWARENESS PROGRAMS,	AND
VOLUNTEER PLACEMENT	
EXPENSES \$ 465,146. INCLUDING GRANTS OF \$ 11,466. REVEN	UE \$ 118.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS FIRST REVIEWED BY THE CEO, CFO AND AUDIT COMMIT	TEE OF THE BOARD
OF DIRECTORS. THEN THE RETURN THEN WILL BE DISTRIBUTED TO	ALL BOARD MEMBERS
VIA EMAIL PRIOR TO FILING THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTER	EST STATEMENT
ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS REVIEWS THE ANNUAL REPORT, EMPLOYME	NT EVALUATION,
COMPENSATION HISTORY AND PERIODIC COMMUNITY COMPARABLES TO	DETERMINE ANY
INCREASES IN THE CEO'S COMPENSATION. THE BOARD APPROVES AN	ANNUAL BUDGET
THAT INCLUDES AMOUNTS FOR COMPENSATION. THE CEO REVIEWS EM	PLOYMENT
EVALUATIONS, COMPENSATION HISTORY AND PERIODIC COMMUNITY C	OMPARABLE TO
DETERMINE ANY INCREASES IN KEY EMPLOYEE COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES THE FORM 990 AVAILABLE UPON REQUEST	

Schedule O (Form 990) 2022

Page 2

232212 10-28-22 220515 794202 90-04471.000	Schedule O (Form 990) 2022 48 2022.05090 HUBBARD HOUSE INC. 90-04
	S AVAILABLE TO THE PUBLIC UPON REQUEST.
	RNING DOCUMENTS, CONFLICT OF INTEREST
FORM 990, PART VI, SECTION C, L	INE 19:

Schedule O (Form 990) 2022 Name of the organization

HUBBARD HOUSE INC.

WEBSITE AND THROUGH BOTH GUIDESTAR AND CHARITY NAVIGATOR WEBSITES.

Employer identification number 59-1814635

Page **2** 

471

15

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

232161 09-14-22 LHA

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

SCHEDULE R (Form 990)

HUBBARD HOUSE INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year

(a)	(b)	(c)	(d)	(e)	(f)		a)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HUBBARD HOUSE FOUNDATION - 20-3809007	ACCEPT CONTRIBUTIONS AND						
PO BOX 4909	MAKE DISTRIBUTIONS TO						
JACKSONVILLE, FL 32201	HUBBARD HOUSE, INC	FLORIDA	501(C)(3)	LINE 10			х

Schedule R (Form 990) 2022

**Open to Public** Inspection

Employer identification number

59-1814635

OMB No.	1545-0047

### Schedule R (Form 990) 2022 HUBBARD HOUSE INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
	1										
	1										
	-										
	4										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

## Schedule R (Form 990) 2022 HUBBARD HOUSE INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	_
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) HUBBARD HOUSE FOUNDATION INC	С	473,839.	CASH
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

### Schedule R (Form 990) 2022 HUBBARD HOUSE INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	<u>م</u>	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all	Share of	Share of		• <b>,</b> opor-	Code V-UBI	Genera	
of entity	i innary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(	(c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership
,		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				163				163	NU	(************	163	

Schedule R (Form 990) 2022

HUBBARD HOUSE INC.

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

53 2022.05090 HUBBARD HOUSE INC.

232165 09-14-22