

## 1. Completeness Checklist

Applicants must complete chart below and attach as PAGE 1 of the submission.

<u>Application Forms and Attachments</u>	<u>Page #</u>
<b>Project Name:</b> Empowering Communities and Expanding Access: A Multi-Layered Strategy for Opioid Prevention, Treatment, and Recovery Support	
<b>Project Applicant:</b> Health and Hope Clinic	
<b>Table of Contents (COMPLETENESS CHECKLIST)</b>	<b>1</b>
1. Applicant Information	<input checked="" type="checkbox"/>
2. Project Information	<input checked="" type="checkbox"/>
3. Certification	<input checked="" type="checkbox"/>
4. Project Description	<input checked="" type="checkbox"/>
5. Quality of Service Questionnaire	<input checked="" type="checkbox"/>
6. Ability to Complete Activities Outline	<input checked="" type="checkbox"/>
7. Budget Narrative	<input checked="" type="checkbox"/>
8. Budget and Match Form	<input checked="" type="checkbox"/>
9. Project Outcomes	<input checked="" type="checkbox"/>
10. Required Attachments	<input checked="" type="checkbox"/>
a. Documentation of Partnerships – MOUs, Letters of Commitment or Contracts demonstrating location and program services in Escambia County	<input checked="" type="checkbox"/>
b. Applicants Annual Operating Budget	<input checked="" type="checkbox"/>
c. Proof of 501c3 Status	<input checked="" type="checkbox"/>
d. Current W-9	<input checked="" type="checkbox"/>
e. 2022 and 2023 Tax returns	<input checked="" type="checkbox"/>
f. Two most recent years' financial statements (audited, if applicable)	<input checked="" type="checkbox"/>

## SECTION V: Application Forms

All forms must be complete for application to be considered for conditional award.

### 1. Applicant Information

Organization Name: <b>Health and Hope Clinic, Inc.</b>	Authorized Organization Representative Name/Title: <b>Sally Bergosh, Executive Director</b>
Address: <b>1718 E. Olive Rd.</b>	Telephone: <b>(850) 479-4456 / (850) 748-4456</b>
City, State/Zip: <b>Pensacola, FL 32514</b>	Organization Website: <b>healthandhopeclinic.org</b>
Contact Person Name/Title: <b>Sally Bergosh, Executive Director</b>	Unique Entity ID (SAM #): <b>XV8TQTUKAZK1</b>
Contract Person E-mail: <b>sbergosh@healthandhopeclinic.org</b>	Federal Employer ID #: <b>26-4336638</b>

### 2. Project Information

Project Name: <b>Empowering Communities and Expanding Access: A Multi-Layered Strategy for Opioid Prevention, Treatment, and Recovery Support</b>	
Project Address <i>(if different from organization address)</i> :	
This is a/an: <input type="checkbox"/> New Project or <input checked="" type="checkbox"/> Expanded Project	
Total Funding Requested for this Project: <b><u>\$250,000</u></b>	
Number of Persons to be Served: <b><u>3,000</u></b>	
Project Type <i>(check as many as applicable below)</i> :	
Medication Assisted Treatment	<input checked="" type="checkbox"/> Education Program
<input checked="" type="checkbox"/> Prevention	Recovery
Treatment (other than medication assisted) (specify model): _____	
<input checked="" type="checkbox"/> Overdose Reversal Medication Distribution	<input checked="" type="checkbox"/> Criminal Justice Training, Prevention, and Treatment
Other (please specify):	


<b>Target Population (check as many as applicable below):</b>	
<input checked="" type="checkbox"/> Chronically Homeless <input checked="" type="checkbox"/> Single Individuals <input checked="" type="checkbox"/> Victims of Domestic Violence <input checked="" type="checkbox"/> LGBTQI+ Individuals/Families/Youth <input checked="" type="checkbox"/> Other: Sex Trafficked Victims	<input type="checkbox"/> Families <input checked="" type="checkbox"/> Unaccompanied Youth (ages 18-24) <input checked="" type="checkbox"/> Veterans <input checked="" type="checkbox"/> Individuals with Severe and Persistent Mental Illness
<b>Target Service Location (check as many as applicable below):</b>	
<input checked="" type="checkbox"/> City of Pensacola <input type="checkbox"/> Town of Century	<input checked="" type="checkbox"/> Unincorporated Escambia County <input checked="" type="checkbox"/> All of Escambia County <input checked="" type="checkbox"/> Other: Santa Rosa
Is this project using a mobile based treatment model? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### 3. Certification

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative:

Signature:



Typed Name: **Sally Bergosh**

Title: **Executive Director**

## **Project Narrative**

### **Project Title:**

**Empowering Communities and Expanding Access: A Multi-Layered Strategy for Opioid Prevention, Treatment, and Recovery Support**

### **Project Summary:**

Health and Hope Clinic (H&H Clinic) seeks \$250,000 in FY25–26 Opioid Abatement Funds to implement a comprehensive, evidence-aligned strategy that addresses opioid misuse and overdose in Escambia County. This project will scale existing infrastructure—like our Narcan distribution network, mobile outreach, and the newly launched Health and Wellness Center—and expand access to treatment, education, and recovery services for uninsured and underserved populations. This preventative program will also provide easier access to clinic resources and community referrals via Together App innovative solution.

The proposed approach aligns with Core Strategies A, B, E, and G from Schedule A of the State Abatement Agreement and directly advances the NOFA's Priority 1 (Performance Measures) and Priority 2 (Innovation and Evidence-Based Programs).

### **Target Population:**

- Uninsured and underinsured individuals
- Individuals at high risk of overdose
- Spanish-speaking, minority populations, and rural residents
- Individuals diverted from Emergency Departments
- First responders and volunteers

### **Scope of Services:**

This project serves an estimated 3,000 individuals annually through the following seven components:

#### **1. Expanded Naloxone (Narcan) Distribution & Training**

Double naloxone distribution to high-risk ZIP codes, equip first responders and smaller nonprofits, deliver overdose prevention education and trainings, and report overdose reversals.

**Alignment:** Core Strategy A; NOFA Priority 1; Bonus for Mobile Services.

#### **2. Mobile Intervention Team**

Deploy a mobile team staffed by a nurse and case manager. Provide Narcan, screenings, mental health referrals, and app-based linkage-to-care.

**Alignment:** Core Strategies B(3), E(1–4), G(5); Bonus for Mobile Unit.

### **3. Emergency Room Diversion & Warm Hand-Offs**

Coordinate with local hospitals to refer overdose patients and connect them via the Together app and care coordination.

Alignment: Core Strategy E(1-4); NOFA Priority 3.

### **4. Behavioral Health Integration**

Expand screenings and referrals within the clinic departments utilizing integrative care model and referrals to early prevention with behavioral health staff and peer navigators along with SUD referrals with CDAC and Lakeview Center. Employ an RN to support triage.

Alignment: Core Strategies B(1,3), F(1), G(2).

### **5. Health & Wellness Center**

Train community, volunteers, and providers on Narcan use, trauma-informed care, and more. Provide therapy, CPR certification, nutrition classes, and preventative mental health group counseling.

Alignment: Core Strategy G(2,4,5).

### **6. In-House Pharmacy Expansion**

Increase availability of no-cost psychiatric medications. Support continuity of care through interns and volunteers.

Alignment: Core Strategy B(1,4); Schedule B Treatment and Recovery Support Services.

### **7. "Together" Digital Resource Repository**

Launch app to connect clients to wrap-around services like housing, SNAP, SSI/SSDI, support groups, and more. Additionally this will connect patients to all health and wellness services provided at the clinic.

Alignment: Core Strategies E(4), G(1,5), B(2); NOFA Priority 2.

### **Evidence-Based Approach:**

SAMHSA-approved trauma-informed practices and overdose prevention models; integration with Escambia's Recovery-Oriented System of Care (ROSC); and a digital health platform that supports care continuity.

### **Strategic Partnerships:**

MOUs with:

- HCA, Baptist, Sacred Heart (ER diversion and referral)
- CDAC and Lakeview Center (SUD referrals/psychiatry referrals)
- Faith Health Network (BLS training, health screenings, and volunteer coordination)
- Local nonprofits (Narcan education and distribution)

These collaborations enable warm hand-offs, continuity of services, prevention, education, and community engagement.

**Budget Overview:**

Total Request: \$250,000

- Staffing (RN, Coordinator, Outreach): \$140,000
- Narcan, training supplies, and certifications: \$45,000
- App development: \$25,000
- Pharmacy inventory: \$20,000
- Wellness programming and language services: \$15,000
- Admin and reporting: \$15,000

**Evaluation & Impact Measures:**

- Tracking of overdose reversals and Narcan distribution volume
- App usage metrics (Utilizations/Downloads)
- ED diversion and referral tracking data
- Patient counseling visits
- Training completions and participant feedback
- Tracking events and community outreach
- Tracking volunteer hours and dollar value of free services
- Tracking of patient health outcomes

## **Quality of Service Questionnaire – Health & Hope Clinic**

### **1. Describe how the project aligns with Escambia County's Opioid Abatement Strategic Summary (Appendix 1).**

Health & Hope Clinic directly addresses multiple core strategies in Escambia County's Opioid Abatement Plan. As the only comprehensive and completely free integrative primary care clinic in the region, H&H distributes Narcan widely, trains over 230 volunteers annually in overdose response, and offers opioid education through the "How to Save a Life" initiative. The clinic is pioneering warm hand-off protocols with local emergency departments, ensuring that overdose survivors are connected to peer navigators and behavioral health services. These activities reduce both fatal and non-fatal overdoses, expand treatment access, and increase community-wide prevention education.

### **2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing Behavioral Health systems in Escambia County, and how this project will integrate with those systems.**

Health & Hope Clinic partners closely with Lakeview Center and CDAC Behavioral Health to refer patients identified with co-occurring mental health and substance use disorders. Through our mobile intervention team and app-based resource hub, we routinely interface with agencies serving the homeless—including Waterfront Rescue Mission, Reentry Alliance Pensacola (REAP), and transitional housing programs. Our care model complements CoC efforts by providing behavioral screenings, Narcan access and education, and navigation services directly to unsheltered and housing-insecure populations. The clinic also utilizes Opening Doors for referrals and ID's for homeless patients.

### **3. Describe your procedure for assessing participants' needs and making client referrals to other service providers. Describe how you ensure that participants are connected to the services they request.**

Our intake process includes a comprehensive social determinant of health (SDOH) screening that assesses behavioral health, housing status, income, employment, and medical needs. After triage, case managers and volunteer navigators connect clients with wrap-around services and will soon be utilizing the Together app. This digital tool will enable warm referrals and real-time updates on connection status. For critical services—such as MAT, housing, or behavioral care—our RN and behavioral health team follow up directly with partner agencies to confirm appointments and continuity of care. Lakeview reports to H&H Behavioral Health Manager with the referral status, which is tracked by the Health Navigators and reported monthly. Every patient is seen by a primary care provider that utilize preventative mental health screenings, as well. On site referrals are completed and tracked via Athena and are reported monthly. Health and Hope Clinic is linked in the portal with Baptist and Ascension Sacred Heart for confirmation of received services and continuity of care. On site pharmacy tracks all medications and refills and is linked with Surescripts for additional support with outside pharmacies. Last year, from July 1, 2024-

June 30, 2025, the clinic filled 9,046 prescriptions, equating to \$4.5 million in free medications. Partnerships in bulk medicine programs with Merck, Pfizer, Americares, and Direct Relief support our patients and are audited yearly to ensure accurate inventory tracking, compliance, and accountability.

**4. Describe how the project will provide connections to permanent supportive solutions. Include the extent to which this project will connect clients to mainstream services and community-based supports.**

The Together app will serve as a comprehensive digital bridge to mainstream benefits (Medicare, Medicaid, SNAP, SSI/SSDI), housing programs, and substance use treatment services. Clinic staff also provide hands-on support with applications and referrals. Additionally, we connect clients to civic and faith-based organizations for mentorship, volunteerism, life skills development, and community engagement. Our care model emphasizes long-term stability through both clinical recovery and community re-integration. The clinic also utilizes UWF and FSU social work students to address social determinants of health (SDH) with patients and walk-ins and connects them to additional resources.

**5. Explain how your agency engages persons with lived experience and historically marginalized groups in the design and evaluation of programs and services. Include the number of persons engaged and their role.**

H&H Clinic maintains a volunteer and advisory board that includes individuals with lived experience in substance use recovery, homelessness, and incarceration. These individuals have co-designed aspects of the "How to Save a Life" program, served as peer navigators, and are providing feedback on our app and training content. As of this application, five individuals with lived experience serve in active peer educator or planning roles. We prioritize inclusion of BIPOC and Spanish-speaking individuals in leadership and client-facing roles to ensure culturally responsive service delivery. The clinic's Cultural Competency Training will also help with engagement with different communities and people. The clinic also deploys a healthcare mobile team to hundreds of events over the last two years, specifically targeting marginalized and minority populations. There are (5) core team members providing these community engagements, education, Narcan distribution, and health and wellness checks. The clinic also utilizes all volunteers for supporting these community events and mobile team.

**6. Explain your agency's experience providing services to individuals and families who have substance use or co-occurring disorders, including federal, state, and/or local government grant experience and capacity to administer the project and oversee all compliance requirements.**

Health & Hope Clinic has provided services for individuals with co-occurring disorders for over a decade. We have managed multiple large-scale grants, including our current Impact 100 grant (\$108k), DOH (\$500k), Amgen Grant (\$225k), HRSA COVID Vaccination Grant



(\$350k) and annually administers funds from the Florida Association of Free and Charitable Clinics, Florida Dental Association, NWF Health Network, United Way West Florida, and BOCC Community Partners Grant. These grants all have components of preventative access to care, Narcan, and mental health services. Our finance and compliance team ensures that all reporting is submitted accurately and on time, and our clinical team maintains complete documentation for each encounter. Our infrastructure supports quarterly performance reporting, outcome tracking, and reimbursement-based budgeting.

**7. Describe how your agency has worked to remove traditional barriers to services for individuals and families who have substance use or co-occurring disorders.**

Our clinic operates entirely free of charge, with no sliding scale or billing. The clinic is dedicated to filling the health care gaps that affect our local communities by providing whole-patient health care to tackle health disparities. The clinic provides the safety net and delivers care to those who might otherwise go without. In 2024-2025, the clinic provided 20,000 patient visits for 2,148 unique patients, including 1,229 mental health counseling visits. The clinic recently opened its new Health and Wellness Wing in January 2025 and has hosted over 200 health education, group counseling, and preventative care training classes. All classes are open to the community for participation and access to care and training for everyone. The clinic is the Northwest Florida Free Distribution Center for Narcan since 2019 and has given out thousands of Narcan to other non-profits as well as thousands of individuals along with health education and Narcan training via in-house pharmacy. We serve patients in English, Spanish, Ukrainian, and Haitian Creole and offer transportation referrals, telemedicine/counseling, and flexible scheduling. Our app will eliminate location-based access issues and empower clients to find services independently. Additionally, we supply medications—especially psychiatric prescriptions—at no cost through our in-house pharmacy. The clinic is located on the bus line and has a partnership with Manna that supplies weekly emergency food bags. The clinic also partners with Levin Papantonio Law Firm, The Farm, American Heart Association (AHA) and Manna in an effort to supply fruit and veggies with heart healthy recipes for the most chronic patients. The clinic's partnership with United Way West Florida utilizes the 211-referral line for free services and posts the Survival Guide on the clinic's home page for easy access.

**8. Describe how your agency evaluates program success.**

We use a mixed-method evaluation model combining quantitative outcomes and qualitative feedback. Key metrics include Narcan distribution and reversals, warm hand-offs completed, app usage, behavioral screenings, patient visits and referral tracking through EMR Athena, Latham Software for volunteer tracking and value of services, and SUD referrals. Clients are surveyed at multiple stages, and all trainings are evaluated for relevance and impact. Data is reviewed monthly by our leadership team and shared with funders and partners to inform quality improvement.

**9. Describe how the agency will continue to provide quality services in the community in the case of reduced or loss of funding.**

Our operations are sustained through a diverse funding portfolio that includes individual donors, foundation support, corporate and community support, grants, annual fundraisers, and annual campaigns. We maintain a reserve fund and strong community partnerships that enable continuity of care services. Key stakeholders are long-standing supporters and committed to the longevity of Health and Hope Clinic's services. The clinic utilizes 419 volunteers (Over 41,000 volunteer hours equating to \$1.5 million-if we were paying salaries)- medical providers, mental health counselors, nurses and specialists to provide free access to preventative and whole-patient care. The clinic utilizes student rotations with Florida State University's School of Medicine and Social Work, Florida A&M School of Pharmacy, Pensacola Christian College School of Nursing, University of West Florida Social Work and Healthcare Management, Pensacola State College Pharmacy Technicians, Nursing and Dental Hygienist programs, and University of Florida PA Program. These partnerships provide a pipeline of continuous volunteers. Last year, the clinic provided over \$8 million dollars in free healthcare. The clinic is celebrating its 22<sup>nd</sup> year of successfully meeting its mission while strengthening Health and Hope Clinic's capacity for care. The Board of Directors work collaboratively with the Executive Director to ensure sustainability of the clinic. Members of the board of directors are actively engaged in fundraising, public relations, and advocacy with key partners and funding sources. The clinic continues to pursue diversified funding sources. Because of our track-record of adaptability of changing economical conditions and the demands for services that will never recede, we are committed to the clinic's mission of providing health and hope for the hurting and underserved.

## **Ability to Complete Activities Outline – Health & Hope Clinic**

### **1. Describe your organization's experience implementing similar programs.**

Health & Hope Clinic has been delivering high-quality, integrated healthcare and prevention services to uninsured and underinsured residents of Escambia County since 2003. Our clinic has successfully launched and scaled multiple opioid prevention and treatment initiatives, including:

- "How to Save a Life" Campaign: An Impact 100-funded initiative that distributed thousands of doses of Narcan and trained volunteers and community members on overdose response and education.
- ER Diversion Program: In collaboration with HCA, Baptist, and Sacred Heart, we implemented a referral and warm hand-off system for uninsured patients discharged from emergency rooms.
- Behavioral Health Referral System: We coordinate with Lakeview Center and CDAC Behavioral Health to triage and connect patients with co-occurring substance use and mental health disorders to appropriate care.

Additionally, the clinic has operated large-scale health outreach and education initiatives in underserved communities and was an early adopter of mobile outreach and peer navigation to address both physical and behavioral health disparities. In 2024 we tracked over 1024 engagements and provided mobile outreach services at over 63 community events.

### **2. Describe how your organization will ensure the project will be fully implemented and operational within 6 months of execution of the funding agreement.**

Health & Hope Clinic has a shovel-ready strategy that builds on established infrastructure and staffing. Specifically:

- Personnel: Existing clinical and administrative teams are in place, with position descriptions for new staff (RN, outreach coordinator) already written and ready for posting.
- Mobile Team: Our mobile outreach model is currently operational. The grant will enable the expansion of routes, staffing, and inventory (Narcan kits/education, supplies).
- Training Programs: Curriculum for overdose response, trauma-informed care, and Spanish-language instruction is ready to deploy through our Health & Wellness Center.
- Together App: The first version of the app has been wireframed and designed. Upon award, we will contract a developer (local partner identified) to launch v1 within 60–90 days. Together app connects users to housing, treatment, recovery resources, Health and Wellness classes, and clinic specialty services. The Together App supports wrap-around care, reduces barriers, and enhances access to services

A full project launch timeline with milestones and deliverables has already been developed to ensure rapid execution.

**3. Describe how your agency has experience operating on a reimbursement basis and submitting timely documentation to Escambia County.**

Health & Hope Clinic has successfully managed multiple reimbursement-based funding streams including:

- Florida Association of Free and Charitable Clinics (FAFCC)
- Impact 100 grant funding
- Local foundation support requiring milestone-based invoicing
- Board of County Commission funding for Community Partners
- United Way West Florida
- NWF Health Network

We have dedicated finance staff trained in cost tracking, receipt documentation, and quarterly reporting. Our accounting system (QuickBooks for Nonprofits) allows us to segment budgets by grant and line item for transparency and compliance. We've also collaborated with Escambia County on health education initiatives and submitted timely documentation through those engagements. The clinic engages in financial best-practices that include annual audits and an independent accountant that prepares monthly financial statements that are reviewed and approved monthly by the Board of Directors.

**4. Describe how your agency will evaluate project outcomes, including how data will be tracked, collected, and reported.**

Our evaluation framework includes both process and outcome metrics. We track:

- Narcan units distributed and reported reversals
- Number of individuals reached via mobile outreach
- Referrals made and completed for MAT, housing, and behavioral services
- Together App usage analytics (downloads, logins, referrals accessed)
- Number of clients diverted from emergency departments
- Attendance and feedback from training sessions

Data is collected via:

- Internal EMR systems for clinical data and the value of care
- Mobile team reports and community outreach logs
- App-based analytics dashboard
- Participant surveys and partner follow-ups
- Tracking system for volunteer hours, departments, and value of hours

Our Data & Evaluation Coordinator compiles and submits quarterly reports aligned with Escambia County's performance benchmarks.

**5. Describe how your organization will maintain program fidelity and quality of service throughout the duration of the grant.**

H&H Clinic maintains strict adherence to best practices, evidenced by our partnerships with CDAC and Lakeview and compliance with SAMHSA-recommended care models. To ensure program fidelity:

- Staff Training: All staff and volunteers complete onboarding in trauma-informed care, Narcan administration, and cultural competence.
- Quality Assurance Reviews: Quarterly internal reviews are conducted to assess service delivery outcomes and compliance with protocols.
- Participant Feedback: We regularly collect participant and partner feedback to refine service quality and responsiveness.
- Clinical Oversight: The Medical Director, Chief Clinical Officer, and RN oversee adherence to medical protocols, particularly regarding overdose prevention and behavioral health referrals.

Our reputation for integrity, trust, and excellence ensures quality remains central to every service we provide.



## **Budget Narrative – Health & Hope Clinic**

**Project Title: Empowering Communities and Expanding Access: A Multi-Layered Strategy for Opioid Prevention, Treatment, and Recovery Support**

**Total Funds Requested: \$250,000**

### **1. Personnel – \$140,000**

**- Registered Nurse (1 FTE) – \$65,000**

Will oversee clinical operations of the mobile outreach team, conduct behavioral health screenings, administer Narcan, and participate in hospital warm hand-offs.

**- Outreach Coordinator/Case Manager (1 FTE) – \$50,000**

Will manage community-based engagement, provide linkage-to-care, facilitate referrals, and monitor client progress in the Together app ecosystem.

**- Part-Time Behavioral Health Liaison (0.5 FTE) – \$25,000**

Will coordinate with CDAC, Lakeview, and internal staff to triage behavioral health needs, conduct follow-ups, and support data collection.

### **2. Supplies & Training Materials – \$45,000**

**- Narcan/Naloxone Kits – \$15,000**

To expand the distribution of free Narcan to individuals, nonprofits, and first responders. Includes bulk purchase of kits and printed health education instructions in English and Spanish.

**- Training Supplies & Materials – \$20,000**

Includes CPR Anywhere Kits, trauma-informed care manuals, volunteer toolkits, and BLS certification materials.

**- Peer Specialist Certifications – \$10,000**

Covers trauma-informed care and CPR training materials to ensure volunteers and staff meet professional standards.

### **3. Technology & Digital Tools – \$25,000**

**- Together App Development and Deployment – \$20,000**

To fund the continued buildout of the app's backend database, referral logic, Spanish-language content, and client interface.

**- Laptops & IT Infrastructure – \$5,000**

Two laptops and mobile hotspot devices for the mobile unit and training center.

#### **4. Pharmacy Expansion – \$20,000**

##### **- Non-controlled Medications – \$20,000**

Covers purchasing key medications (e.g., antidepressants, antipsychotics) for uninsured patients to reduce relapse and self-medication risk.

#### **5. Wellness Center Programs – \$15,000**

##### **- Health Education Classes & Group Therapy – \$10,000**

Cooking classes, smoking cessation, exercise sessions, and recovery support groups to address trauma and build resilience.

##### **- Interpreter Services & Medical Spanish Instruction – \$5,000**

To train providers and volunteers in culturally and linguistically competent care delivery.

#### **6. Administrative Costs – \$15,000**

##### **- Grant Reporting & Compliance – \$5,000**

Covers the cost of administrative staff time to manage documentation, reporting, and compliance with NOFA requirements.

##### **- Indirect Costs (Utilities, Communications, Software) – \$10,000**

Includes a portion of overhead costs tied directly to this program (e.g., Zoom licenses, phone support for app users, and utilities).

#### **Budget Summary Table**

Category	Amount
Personnel	\$140,000
Supplies & Training Materials	\$45,000
Technology & Digital Tools	\$25,000
Pharmacy Expansion	\$20,000
Wellness Center Programs	\$15,000
Administrative/Indirect Costs	\$15,000
Total Request	\$250,000



# Budget Template

## Notice of Funding Availability

*Complete ONLY BLUE fields. Do not edit grey fields.*

Year 1 (Dates will be based on award date)		
Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
Case Management	1 FTE Outreach Coordinator/Case Manager	\$50,000
Peer Support Staff	0.5 FTE Behavioral Health Liaison	\$25,000
Nursing Staff	1 FTE Registered Nurse	\$65,000
Peer Specialist Certifications	Trauma-informed care and CPR training materials	\$10,000
Mobile Service Delivery Vehicles and Associated Costs (i.e. mileage, maintenance, etc.)	Mileage and maintenance for outreach	\$0
Computers, Phones, and other equipment for program staff	Laptops and hotspot for mobile unit and staff	\$5,000
Program Related Supplies (i.e. harm reduction materials, PPE, medications)	Narcan kits and education materials, PPE, harm reduction and clinical supplies	\$35,000
Marketing and Educational Materials	Health classes, bilingual signage, printed materials	\$10,000
Other Expenses	Interpreter services and volunteer instruction	\$5,000
Other Expenses	Behavioral health non-controlled pharmaceuticals for uninsured	\$20,000
Other Expenses		
<b>Subtotal Requested</b>		<b>\$235,000</b>
<i>Admin Requested (MAX 10%) (i.e. accounting costs, contract management costs, facility costs)</i>		<b>\$15,000</b>
<b>Total Amount Requested</b>		<b>\$250,000</b>

## Project Outcomes – FY25-26 Escambia County Opioid Abatement

### Health & Hope Clinic

Performance Measure	Baseline Data (include source)	Desired Outcome	How the outcome will be achieved and monitored
1. Reduced number of fatal overdoses	77 suspected opioid-related deaths (CORE – Coordinated Opioid Recovery)	25% reduction in fatal overdoses among identified high-risk individuals within 1 year.	Expand Naloxone (Narcan) distribution and training via mobile outreach, clinic distribution, & partnerships w/ first responders and nonprofits; follow-up care tracked in EMR (Athena) & county overdose fatality review team will track outcomes.
2. Reduced number of EMS overdose responses	36 EMS overdose responses linked to uninsured patients within clinic ZIP codes (DOH + EMS 2023 reports)	20% reduction in EMS responses in target ZIP codes within 1 year.	Naloxone training for community members and first responders, warm hand-offs from EMS to clinic care, and expanded access to prevention and treatment services. EMS reporting data will be reviewed quarterly.
3. Increase in substance use disorder treatment referrals to reduce opioid overdoses	12 patients-initiated MAT referrals in 2023 (HHC clinic data/health navigator tracking)	Double the number of MAT initiations to 24 by the end of project year.	EMR-based screening questionnaires, referrals to partner rehabilitation facilities, and case management support. Clinic will track referrals and follow-up engagement.
4. Increase in access to substance use disorder treatment programs	Clinic data/EMR- 60 patients report barriers to accessing SUD programs (HHC psychosocial surveys)	Increase access to SUD treatment programs by 10% within 1 year.	Expansion of peer specialists/mental health & mobile clinic services, use of Together App to connect pts to SUD

5. Increase access to substance use prevention programs	Ad hoc education via volunteers; no consistent program (HHC Clinic Data)	Implement a recurring monthly opioid prevention class.	Launch evidence-based prevention curriculum; attendance and feedback forms tracked and reported quarterly.
6. Increase in substance use disorder training, treatment, and prevention in the Criminal Justice Departments	Informal partnerships with jail chaplains; no formal referrals or trainings (HHC Clinic Data)	Initiate formal referral pipeline with Escambia County Jail and deliver 2 prevention workshops.	Establish MOU with jail reentry program; deliver workshops and track participation and linkage-to-care outcomes.
9. Other: addressing Social Determinants of Health	Clinic intake surveys show over 50% of patients report barriers such as food insecurity, homelessness, or lack of transportation. (HHC Clinic Data/Athena EMR)	Peer Specialists will promote the use of the Together App to increase engagement of resources identified within the app among 20% of the clinic's patients.	Leverage the Together App to connect individuals to resources, case management follow-up, clinic-community partnerships.

## **Alignment with FY25–26 Escambia County Opioid Abatement Priorities**

### **Priority 1: Performance Measures**

#### **Reduction in the number of fatal overdoses**

Health and Hope Clinic (H&H) distributes free Narcan to the public and over 30 nonprofit partners, leading to numerous reported overdose reversals. Volunteers, students, and patients are trained to respond to overdoses, increasing community capacity.

#### **Reduction in the number of non-fatal overdose Emergency Department visits**

Through formal partnerships with HCA, Sacred Heart, and Baptist hospitals, H&H receives non-fatal overdose referrals for uninsured patients and provides outpatient follow-up care, preventative care, and peer support-reducing ED reliance.

#### **Increase in substance use disorder treatment to reduce opioid overdoses**

H&H conducts SUD screenings and connects clients with MAT, CORE, and therapy providers. The mobile team also brings these services directly to vulnerable populations.

#### **Increase in access to substance use disorder treatment programs**

As the only full-service free clinic in the area, H&H provides 100% free healthcare and connects patients to detox, housing, CORE, and MAT services via the Together app.

#### **Increase access to substance use prevention programs**

The 'How to Save a Life' campaign educates the community on opioid risks and response. The Health and Wellness Center offers public health education, Narcan training, and support classes and counseling. Additionally, the clinic plays a critical role in preventing opioid misuse among dental patients by providing free access to urgent dental care and non-opioid pain management solutions for uninsured individuals. By offering free extractions, antibiotics, and non-opioid analgesics, the clinic eliminates a major driver of street-level opioid use: unmanaged dental pain. The dental team educates patients on safe pain relief, proper medication use, and the risks of self-medicating with illicit substances. For patients presenting with dental pain who also screen positive for trauma or substance use history, our integrated care model enables warm hand-offs to behavioral health staff and peer navigators-intervening at a critical moment before addiction pathways take root.

#### **Increase in SUD training, treatment, and prevention in Criminal Justice Departments**

H&H trains first responders including law enforcement and EMS, supporting pre-arrest diversion efforts and treatment-first approaches.

### **Priority 2: Innovation and Evidence-Based Programs**

#### **Community-Based Innovation**

H&H deploys a mobile intervention team to reach the homeless and uninsured in the community. The 'Together' app bridges digital access gaps for services and referrals.

#### **Evidence-Based Frameworks**

Programs include trauma-informed care training and overdose response aligned with SAMHSA and WHO models. Partnerships with CDAC and Lakeview reinforce evidence-based care delivery.

#### **Technology-Enhanced Prevention**

The Together app includes Narcan instruction and health education, benefit application guidance, and SUD provider access. It promotes digital self-sufficiency and streamlines service access.

### **Priority 3: Strategic Partnerships**

#### **Housing Providers**

H&H connects clients to housing authorities and shelters through its app and direct coordination with transitional housing facilities.

#### **Workforce Development Boards**

Through faith-based and civic partnerships, H&H provides job placement and training resources in its digital platform and peer support programming.

#### **Physical and Behavioral Healthcare Organizations**

Formal partnerships with CDAC, Lakeview, and Baptist enable referral, screening, and warm handoffs for intense behavioral health interventions. The Health and Hope Clinic is providing preventative screenings, counseling, pharmacy, and group counseling on site. Additional Partnerships with Valerie's House for group grief counseling and Peer-Support led classes with NAMI at Health and Hope Clinic, as well.

#### **Insurance and Benefits Navigation**

The Together app offers access to SNAP, SSI/SSDI, Medicaid, and more. Clinic staff assist in navigating enrollment and sustaining support. The clinic provides ongoing Lunch and Learns with community partners, teaching patients how to access and enroll in Medicare and Medicaid.

## Health & Hope Clinic – Core Strategy Alignment Table

This table outlines how Health & Hope Clinic currently provides services that align with the Core Strategies defined in the FY25–26 Escambia County Opioid Abatement Implementation Plan. Each entry includes the Sub-Category, Description, Core Strategy, Allowable Use, and a detailed justification.

Sub-Category	Description	Core Strategy	Allowable Use	Justification
Naloxone Distribution	Free Narcan distribution to public and 30+ nonprofits; volunteer training	A	Expand training and distribution of naloxone	H&H Clinic is the only free clinic in the region that distributes Narcan at no cost, offering education to the public and nonprofits, aligned with Core Strategy A(1)(2).
MAT Access & Referral	Behavioral health referrals and warm hand-offs for treatment	B	Increase MAT access and treatment support	Through formal partnerships, H&H connects individuals with MAT programs and treatment facilities, addressing B(1)(3)(4).
Hospital ER Diversion	Partnerships with hospitals for post-overdose warm hand-offs	E	Expand warm hand-offs and recovery services	H&H reduces repeat overdoses by providing peer navigation and outpatient recovery referrals after ED discharges.
Mobile Services	Outreach to high-risk communities	E	Mobile harm reduction and referral	The mobile unit reaches individuals in underserved areas, directly fulfilling Core Strategy E(1)(4).

Wellness & Recovery Center	Training center for Narcan, CPR, trauma-informed care, peer-led recovery, movement classes, food as medicine program, gardening classes	G	Evidence-based prevention and community training	Health & Hope's center equips frontline responders and patients with practical skills aligned with Core Strategy G(2)(5).
App-Based Resource Navigation	Together app connects users to housing, treatment, recovery resources, Health and Wellness classes, and clinic specialty services	E / G	Linkage to care and digital outreach	Supports wrap-around care, reduces barriers, enhances access to services per Core Strategy E(4)(5) and G(1)(5).



ATLANTA GA 39901-0001

In reply refer to: 0752439619  
May 20, 2016 LTR 4168C 0  
26-4336638 000000 00  
00027278  
BODC: TE

HEALTH AND HOPE CLINIC INC  
% RICK HOLLIS  
1718 E OLIVE RD  
PENSACOLA FL 32514-7553

027951

Employer ID Number: 26-4336638  
Form 990 required: Y

Dear Taxpayer:

We issued you a determination letter in July 2009, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).



0752439619  
May 20, 2016 LTR 4168C 0  
26-4336638 000000 00  
00027279

HEALTH AND HOPE CLINIC INC  
% RICK HOLLIS  
1718 E OLIVE RD  
PENSACOLA FL 32514-7553

Sincerely yours,

A handwritten signature in black ink, appearing to read "Teri M. Johnson". The signature is fluid and cursive, with the first name "Teri" being more prominent.

Teri M. Johnson  
Operations Manager, AM Ops. 3

2025 Budget Summary-Health & Hope Clinic

	2025 Budget	Full Year 2024	2024 Budget
<b>Receipts</b>			
24020 · Pensacola Bay Baptist Assoc.	\$5,000	\$6,375	\$8,500
24030 · Grants	\$388,790	\$255,429	\$200,000
24031 Amgen Grant-2024-2025	\$121,629	\$-00	\$-00
24035 · Christmas at the Clinic	\$225,000	\$255,823	\$200,000
24060 · Church Contributions	\$75,000	\$46,775	\$80,000
25070 · Community Contributions	\$65,000	\$57,816	\$65,000
25072 · Board of County Commissioners	\$28,500	\$21,301	\$28,500
25080 · Medical Records Reimbursements	\$3,244	\$3,052	\$3,250
<b>Total Receipts</b>	<b>\$912,163</b>	<b>\$646,571</b>	<b>\$585,250</b>
<b>35100 · Personnel</b>			
35110 · Executive Director	\$85,000	\$89,558	\$80,004
35115 · Clinic Manager		\$14,400	\$15,600
35131 -Chief Clinical Officer	\$150,000	\$148,682	\$143,750
35166 Dental Manager	\$37,500	\$36,490	\$32,760
35167 Dentist	\$30,000	\$7,200	\$-00
35132 Health Navigator	\$34,768	\$34,600	\$48,888
35171 Amgen Director	\$46,154	\$60,131	\$28,050
35181 Amgen Health Coach	\$3,000	\$-00	\$-00
35182 Amgen Clinic Support	\$20,000	\$-00	\$-00
35172 · Office Mgr/Vol coord	\$46,455	\$40,095	\$43,680
35173 Pharmacy Manager	\$30,000	\$24,210	\$26,520
35174-Mental Health Mgr	\$53,000	\$51,981	\$53,004
35174 Cost of Living Adjustment- 5%	\$9,391	\$-00	\$9,636
<b>Sub-total Personnel</b>	<b>\$545,268</b>	<b>\$507,347</b>	<b>\$481,892</b>
66000 Payroll Expense	\$44,172	\$38,909	\$38,615
<b>Total Personnel</b>	<b>\$589,440</b>	<b>\$546,256</b>	<b>\$520,507</b>
<b>Other Operating Expenses</b>			
	<b>Annual 2025 Budget</b>	<b>2024 Actual Oct YTD</b>	<b>Annual 2024 Budget</b>
36010 · Pharmaceuticals	\$16,000	\$16,850	\$12,679
36030 · Licenses	\$1,161	\$1,410	\$503
36050 · Lab Fees	\$640	\$570	\$1,800
36060 · Office Supplies	\$9,420	\$8,173	\$6,000
36070 · Medical Equip & Supplies	\$6,000	\$5,179	\$4,200
36075 · Medical Supplies/Testing- Amgen	\$26,475	\$11,153	\$8,110
36076 · Amgen Supplies-Edu, Culinary, misc	\$21,000	\$5,535	\$17,890
36080 · Counseling Fees	\$480	\$90	\$3,000
36090 · Postage	\$2,880	\$2,257	\$3,600
36100 · Telephone/Internet	\$9,408	\$6,491	\$7,000
36110 · Office Equipment	\$7,920	\$8,041	\$7,000
36111 · Office Equipment (Printing)-Amgen		\$-00	\$3,850
36115 · IT Hardware/Software/Consulting	\$31,200	\$2,249	\$7,200
36115 · IT Hardware/Software/Consulting--Amgen	\$-00	\$1,436	\$2,000
36120 · Janitorial Services	\$12,924	\$10,861	\$9,246
36125 · Maintenance	\$6,000	\$2,552	\$3,600
36126 · Repairs	\$4,800	\$4,730	\$3,600
36130 · Utilities	\$19,200	\$13,497	\$16,900
36135 · Lease Expense	\$3,789	\$16,039	\$16,982
36150 · EMR/Pharm	\$3,900	\$3,638	\$3,420
36160 · Publicity/Marketing	\$15,996	\$13,212	\$15,996
36162 · Publicity/Marketing- Amgen	\$5,000	\$4,319	\$5,000
36165 · Memberships & Dues	\$2,262	\$2,262	\$2,821
36170 · Travel	\$3,200	\$1,741	\$3,200
36180 · Staff Development	\$3,900	\$4,247	\$4,800
36190 · VolunteerRetention/Appreciatio	\$13,200	\$12,574	\$11,100
36200 · Insurance	\$14,543	\$4,223	\$4,036
36210 · Miscellaneous	\$3,600	\$2,283	\$2,400
36225 · Professional Fees - Audit	\$18,100	\$2,825	\$1,100
36230 · Professional Fees - Bookkeeping	\$30,000	\$27,250	\$30,000
36240 · Grant Expenses	\$11,125	\$10,558	\$4,926
36250- Christmas at the Clinic	\$15,000	\$19,894	\$15,000
36500 · Dental Supplies	\$15,000	\$7,438	\$13,130
36505 · Dental Equipment	\$4,200	\$9,797	\$1,200
36506 · Dental Repair	\$2,400	\$1,348	\$1,000
Total 36000 · Other Expenses	\$340,723	\$244,722	\$254,289
<b>Total Operating Expenses</b>	<b>\$930,163</b>	<b>\$790,978</b>	<b>\$774,796</b>
<b>Net Ordinary Income Loss</b>	<b>\$(18,000)</b>	<b>\$(144,407)</b>	<b>\$(189,546)</b>
<b>26500 · Interest Income</b>	<b>\$18,000</b>	<b>\$23,869</b>	<b>\$37,370</b>
<b>Sub total Gain/(Loss)</b>	<b>\$-00</b>	<b>\$(120,538)</b>	<b>\$(152,176)</b>

ATLANTA GA 39901-0001

In reply refer to: 0752439619  
May 20, 2016 LTR 4168C 0  
26-4336638 000000 00  
00027278  
BODC: TE

HEALTH AND HOPE CLINIC INC  
% RICK HOLLIS  
1718 E OLIVE RD  
PENSACOLA FL 32514-7553



027951

Employer ID Number: 26-4336638  
Form 990 required: Y

Dear Taxpayer:

We issued you a determination letter in July 2009, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752439619  
May 20, 2016 LTR 4168C 0  
26-4336638 000000 00  
00027279

HEALTH AND HOPE CLINIC INC  
% RICK HOLLIS  
1718 E OLIVE RD  
PENSACOLA FL 32514-7553

Sincerely yours,

A handwritten signature in black ink, appearing to read "Teri M. Johnson". The signature is fluid and cursive, with the first name "Teri" being more prominent.

Teri M. Johnson  
Operations Manager, AM Ops. 3



September 5, 2025

Escambia County Opioid Abatement Funding Committee  
221 Palafox Place, 4th Floor  
Pensacola, FL 32502

**RE: Letter of Support for Health & Hope Clinic**

To the Selection Committee,

The opioid epidemic continues to have a profound impact on our community, straining families, healthcare systems, and public resources. Our community of non-profits have come together to fight this epidemic and provide care, regardless of an individual's ability to pay for that care. Financial resources for the care of the uninsured are inadequate and this collaboration of community partners is key to the health of our community.

Lakeview Center is committed to partnering with Health & Hope Clinic to ensure that those struggling with opioid use disorder receive the care and support they need. Through this partnership we support their referrals for psychiatric services and SUD patients.

Lakeview Center is proud to support Health & Hope Clinic in their efforts and to provide this letter of support.

Respectfully,

M. Allison Hill, CEO

## Funded Agency Memorandum of Agreement

BETWEEN: United Way of West Florida

(Herein called UWWF)

AND: HEALTH AND HOPE CLINIC INC

(Herein called the Agency)

### AGREEMENT:

Grant funding is being provided to HEALTH AND HOPE CLINIC INC in an annual amount of \$33800 for the Access to Care program. This funding is awarded monthly, beginning July 1, 2025, and ending June 30, 2026. Funding will be contingent upon the availability of funds from UWWF and the Agency's successful operation and achievement of goals.

### INTRODUCTION:

The mission of United Way of West Florida is uniting our community and leveraging resources to improve lives.

One of the means by which UWWF achieves its mission is to establish financial resources to meet the needs of the community, including through fundraising.

Underscoring the cooperative nature of the UWWF-Agency relationship is a reciprocal commitment to communicate on matters of mutual concern and to work together to reach solutions that are in the best interest of the community.

### SECTION I:

By entering into this agreement, the Agency recognizes the fundamental principles that characterize the UWWF-Agency relationship and agrees to adhere to the policies and procedures summarized in this written agreement.

By signing this agreement, the Agency certifies the following is true and any deficiencies or changes in status will be immediately brought to the attention of UWWF.

The Agency agrees to:

(A) Utilize all UWWF dollars paid to the agency in support of its program operating budget in accordance with the approved investment, as outlined in the Award Letter(s), provided to each Agency  
(B) Provide semi-annual progress reports as required by UWWF (due January and July) on the program outputs, outcomes, and data as proposed in the application for program support, through the online portal provided by UWWF.

(C) Make available agency program, project, service, statistical, and financial reports as required by UWWF.

(D) Ensure the organization and applicable program service(s) is/are listed in the 211 Northwest Florida Database and the listing is consistently accurate.

(E) Submit agency paperwork with updates as requested by UWWF.

(F) Advise UWWF immediately of any organizational changes (change in professional leadership, service, program or funding)..

(G) Display an easily visible standard window cling (available from UWWF) on its facilities identifying the agency as a United Way funded agency

(H) Use the United Way logo and/or the words "United Way Funded Agency" on all printed and web-based materials. Use of the United Way logo and the style of lettering should always conform to the standards in current use by UWWF.

(I) Abide by UWWF policies, discouraging self-designations and the promotion of donor designations. When fundraising for the UWWF campaign, Agencies are expected to promote the Community Investment Fund and



not promote self-designations, either in their literature and/or during participation in any speaking engagements on behalf of UWWF.

(J) Hold a Time to Shine visit that is open to UWWF staff and board, Community Investment volunteers, and members of the public if allowable. If your agency does not have the space to host a visit, contact UWWF to arrange for the presentation to be hosted elsewhere.

(K) Include UWWF on the Agency's website and include a text and/or logo hyperlink to the United Way of West Florida's website. Funded Agency Tools are located at <https://www.uwwf.org/funded-agency-tools>

(L) Participate actively in the UWWF fundraising campaign, which includes holding an Employee Campaign, and participating in UWWF's presentations when asked. Agencies are NOT required to raise a certain amount of money through their workplace campaign; however they are required to have a UWWF Staff member or volunteer present about UWWF to their employees. The agency's workplace campaign must be completed by December 31st.

(M) Request, in writing, an extension of the use of unused funds that remain at the end of the grant period. UWWF reserves the right to request the return of any unspent funds that remain after the funding period approved within this Agreement.

(N) Request in writing to UWWF if changes are required in the approved goals, objectives and/or overall program. In this event, UWWF reserves the right to renegotiate, adjust, suspend or cancel its grant to the Agency, and will request further information as to the proposed changes. UWWF will inform the Agency of its decision in a timely manner.

Payment of funds to the Agency is subject to reduction or cancellation, in whole or in part, if the Agency fails to carry on its activities, in whole or in part, as represented at the time of the request for funds. Where the Agency uses or applies funds invested in the Agency by UWWF, or it is anticipated that such funds may be used or applied, for purposes other than those for which such funds were invested, UWWF may renegotiate, adjust, suspend or cancel further payment of funds not already paid to the Agency. Any change in investment would require the approval of the UWWF Board of Directors.

## SECTION II:

By entering into this Agreement, UWWF agrees to:

(A) Conduct a comprehensive fundraising campaign within Escambia and Santa Rosa Counties.

(B) Support the Agency's UWWF workplace campaign.

(C) Identify the Agency as a UWWF Funded Agency and to communicate to the public the broad range of services provided by all Funded Agencies.

(D) Remit on a monthly basis, July to June fiscal year, the investment committed to the Agency, subject to the regulations and restrictions laid out in this Agreement.

(E) Provide access to the online portal so that the Agency can provide semi-annual updates on progress.

(F) Notify the Agency of any adjustments of investments that may be necessary in the event of a campaign shortfall, or other financial shortfall.

(G) Make available the UWWF annual report on the UWWF website, including the most recent audited financial statement.

(H) Ensure the Agency is aware of the rationale for the investment decision.

(I) Act as a liaison to provide opportunities for professional development and non-profit training.

(J) Adhere to UWW Membership Standards and comply with all federal, state, local and IRS regulations.

## SECTION III:

In the event of a violation by either party of its obligations herein, the other party shall have the right to terminate this agreement upon thirty (30) days written notice. The parties hereby acknowledge UWWF also reserves the right to renegotiate, adjust, suspend or cancel the investment to the Agency in the event of a violation of the obligations of the Agency set out herein; or in the event of a shortfall in UWWF's anticipated revenue or other financial hardship. UWWF also reserves the right to renegotiate, adjust, suspend or cancel the investment if the approved goals, objectives and/or overall program become unachievable, and an alternative

cannot be supported by UWWF.

By signing this agreement, the Agency certifies that to the best of its knowledge, is in compliance with all federal, state, and local governmental regulations pertaining to its operations and is currently eligible to receive tax deductible contributions in accordance with IRS regulations. In the event the Agency determines, or is notified, that it is not in compliance with federal, state, or local governmental regulations, or is no longer eligible to receive tax deductible contributions under IRS guidelines, the Agency will notify UWWF in writing of said non-compliance immediately.

This Funded Agency Agreement, upon its approval by both UWWF and the Agency, shall supersede any previous Funded Agency Agreements executed between UWWF and the Agency.

This Funded Agency Agreement was reviewed and approved by the Agency's Board of Directors, or a representative of the Board, on: 8/1/2025 (month / date / year)

FOR THE FUNDED AGENCY:

Signed on: 8/1/2025 (month / date / year)

By:

Nix Daniel  
Nix Daniel

Signed: 8/1/2025 Chair of Agency Board (print name and provide signature)

By:

Sally Bengosh

Signed: 8/1/2025 Agency Executive Director/CEO (print name and provide signature)

FOR UNITED WAY OF WEST FLORIDA:

Signed on: 8/25/25  
(month / date / year)

By:   
Chair of UWWF Board (print name and provide signature)

By:    
UWWF Chief Executive Officer (print name and provide signature)





**HEALTH AND HOPE CLINIC, INC.**

AUDITED FINANCIAL STATEMENTS  
YEAR ENDED DECEMBER 31, 2022

**DURST JORDAN, CPA, PA**

## TABLE OF CONTENTS

	PAGE
Independent Auditor's Report	1
<b>Financial Statements:</b>	
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to Financial Statements	7-12



4459-B Hwy. 90  
Pace, Florida 32571  
Phone: (850) 995-5000  
Fax: (850) 994-4522

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Health and Hope Clinic, Inc.

### Opinion

We have audited the accompanying financial statements of Health and Hope Clinic, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Health and Hope Clinic, Inc. as of December 31, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Health and Hope Clinic, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Health and Hope Clinic, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### Auditor's Responsibilities for the Audit of the Financial Statements


Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are

considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Health and Hope Clinic, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Health and Hope Clinic, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

A handwritten signature in black ink that reads "Dmst Jiden CPA, PA". The signature is written in a cursive, flowing style.

Pace, FL  
August 4, 2023

**Health and Hope Clinic, Inc.**  
Statement of Financial Position  
As of December 31, 2022

**ASSETS**

**Current Assets**

Cash	\$ 650,918
Grants receivable	30,135
Inventory, net of allowance of \$328,749	722,769
Prepaid expenses	<u>2,288</u>
Total current assets	<u>1,406,110</u>

**Non-Current Assets**

Furniture and equipment, net of accumulated depreciation of \$88,110	53,261
Construction in progress	<u>4,000</u>
Total non-current assets	<u>57,261</u>

<b>Total Assets</b>	<u><u>\$ 1,463,371</u></u>
---------------------	----------------------------

**LIABILITIES AND NET ASSETS**

**Current Liabilities**

Accounts payable	\$ 6,369
Payroll liabilities	<u>7,920</u>
Total current liabilities	<u>14,289</u>

<b>Total Liabilities</b>	14,289
--------------------------	--------

**Net Assets**

Net assets without donor restrictions	1,429,082
Net assets with donor restrictions	<u>20,000</u>
Total net assets	<u>1,449,082</u>

<b>Total Liabilities and Net Assets</b>	<u><u>\$ 1,463,371</u></u>
---	----------------------------

The accompanying notes are an integral part of these financial statements.

**Health and Hope Clinic, Inc.**  
Statement of Activities  
For the year ended December 31, 2022

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
<b>Revenues, Gains, and Support</b>			
Contributions	\$ 160,112	\$ 44,565	\$ 204,677
In-kind contributions	3,454,942	-	3,454,942
Grants	500	490,843	491,343
Special events and fundraising	224,778	-	224,778
Less cost of direct benefit to donors	(11,295)	-	(11,295)
Total special events, net	213,483	-	213,483
Other income	1,961	-	1,961
Realized gain (loss) on sale of assets	(300)	-	(300)
Net assets released from restrictions	515,408	(515,408)	-
Total revenues, gains, and support	4,346,106	20,000	4,366,106
<b>Expenses</b>			
Program services	3,928,742	-	3,928,742
General and administrative	194,115	-	194,115
Fundraising	8,871	-	8,871
Total expenses	4,131,728	-	4,131,728
<b>Change in Net Assets</b>	214,378	20,000	234,378
<b>Net Assets - Beginning of Year</b>	1,214,704	-	1,214,704
<b>Net Assets - End of Year</b>	<u>\$ 1,429,082</u>	<u>\$ 20,000</u>	<u>\$ 1,449,082</u>

See accompanying notes are an integral part of these financial statements.

**Health and Hope Clinic, Inc.**  
Statement of Functional Expenses  
For the year ended December 31, 2022

	<b>Program Services</b>	<b>Supporting Services</b>		<b>Total</b>
		<b>General &amp; Administrative</b>	<b>Fundraising</b>	
Accounting fees	\$ -	\$ 12,125	\$ -	\$ 12,125
Advertising & public awareness	-	27,171	-	27,171
Counseling fees	2,830	-	-	2,830
Dental supplies	14,418	-	-	14,418
Depreciation	9,806	1,090	-	10,896
Dues & membership fees	-	1,312	-	1,312
Electronic medical records	4,482	-	-	4,482
Facilities expense in-kind	66,550	7,394	-	73,944
Grant management fees	5,838	-	-	5,838
Grant reimbursements	3,954	-	-	3,954
Grant supplies	53,640	-	-	53,640
Insurance	7,151	4,868	447	12,466
IT hardware & software	-	40,675	-	40,675
Janitorial services	7,312	1,371	457	9,140
Lab fees	965	-	-	965
Licenses	1,376	-	-	1,376
Maintenance & repairs	8,077	835	278	9,190
Medical services in-kind	1,384,930	-	-	1,384,930
Medical supplies	6,493	-	-	6,493
Medication & supplies in-kind	1,948,348	-	-	1,948,348
Miscellaneous	-	2,406	-	2,406
Office expense	-	15,583	-	15,583
Pharmaceuticals	8,577	-	-	8,577
Personnel	379,095	62,589	6,758	448,442
Staff development	-	2,909	-	2,909
Telephone & internet	3,383	634	211	4,228
Utilities	11,517	2,159	720	14,396
Volunteer retention	-	10,994	-	10,994
Total	<u>\$ 3,928,742</u>	<u>\$ 194,115</u>	<u>\$ 8,871</u>	<u>\$ 4,131,728</u>

The accompanying notes are an integral part of these financial statements.



**Health and Hope Clinic, Inc.**  
Statement of Cash Flows  
For the year ended December 31, 2022

<b>Cash Flows from Operating Activities</b>	
Net income	\$ 234,378
Adjustments to reconcile changes in net assets to net cash from operating activities:	
Depreciation	10,896
(Gain) loss on disposal of assets	300
Changes in:	
Accounts receivable	5,500
Grants receivable	1,173
Inventory, net	(39,219)
Prepaid expenses	1,887
Accounts payable	1,959
Payroll liabilities	788
Net cash from operating activities	<u>217,662</u>
<b>Cash Flows from Investing Activities</b>	
Fixed asset purchases	(35,777)
Project costs	<u>(4,000)</u>
Net cash from investing activities	<u>(39,777)</u>
<b>Net Change in Cash</b>	177,885
<b>Cash - Beginning of Year</b>	473,033
<b>Cash - End of Year</b>	<u><u>\$ 650,918</u></u>

The accompanying notes are an integral part of these financial statements.

**Health and Hope Clinic, Inc.**  
Notes to the Financial Statements  
For the year end December 31, 2022

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. Organization and Purpose**

Health and Hope Clinic, Inc. (the Organization) is a Florida “not-for-profit” corporation dedicated to serve the uninsured and economically disadvantaged residents of Escambia County, Florida with free primary and specialty healthcare. The Organization operated prior to its incorporation in 2009 as a program of Pensacola Bay Baptist Association. The Organization operates under the Florida Volunteer Health Services Program which provides sovereign immunity protection to all licensed providers that volunteer at HHC. All patients treated by the Organization must be uninsured, at or below 200% of the Federal poverty line, and not have or be eligible for Medicare, Medicaid, or VA health benefits. Patients of HHC are not charged a fee for services. The Organization is headquartered in Pensacola, Florida. The Organization’s day-to-day operations are under the supervision and direction of the Organization’s Board of Directors.

**B. Basis of Accounting**

The accompanying financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America. Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*. Under ASC 958, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. A description of the net asset categories are as follows:

Net assets without donor restrictions – The part of net assets of a not-for-profit that is not subject to donor-imposed restrictions. Net assets without donor restrictions may be designated for specific purposes by action of the Board of Directors. Board-designated net assets may be earmarked for future programs, investments, contingencies, purchases or construction of fixed assets, or other uses. Some governing boards may delegate decisions to internal management. Such designations are considered to be included in board-designated net assets.

Net assets with donor restrictions – The part of net assets of a not-for-profit that is subject to donor-imposed restrictions. Some donors impose restrictions that are temporary in nature or purpose restricted. Other donors impose restrictions that are perpetual in nature that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. Purpose restricted net assets are deemed to be restricted for the donor-specified purpose by explicit donor stipulation. Once appropriated, purpose restricted assets are released to net assets without donor restrictions.

**C. Cash and Cash Equivalents**

The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents. Cash and cash equivalents for the purpose of the statement of cash flows include cash held within its separate PayPal account.

**Health and Hope Clinic, Inc.**  
Notes to the Financial Statements  
For the year end December 31, 2022

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**D. Inventory**

Inventory consists primarily of pharmaceuticals for distribution to qualified recipients based upon need. Pharmaceutical inventories on hand are valued using an estimated average generic dollar value per prescription. Management sets an obsolescence/expired goods reserve equal to 3.3% of total inventory value plus the valuation of donated pharmaceuticals that are expected to expire within the next accounting period.

**E. Property and Equipment**

Acquisitions of property and equipment greater than \$2,500 with a useful life of one year or more are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets ranging from 5 to 10 years. When any asset is sold, retired or otherwise disposed of, the related cost and accumulated depreciation are removed from the appropriate accounts and any gain or loss is recognized. Gifts of property are presented as unrestricted unless explicit donor stipulations specify how the donated asset must be used.

**F. Contributions**

Contributions are recognized in the period received or pledged unconditionally. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. All contributions are considered available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or are restricted by the donor for specific purposes are reported as net assets with donor restrictions. Amounts required to be maintained in perpetuity by the donor are reported as net assets that are perpetual in nature. A donor restriction expires when a time restriction ends or when the purpose for which it was intended is satisfied. When a restriction expires, nets assets with donor restrictions are released from restrictions.

**G. Donated Assets and Services**

Donated facilities, medical supplies, pharmaceuticals, and professional services are recorded in the financial statements at their estimated fair value on the date of gift according to provisions codified in ASC 820, *Fair Value Measurement*. Contributed professional services are recognized if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. A number of volunteers donate a significant amount of their time to the Organization. The Organization's volunteer medical professionals operate under the immunity protection provided by the "Access to Health Care Act" Section 766.1115 Florida Statutes which created the Volunteer Health Services Program. Some donated services do not create or enhance nonfinancial assets and are not considered specialized skills that would have to otherwise be purchased. Therefore, some of the donated services have not been reflected in the financial statements. The amounts reflected in the accompanying financial statements as "in-kind contributions" are offset by amounts included in expenses, other than the change in inventory during the year and those assets that have been capitalized in the property and equipment accounts. See additional information at **Note 3**.

**Health and Hope Clinic, Inc.**  
Notes to the Financial Statements  
For the year end December 31, 2022

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

H. Income Taxes

The Organization is organized under the laws of the State of Florida as a nonprofit corporation. The Organization is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been designated as an organization, which is not a private Organization. The Organization is required to file Form 990 to the Internal Revenue Service.

I. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

J. Subsequent Events

The Organization has evaluated subsequent events for potential recognition and/or disclosure in the financial statements through August 4, 2023, the date the financial statements were available to be issued.

K. Functional Expense Allocation

The costs of providing the various programs and other activities have been detailed in the Statement of Functional Expenses and summarized on a functional basis in the Statement of Activities. Expenses directly related to a program or supporting services are charged to that program or supporting service. Labor costs are allocated between program services and supporting services based on established percentages of actual labor hours worked.

L. Recent Accounting Pronouncements

**Contributed Nonfinancial Assets:** In September 2020, the FASB issued ASU 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets (Topic 958)*. The main principle of this revised accounting guidance requires contributed nonfinancial assets be presented as a separate line item in the statement of activities, apart from contributions of cash and other financial assets. Enhancements to presentation and disclosure are required to increase the transparency of contributed nonfinancial assets. The amendments in ASU 2020-07 are effective for the Organization for annual reporting periods beginning after June 15, 2021. The Organization adopted the standard on January 1, 2022. See **Note 3**.

**NOTE 2 – PROPERTY AND EQUIPMENT**

The following is a summary of property and equipment for the year ended December 31, 2022:

Office equipment	\$ 32,818
Medical equipment	108,853
Total property and equipment	141,671
Less accumulated depreciation	(88,110)
Total property and equipment (net)	<u>\$ 53,561</u>

**Health and Hope Clinic, Inc.**  
Notes to the Financial Statements  
For the year end December 31, 2022

**NOTE 2 – PROPERTY AND EQUIPMENT (CONTINUED)**

Depreciation charged to expense totaled \$10,896 for the year ended December 31, 2022.

The Organization is in the planning stages of construction of a separate health and wellness building. During the year ended December 31, 2022, the Organization spent \$4,000 on engineering and design that have been recorded to construction in progress.

**NOTE 3 – IN-KIND CONTRIBUTIONS**

The Organization recognized contributed nonfinancial assets within revenue. These contributed nonfinancial assets did not have donor-imposed restrictions.

In-kind contributions were recognized in the accompanying Statement of Activities for the year ended December 31, 2022 as follows:

	Revenue Recognized	Utilization	Valuation
In-kind pharmaceuticals	\$ 1,969,061	Program	Estimated fair value based on average generic price per prescription
In-kind medical services	1,384,930	Program	Estimated fair value based on rates mandated by the State of Florida through its Volunteer Health Services Program
In-kind facilities	73,944	Program & general & administrative	Estimated fair value based on comparable rent per square foot in the area
In-kind medical supplies	18,507	Program	Estimate fair value based on market value of supplies when received
In-kind equipment	8,500	Program	Estimated fair value based on market value of equipment when received
Total	<u>\$ 3,454,942</u>		

Pharmaceuticals and medical supplies are donated from drug manufacturers, medical facilities, doctors, and health care providers.

A wide range of services including medical, pharmaceutical, dental, and administrative were provided by approximately 311 volunteers.

The Organization operates in a building owned by Ministry Village at Olive, Inc., and the value for this space is based on comparable rents being charged for similar space in the area.

**Health and Hope Clinic, Inc.**  
Notes to the Financial Statements  
For the year end December 31, 2022

**NOTE 4 – GRANTS**

The Organization received the following grant revenue during the year.

Florida Association of Free and Charitable Clinics	\$ 439,934
United Way of West Florida	31,959
International Paper Foundation	5,000
Society of Debutante Charity Cotillion	5,000
Workforce Escarosa, Inc.	4,950
Florida Dental Association Foundation	4,000
Clinical Preceptor Rescue, Inc.	500
Total	<u>\$ 491,343</u>

All of the grants are donor restricted with the exception of the \$500 received from Clinical Preceptor Rescue, Inc. As of December 31, 2022, all grants were released from restrictions other than the International Paper Foundation funds. See **Note 5**.

At December 31, 2022, the \$30,135 grant receivable was for operational grant reimbursements which were spent in 2022, but not received until 2023.

**NOTE 5 – DONOR RESTRICTED NET ASSETS**

The Organization received \$5,000 from the International Paper Foundation during 2022. These funds are for the purchase of dental and medical supplies in FY2023. These funds were not spent before year end and have been reported in restricted net assets in the financial statements.

The Organization received a \$15,000 contribution to fund the dental assistant position. At December 31, 2022, none of the funds had been spent. The \$15,000 has been reported in restricted net assets in the financial statements.

**NOTE 6 – CONCENTRATIONS**

Cash in bank accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per institution. At December 31, 2022, the Organization's bank balance was \$388,303 over the insured amount. This amount was held in a checking account.

During the year ended December 31, 2022, the organization received \$59,600 in contributions from two separate contributors. These two contributions represent 29% of total cash contributions. The Organization also received \$483,351 in grant funding from two separate grantors. These two grants represent 98% of total grant revenue.

**Health and Hope Clinic, Inc.**  
Notes to the Financial Statements  
For the year end December 31, 2022

**NOTE 7 – RELATED PARTY TRANSACTIONS**

For the year ended December 31, 2022, contributions income from board members totaled approximately \$21,060.

**NOTE 8 – AVAILABILITY OF FINANCIAL ASSETS**

The Organization's primary sources of support are from cash contributions, in-kind contributions, grants, and special events. The Organization has a policy to manage its liquidity following three guiding principles: operating within a prudent range of financial stability; maintaining adequate liquidity to fund near-term operations; and maintaining sufficient resources to provide reasonable assurance that the long-term operations will be maintained.

The following reflects the Organization's financial assets as of December 31, 2022, reduced by amounts not available for general use within one year of the balance sheet date:

Financial assets at 12/31/22:

Cash	\$ 650,918
Grants receivable	30,135
Less those unavailable for general expenditures within one year, due to:	
Restricted for purchased of dental and medical supplies	(5,000)
Restricted for personnel expenditures	(15,000)
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 661,053</u>

**HEALTH AND HOPE CLINIC, INC.**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2023**



**Health and Hope Clinic, Inc.**  
**Statement of Assets, Liabilities and Net Assets**  
December 31, 2023

	Dec 31, 23
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
11030 · Operating Account (Regions)	275,948.30
11035 · Morgan Stanley	531,752.34
11040 · PayPal	7,758.49
Total Checking/Savings	815,459.13
Accounts Receivable	
11008 · Accounts Receivable	1,500.00
11015 · Grant Receivable	58,902.76
Total Accounts Receivable	60,402.76
Other Current Assets	
12300 · Prepaid Insurance	2,292.87
12500 · Inventory	1,474,068.00
12550 · Less Inventory Valuation	-464,606.75
Total Other Current Assets	1,011,754.12
Total Current Assets	1,887,616.01
Fixed Assets	
13000 · Fixed Assets	
13100 · Office Equipment	31,222.42
13200 · Medical Equipment	172,274.72
13500 · Construction in Progress	13,554.00
13800 · Accumulated Depreciation	-93,666.52
Total 13000 · Fixed Assets	123,384.62
Total Fixed Assets	123,384.62
<b>TOTAL ASSETS</b>	<b>2,011,000.63</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	9,070.92
Total Accounts Payable	9,070.92
Credit Cards	
22000 · Regions FIA Card Services	2,794.25
Total Credit Cards	2,794.25
Other Current Liabilities	
21000 · Accrued Liabilities	4,266.35
24000 · Payroll Liabilities	15.31
Total Other Current Liabilities	4,281.66
Total Current Liabilities	16,146.83
Total Liabilities	16,146.83
Equity	
32000 · Unrestricted Net Assets	1,449,082.62
Net Income	545,771.18
Total Equity	1,994,853.80
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>2,011,000.63</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Statement of Revenues and Expenses**  
For the twelve months ended December 31, 2023

	Jan - Dec 23
<b>Ordinary Income/Expense</b>	
Income	
Receipts	
24020 · Pensacola Bay Baptist Assoc.	8,500.00
24030 · Grants	377,604.23
24035 · Christmas at the Clinic	211,832.17
24050 · Southern Baptist Convention	2,000.00
24060 · Church Contributions	84,682.20
25070 · Community Contributions	119,090.26
25072 · Board of County Commissioners	19,243.72
25080 · Medical Records Reimbursements	3,012.75
<b>Total Receipts</b>	<b>825,965.33</b>
<b>Total Income</b>	<b>825,965.33</b>
Expense	
Expenses	
35100 · Personnel	
35110 · Executive Director	83,115.42
35130 · Clinical Manager	46,800.00
35131 · Chief Clinical Officer	47,613.44
35166 · Dental Manager	33,820.00
35169 · Health Navigator	33,420.00
35171 · Amgen Director	23,170.50
35172 · Office Manager/Vol Coordinator	39,480.00
35173 · Pharmacy Manager	10,421.00
35174 · Mental Health Manager	7,746.15
66000 · Payroll Expenses	25,258.86
<b>Total 35100 · Personnel</b>	<b>350,845.37</b>
36000 · Other Expenses	
36010 · Pharmaceuticals	11,529.46
36030 · Licenses	453.75
36050 · Lab Fees	1,535.10
36060 · Office Supplies	6,073.68
36070 · Medical Equip & Supplies	1,120.12
36075 · Medical Supplies- Amgen	4,620.96
36076 · Amgen Supplies	2,527.60
36080 · Counseling Fees	1,190.00
36090 · Postage	2,930.08
36100 · Telephone/Internet	6,684.30
36110 · Office Equipment	7,014.27
36115 · IT Hardware/Software/Consulting	4,872.52
36120 · Janitorial Services	9,745.88
36125 · Maintenance	1,679.65
36126 · Repairs	2,679.29
36130 · Utilities	15,376.47
36135 · Lease Expense	13,714.80
36150 · EMR/Pharm	3,409.28
36160 · Publicity/Marketing	13,864.50
36162 · Publicity/Marketing- Amgen	3,681.43
36165 · Memberships & Dues	2,360.00
36170 · Travel	4,045.59
36180 · Staff Development	3,828.66
36190 · Volunteer Retention/Appreciation	11,212.72
36200 · Insurance	4,571.88
36210 · Miscellaneous	3,061.47
36220 · Depreciation Expense	10,349.48
36225 · Professional Fees - Audit	11,150.00
36230 · Professional Fees - Bookkeeping	24,100.00
36240 · Grant Expenses	8,955.97
36250 · Christmas at Clinic Expenses	12,761.04
36500 · Dental Supplies	12,126.01
36505 · Dental Equipment	1,034.30

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Statement of Revenues and Expenses**  
For the twelve months ended December 31, 2023

---

	Jan - Dec 23
36506 · Dental Repair	2,286.21
36507 · Dental Grant - FAFCC	11,260.03
<b>Total 36000 · Other Expenses</b>	<b>237,806.50</b>
<b>Total Expenses</b>	<b>588,651.87</b>
<b>Total Expense</b>	<b>588,651.87</b>
<b>Net Ordinary Income</b>	<b>237,313.46</b>
<b>Other Income/Expense</b>	
<b>Other Income</b>	
<b>In-Kind Donations</b>	
26000 · In-Kind Medical Services Income	1,391,299.24
26010 · In-Kind Materials & Supplies In	2,121,978.38
26020 · In-Kind Facilities	73,944.34
80000 · In-Kind Medical Services Exp	-1,391,299.24
80010 · In-Kind Materials & Supplies	-1,835,286.29
80020 · In-Kind Facilities Exp	-73,944.34
<b>Total In-Kind Donations</b>	<b>286,692.09</b>
26500 · Interest Income	21,765.63
<b>Total Other Income</b>	<b>308,457.72</b>
<b>Net Other Income</b>	<b>308,457.72</b>
<b>Net Income</b>	<b>545,771.18</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**SUPPLEMENTARY  
INFORMATION**

**Health and Hope Clinic, Inc.**  
**Schedule I - Revenues and Expenses**  
For the twelve months ended December 31, 2023 and 2023

	Jan - Dec 23	Jan - Dec 22
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
<b>Receipts</b>		
24020 · Pensacola Bay Baptist Assoc.	8,500.00	8,000.00
24030 · Grants	377,604.23	135,830.95
24031 · HRSA Grant-CFDA93.011/U3U45474	0.00	355,511.89
24035 · Christmas at the Clinic	211,832.17	224,778.00
24050 · Southern Baptist Convention	2,000.00	6,500.00
24060 · Church Contributions	84,682.20	77,567.24
25070 · Community Contributions	119,090.26	83,045.01
25072 · Board of County Commissioners	19,243.72	29,564.70
25080 · Medical Records Reimbursements	3,012.75	1,961.25
<b>Total Receipts</b>	<b>825,965.33</b>	<b>922,759.04</b>
<b>Total Income</b>	<b>825,965.33</b>	<b>922,759.04</b>
<b>Expense</b>		
<b>Expenses</b>		
35100 · Personnel		
HRSA-CFDA93.011/FAINY3U45474		
HRSA Accounting	0.00	6,400.00
HRSA HCW Full Time	0.00	28,000.00
HRSA HCW Part Time	0.00	47,940.00
HRSA Program Manager/HCW	0.00	50,000.00
<b>Total HRSA-CFDA93.011/FAINY3U45474</b>	<b>0.00</b>	<b>132,340.00</b>
35110 · Executive Director	83,115.42	77,115.47
35115 · Administrative Coordinator	0.00	19,225.00
35116 · Athena Admin	0.00	7,604.75
35130 · Clinical Manager	46,800.00	38,820.00
35131 · Chief Clinical Officer	47,613.44	60,910.00
35132 · Clinical Manager - Asst	0.00	27,360.00
35166 · Dental Manager	33,820.00	29,400.00
35169 · Health Navigator	33,420.00	4,325.00
35171 · Amgen Director	23,170.50	0.00
35172 · Office Manager/Vol Coordinator	39,480.00	19,800.00
35173 · Pharmacy Manager	10,421.00	0.00
35174 · Mental Health Manager	7,746.15	0.00
66000 · Payroll Expenses	25,258.86	31,542.11
<b>Total 35100 · Personnel</b>	<b>350,845.37</b>	<b>448,442.33</b>
36000 · Other Expenses		
HRSA CFDA 93.011/FAIN U3U45474		
36545 · HRSA Supplies	0.00	1,887.51
36546 · HRSA Mileage	0.00	2,754.00
36547 · HRSA Cell Phone	0.00	1,200.00
36650 · HRSA Incentive Cards	0.00	51,752.84
<b>Total HRSA CFDA 93.011/FAIN U3U45474</b>	<b>0.00</b>	<b>57,594.35</b>
36010 · Pharmaceuticals	11,529.46	8,577.27
36030 · Licenses	453.75	1,375.65
36050 · Lab Fees	1,535.10	964.92
36060 · Office Supplies	6,073.68	6,257.95
36070 · Medical Equip & Supplies	1,120.12	6,493.41
36075 · Medical Supplies- Amgen	4,620.96	0.00
36076 · Amgen Supplies	2,527.60	0.00
36080 · Counseling Fees	1,190.00	2,830.00
36090 · Postage	2,930.08	2,010.58
36100 · Telephone/Internet	6,684.30	4,228.38
36110 · Office Equipment	7,014.27	7,313.32
36115 · IT Hardware/Software/Consulting	4,872.52	40,675.08
36120 · Janitorial Services	9,745.88	9,140.00
36125 · Maintenance	1,679.65	4,618.99
36126 · Repairs	2,679.29	947.00

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule I - Revenues and Expenses**  
For the twelve months ended December 31, 2023 and 2022

	Jan - Dec 23	Jan - Dec 22
36130 · Utilities	15,376.47	14,396.12
36135 · Lease Expense	13,714.80	8,938.30
36150 · EMR/Pharm	3,409.28	4,482.00
36160 · Publicity/Marketing	13,864.50	27,171.29
36162 · Publicity/Marketing- Amgen	3,681.43	0.00
36165 · Memberships & Dues	2,360.00	1,312.02
36170 · Travel	4,045.59	0.00
36180 · Staff Development	3,828.66	2,909.27
36190 · Volunteer Retention/Appreciation	11,212.72	10,993.94
36200 · Insurance	4,571.88	3,527.04
36210 · Miscellaneous	3,061.47	2,406.23
36220 · Depreciation Expense	10,349.48	10,895.21
36225 · Professional Fees - Audit	11,150.00	1,175.00
36230 · Professional Fees - Bookkeeping	24,100.00	10,950.00
36240 · Grant Expenses	8,955.97	5,838.03
36250 · Christmas at Clinic Expenses	12,761.04	11,295.25
36500 · Dental Supplies	12,126.01	11,937.91
36505 · Dental Equipment	1,034.30	2,479.68
36506 · Dental Repair	2,286.21	3,624.37
36507 · Dental Grant - FAFCC	11,260.03	0.00
<b>Total 36000 · Other Expenses</b>	<b>237,806.50</b>	<b>287,358.56</b>
<b>Total Expenses</b>	<b>588,651.87</b>	<b>735,800.89</b>
<b>Total Expense</b>	<b>588,651.87</b>	<b>735,800.89</b>
<b>Net Ordinary Income</b>	<b>237,313.46</b>	<b>186,958.15</b>
<b>Other Income/Expense</b>		
<b>Other Income</b>		
<b>In-Kind Donations</b>		
26000 · In-Kind Medical Services Income	1,391,299.24	1,384,930.45
26010 · In-Kind Materials & Supplies In	2,121,978.38	1,987,567.79
26020 · In-Kind Facilities	73,944.34	73,944.34
26030 · In-Kind Donated Assets	0.00	8,500.00
80000 · In-Kind Medical Services Exp	-1,391,299.24	-1,384,930.45
80010 · In-Kind Materials & Supplies	-1,835,286.29	-1,948,347.77
80020 · In-Kind Facilities Exp	-73,944.34	-73,944.34
<b>Total In-Kind Donations</b>	<b>286,692.09</b>	<b>47,720.02</b>
26500 · Interest Income	21,765.63	0.00
<b>Total Other Income</b>	<b>308,457.72</b>	<b>47,720.02</b>
<b>Other Expense</b>		
37000 · Loss on Disposal of PPE	0.00	300.00
<b>Total Other Expense</b>	<b>0.00</b>	<b>300.00</b>
<b>Net Other Income</b>	<b>308,457.72</b>	<b>47,420.02</b>
<b>Net Income</b>	<b>545,771.18</b>	<b>234,378.17</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule II - Revenues and Expenses**  
For the one month ended December 31, 2023 and 2022

	Dec 23	Dec 22
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
<b>Receipts</b>		
24020 · Pensacola Bay Baptist Assoc.	1,416.00	1,333.33
24030 · Grants	63,936.61	21,634.52
24035 · Christmas at the Clinic	31,101.87	19,224.24
24060 · Church Contributions	7,301.76	8,490.44
25070 · Community Contributions	90,730.23	52,335.52
25072 · Board of County Commissioners	7,199.31	16,455.59
25080 · Medical Records Reimbursements	96.00	289.00
<b>Total Receipts</b>	• 201,781.78	119,762.64
<b>Total Income</b>	201,781.78	119,762.64
<b>Expense</b>		
<b>Expenses</b>		
<b>35100 · Personnel</b>		
35110 · Executive Director	9,230.76	8,653.86
35115 · Administrative Coordinator	0.00	2,825.00
35130 · Clinical Manager	5,400.00	5,400.00
35131 · Chief Clinical Officer	4,788.44	4,362.50
35166 · Dental Manager	4,200.00	3,000.00
35169 · Health Navigator	4,520.00	3,000.00
35171 · Amgen Director	8,536.50	0.00
35172 · Office Manager/Vol Coordinator	4,740.00	2,900.00
35173 · Pharmacy Manager	2,771.00	0.00
35174 · Mental Health Manager	7,134.61	0.00
66000 · Payroll Expenses	4,203.08	2,196.40
<b>Total 35100 · Personnel</b>	55,524.39	32,337.76
<b>36000 · Other Expenses</b>		
36010 · Pharmaceuticals	218.83	567.23
36030 · Licenses	0.00	180.00
36060 · Office Supplies	788.00	885.04
36070 · Medical Equip & Supplies	424.50	121.96
36075 · Medical Supplies- Amgen	-2,216.91	0.00
36076 · Amgen Supplies	425.50	0.00
36080 · Counseling Fees	75.00	190.00
36090 · Postage	165.60	186.30
36100 · Telephone/Internet	530.75	359.27
36110 · Office Equipment	913.69	-11,890.42
36115 · IT Hardware/Software/Consulting	-2,340.36	-5,259.27
36120 · Janitorial Services	2,479.00	2,600.00
36130 · Utilities	1,043.74	1,050.73
36135 · Lease Expense	1,336.65	871.65
36150 · EMR/Pharm	279.47	2,605.45
36160 · Publicity/Marketing	0.00	1,000.03
36162 · Publicity/Marketing- Amgen	1,050.06	0.00
36180 · Staff Development	156.52	91.38
36190 · Volunteer Retention/Appreciation	1,134.47	2,655.64
36200 · Insurance	-4.75	-425.23
36210 · Miscellaneous	956.17	359.41
36220 · Depreciation Expense	10,349.48	10,895.21
36230 · Professional Fees - Bookkeeping	2,000.00	850.00
36240 · Grant Expenses	125.00	0.00
36250 · Christmas at Clinic Expenses	809.94	2,606.62
36500 · Dental Supplies	979.55	934.42
36505 · Dental Equipment	0.00	-9,373.47
36506 · Dental Repair	616.17	3,520.37

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule II - Revenues and Expenses**  
For the one month ended December 31, 2023 and 2022

	Dec 23	Dec 22
36507 · Dental Grant - FAFCC	-62,469.62	0.00
36600 · Capital Improvements	0.00	-4,000.00
<b>Total 36000 · Other Expenses</b>	<b>-40,173.55</b>	<b>1,582.32</b>
<b>Total Expenses</b>	<b>15,350.84</b>	<b>33,920.08</b>
<b>Total Expense</b>	<b>15,350.84</b>	<b>33,920.08</b>
<b>Net Ordinary Income</b>	<b>186,430.94</b>	<b>85,842.56</b>
<b>Other Income/Expense</b>		
<b>Other Income</b>		
<b>In-Kind Donations</b>		
26000 · In-Kind Medical Services Income	1,391,299.24	1,384,930.45
26010 · In-Kind Materials & Supplies In	2,121,978.38	1,987,567.79
26020 · In-Kind Facilities	73,944.34	73,944.34
26030 · In-Kind Donated Assets	0.00	8,500.00
80000 · In-Kind Medical Services Exp	-1,391,299.24	-1,384,930.45
80010 · In-Kind Materials & Supplies	-1,835,286.29	-1,948,347.77
80020 · In-Kind Facilities Exp	-73,944.34	-73,944.34
<b>Total In-Kind Donations</b>	<b>286,692.09</b>	<b>47,720.02</b>
26500 · Interest Income	2,193.59	0.00
<b>Total Other Income</b>	<b>288,885.68</b>	<b>47,720.02</b>
<b>Other Expense</b>		
37000 · Loss on Disposal of PPE	0.00	300.00
<b>Total Other Expense</b>	<b>0.00</b>	<b>300.00</b>
<b>Net Other Income</b>	<b>288,885.68</b>	<b>47,420.02</b>
<b>Net Income</b>	<b>475,316.62</b>	<b>133,262.58</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.



**Health and Hope Clinic, Inc.**  
**Schedule III Revenues and Expenses by Classification**  
For the twelve months ended December 31, 2023

	Dental	G&A	HHC	TOTAL
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>Receipts</b>				
24020 · Pensacola Bay Baptist Assoc.	0.00	8,500.00	0.00	8,500.00
24030 · Grants	0.00	378,714.73	-1,110.50	377,604.23
24035 · Christmas at the Clinic	0.00	211,832.17	0.00	211,832.17
24050 · Southern Baptist Convention	0.00	2,000.00	0.00	2,000.00
24060 · Church Contributions	0.00	84,682.20	0.00	84,682.20
25070 · Community Contributions	0.00	119,090.26	0.00	119,090.26
25072 · Board of County Commissioners	0.00	19,243.72	0.00	19,243.72
25080 · Medical Records Reimbursements	0.00	3,012.75	0.00	3,012.75
<b>Total Receipts</b>	0.00	827,075.83	-1,110.50	825,965.33
<b>Total Income</b>	0.00	827,075.83	-1,110.50	825,965.33
<b>Expense</b>				
<b>Expenses</b>				
<b>35100 · Personnel</b>				
35110 · Executive Director	0.00	83,115.42	0.00	83,115.42
35130 · Clinical Manager	0.00	46,800.00	0.00	46,800.00
35131 · Chief Clinical Officer	0.00	47,613.44	0.00	47,613.44
35166 · Dental Manager	0.00	33,820.00	0.00	33,820.00
35169 · Health Navigator	0.00	33,420.00	0.00	33,420.00
35171 · Amgen Director	0.00	23,170.50	0.00	23,170.50
35172 · Office Manager/Vol Coordinator	0.00	39,480.00	0.00	39,480.00
35173 · Pharmacy Manager	0.00	10,421.00	0.00	10,421.00
35174 · Mental Health Manager	0.00	7,746.15	0.00	7,746.15
66000 · Payroll Expenses	0.00	25,258.86	0.00	25,258.86
<b>Total 35100 · Personnel</b>	0.00	350,845.37	0.00	350,845.37
<b>36000 · Other Expenses</b>				
36010 · Pharmaceuticals	0.00	201.16	11,328.30	11,529.46
36030 · Licenses	0.00	411.75	42.00	453.75
36050 · Lab Fees	0.00	0.00	1,535.10	1,535.10
36060 · Office Supplies	0.00	5,927.22	146.46	6,073.68
36070 · Medical Equip & Supplies	0.00	0.00	1,120.12	1,120.12
36075 · Medical Supplies- Amgen	0.00	0.00	4,620.96	4,620.96
36076 · Amgen Supplies	0.00	548.30	1,979.30	2,527.60
36080 · Counseling Fees	0.00	0.00	1,190.00	1,190.00
36090 · Postage	0.00	2,930.08	0.00	2,930.08
36100 · Telephone/Internet	0.00	6,684.30	0.00	6,684.30
36110 · Office Equipment	0.00	6,142.07	872.20	7,014.27
36115 · IT Hardware/Software/Consulting	0.00	4,872.52	0.00	4,872.52
36120 · Janitorial Services	0.00	9,745.88	0.00	9,745.88
36125 · Maintenance	0.00	1,679.65	0.00	1,679.65
36126 · Repairs	0.00	2,679.29	0.00	2,679.29
36130 · Utilities	0.00	15,376.47	0.00	15,376.47
36135 · Lease Expense	0.00	13,714.80	0.00	13,714.80
36150 · EMR/Pharm	0.00	400.00	3,009.28	3,409.28
36160 · Publicity/Marketing	0.00	13,844.50	20.00	13,864.50
36162 · Publicity/Marketing- Amgen	0.00	3,681.43	0.00	3,681.43
36165 · Memberships & Dues	0.00	2,360.00	0.00	2,360.00
36170 · Travel	0.00	3,991.90	53.69	4,045.59
36180 · Staff Development	0.00	3,828.66	0.00	3,828.66
36190 · Volunteer Retention/Appreciation	0.00	11,112.56	100.16	11,212.72
36200 · Insurance	0.00	4,571.88	0.00	4,571.88
36210 · Miscellaneous	0.00	3,061.47	0.00	3,061.47
36220 · Depreciation Expense	0.00	10,349.48	0.00	10,349.48
36225 · Professional Fees - Audit	0.00	11,150.00	0.00	11,150.00
36230 · Professional Fees - Bookkeeping	0.00	24,100.00	0.00	24,100.00
36240 · Grant Expenses	0.00	8,955.97	0.00	8,955.97
36250 · Christmas at Clinic Expenses	0.00	12,761.04	0.00	12,761.04
36500 · Dental Supplies	12,416.27	-158.68	-131.58	12,126.01
36505 · Dental Equipment	1,007.56	26.74	0.00	1,034.30

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule III Revenues and Expenses by Classification**  
For the twelve months ended December 31, 2023

	Dental	G&A	HHC	TOTAL
36506 · Dental Repair	2,286.21	0.00	0.00	2,286.21
36507 · Dental Grant - FAFCC	11,260.03	0.00	0.00	11,260.03
<b>Total 36000 · Other Expenses</b>	<b>26,970.07</b>	<b>184,950.44</b>	<b>25,885.99</b>	<b>237,806.50</b>
<b>Total Expenses</b>	<b>26,970.07</b>	<b>535,795.81</b>	<b>25,885.99</b>	<b>588,651.87</b>
<b>Total Expense</b>	<b>26,970.07</b>	<b>535,795.81</b>	<b>25,885.99</b>	<b>588,651.87</b>
<b>Net Ordinary Income</b>	<b>-26,970.07</b>	<b>291,280.02</b>	<b>-26,996.49</b>	<b>237,313.46</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
<b>In-Kind Donations</b>				
26000 · In-Kind Medical Services Income	0.00	1,391,299.24	0.00	1,391,299.24
26010 · In-Kind Materials & Supplies In	0.00	2,121,978.38	0.00	2,121,978.38
26020 · In-Kind Facilities	0.00	73,944.34	0.00	73,944.34
80000 · In-Kind Medical Services Exp	0.00	-1,391,299.24	0.00	-1,391,299.24
80010 · In-Kind Materials & Supplies	0.00	-1,835,286.29	0.00	-1,835,286.29
80020 · In-Kind Facilities Exp	0.00	-73,944.34	0.00	-73,944.34
<b>Total In-Kind Donations</b>	<b>0.00</b>	<b>286,692.09</b>	<b>0.00</b>	<b>286,692.09</b>
26500 · Interest Income	0.00	21,765.63	0.00	21,765.63
<b>Total Other Income</b>	<b>0.00</b>	<b>308,457.72</b>	<b>0.00</b>	<b>308,457.72</b>
<b>Net Other Income</b>	<b>0.00</b>	<b>308,457.72</b>	<b>0.00</b>	<b>308,457.72</b>
<b>Net Income</b>	<b>-26,970.07</b>	<b>599,737.74</b>	<b>-26,996.49</b>	<b>545,771.18</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule IV-Revenue & Expenses-Actual vs. Budget**

For the one month and twelve months ended December 31, 2023

	Dec 23	Budget	\$ Over Budget	Jan - Dec 23	YTD Budget	\$ Over Budget	Annual Budget
<b>Ordinary Income/Expense</b>							
<b>Income</b>							
<b>Receipts</b>							
24020 · Pensacola Bay Baptist Assoc.	1,416.00	712.00	704.00	8,500.00	8,500.00	0.00	8,500.00
24030 · Grants	63,936.61	34,848.00	29,088.61	377,604.23	198,033.00	179,571.23	198,033.00
24035 · Christmas at the Clinic	31,101.87	66,500.00	-35,398.13	211,832.17	187,923.00	23,909.17	187,923.00
24050 · Southern Baptist Convention	0.00	0.00	0.00	2,000.00	6,500.00	-4,500.00	6,500.00
24060 · Church Contributions	7,301.76	6,000.00	1,301.76	84,682.20	72,000.00	12,682.20	72,000.00
25070 · Community Contributions	90,730.23	4,000.00	86,730.23	119,090.26	48,000.00	71,090.26	48,000.00
25072 · Board of County Commissioners	7,199.31	15,390.00	-8,190.69	19,243.72	28,500.00	-9,256.28	28,500.00
25080 · Medical Records Reimbursements	96.00	150.00	-54.00	3,012.75	1,800.00	1,212.75	1,800.00
<b>Total Receipts</b>	<b>201,781.78</b>	<b>127,600.00</b>	<b>74,181.78</b>	<b>825,965.33</b>	<b>551,256.00</b>	<b>274,709.33</b>	<b>551,256.00</b>
<b>Total Income</b>	<b>201,781.78</b>	<b>127,600.00</b>	<b>74,181.78</b>	<b>825,965.33</b>	<b>551,256.00</b>	<b>274,709.33</b>	<b>551,256.00</b>
<b>Expense</b>							
<b>Expenses</b>							
<b>35100 · Personnel</b>							
35110 · Executive Director	9,230.76	6,250.00	2,980.76	83,115.42	75,000.00	8,115.42	75,000.00
35130 · Clinical Manager	5,400.00	3,900.00	1,500.00	46,800.00	46,800.00	0.00	46,800.00
35131 · Chief Clinical Officer	4,788.44	3,000.00	1,788.44	47,613.44	74,500.00	-26,886.56	74,500.00
35166 · Dental Manager	4,200.00	2,600.00	1,600.00	33,820.00	31,200.00	2,620.00	31,200.00
35169 · Health Navigator	4,520.00	2,163.00	2,357.00	33,420.00	26,000.00	7,420.00	26,000.00
35171 · Amgen Director	8,536.50	0.00	8,536.50	23,170.50	0.00	23,170.50	0.00
35172 · Office Manager/Vol Coordinator	4,740.00	4,337.00	403.00	39,480.00	52,000.00	-12,520.00	52,000.00
35173 · Pharmacy Manager	2,771.00	0.00	2,771.00	10,421.00	0.00	10,421.00	0.00
35174 · Mental Health Manager	7,134.61	0.00	7,134.61	7,746.15	0.00	7,746.15	0.00
57199 · Cost of Living Adjustment	0.00	1,107.00	-1,107.00	0.00	15,275.00	-15,275.00	15,275.00
66000 · Payroll Expenses	4,203.08	2,121.00	2,082.08	25,258.86	25,862.00	-603.14	25,862.00
<b>Total 35100 · Personnel</b>	<b>55,524.39</b>	<b>25,478.00</b>	<b>30,046.39</b>	<b>350,845.37</b>	<b>346,637.00</b>	<b>4,208.37</b>	<b>346,637.00</b>
<b>36000 · Other Expenses</b>							
36010 · Pharmaceuticals	218.83	800.00	-581.17	11,529.46	9,600.00	1,929.46	9,600.00
36030 · Licenses	0.00	0.00	0.00	453.75	1,415.00	-961.25	1,415.00
36050 · Lab Fees	0.00	125.00	-125.00	1,535.10	1,500.00	35.10	1,500.00
36060 · Office Supplies	788.00	500.00	288.00	6,073.68	6,000.00	73.68	6,000.00
36070 · Medical Equip & Supplies	424.50	550.00	-125.50	1,120.12	6,600.00	-5,479.88	6,600.00
36075 · Medical Supplies- Amgen	-2,216.91	0.00	-2,216.91	4,620.96	0.00	4,620.96	0.00
36076 · Amgen Supplies	425.50	0.00	425.50	2,527.60	0.00	2,527.60	0.00
36080 · Counseling Fees	75.00	350.00	-275.00	1,190.00	4,200.00	-3,010.00	4,200.00
36090 · Postage	165.60	250.00	-84.40	2,930.08	3,000.00	-69.92	3,000.00
36100 · Telephone/Internet	530.75	420.00	110.75	6,684.30	5,000.00	1,684.30	5,000.00
36110 · Office Equipment	913.69	500.00	413.69	7,014.27	6,000.00	1,014.27	6,000.00
36115 · IT Hardware/Software/Consulting	-2,340.36	500.00	-2,840.36	4,872.52	6,000.00	-1,127.48	6,000.00
36120 · Janitorial Services	2,479.00	1,600.00	879.00	9,745.88	8,200.00	1,545.88	8,200.00
36125 · Maintenance	0.00	325.00	-325.00	1,679.65	3,900.00	-2,220.35	3,900.00
36126 · Repairs	0.00	125.00	-125.00	2,679.29	1,500.00	1,179.29	1,500.00
36130 · Utilities	1,043.74	1,210.00	-166.26	15,376.47	14,520.00	856.47	14,520.00
36135 · Lease Expense	1,336.65	1,060.00	276.65	13,714.80	11,588.00	2,126.80	11,588.00
36150 · EMR/Pharm	279.47	275.00	4.47	3,409.28	3,300.00	109.28	3,300.00
36160 · Publicity/Marketing	0.00	1,200.00	-1,200.00	13,864.50	15,800.00	-1,935.50	15,800.00
36162 · Publicity/Marketing- Amgen	1,050.06	0.00	1,050.06	3,681.43	0.00	3,681.43	0.00
36165 · Memberships & Dues	0.00	0.00	0.00	2,360.00	1,500.00	860.00	1,500.00
36170 · Travel	0.00	0.00	0.00	4,045.59	2,500.00	1,545.59	2,500.00
36180 · Staff Development	156.52	300.00	-143.48	3,828.66	3,600.00	228.66	3,600.00
36190 · VolunteerRetention/Appreciatio	1,134.47	850.00	284.47	11,212.72	10,200.00	1,012.72	10,200.00
36200 · Insurance	-4.75	140.00	-144.75	4,571.88	3,746.00	825.88	3,746.00
36210 · Miscellaneous	956.17	150.00	806.17	3,061.47	1,800.00	1,261.47	1,800.00
36220 · Depreciation Expense	10,349.48	0.00	10,349.48	10,349.48	0.00	10,349.48	0.00
36225 · Professional Fees - Audit	0.00	0.00	0.00	11,150.00	10,000.00	1,150.00	10,000.00
36230 · Professional Fees - Bookkeeping	2,000.00	2,000.00	0.00	24,100.00	24,500.00	-400.00	24,500.00
36240 · Grant Expenses	125.00	1,000.00	-875.00	8,955.97	6,150.00	2,805.97	6,150.00
36250 · Christmas at Clinic Expenses	809.94	10,000.00	-9,190.06	12,761.04	15,000.00	-2,238.96	15,000.00
36500 · Dental Supplies	979.55	1,000.00	-20.45	12,126.01	12,000.00	126.01	12,000.00
36505 · Dental Equipment	0.00	250.00	-250.00	1,034.30	4,500.00	-3,465.70	4,500.00
36506 · Dental Repair	616.17	250.00	366.17	2,286.21	1,000.00	1,286.21	1,000.00
36507 · Dental Grant - FAFCC	-62,469.62	0.00	-62,469.62	11,260.03	0.00	11,260.03	0.00
<b>Total 36000 · Other Expenses</b>	<b>-40,173.55</b>	<b>25,730.00</b>	<b>-65,903.55</b>	<b>237,806.50</b>	<b>204,619.00</b>	<b>33,187.50</b>	<b>204,619.00</b>
<b>Total Expenses</b>	<b>15,350.84</b>	<b>51,208.00</b>	<b>-35,857.16</b>	<b>588,651.87</b>	<b>551,256.00</b>	<b>37,395.87</b>	<b>551,256.00</b>
<b>Total Expense</b>	<b>15,350.84</b>	<b>51,208.00</b>	<b>-35,857.16</b>	<b>588,651.87</b>	<b>551,256.00</b>	<b>37,395.87</b>	<b>551,256.00</b>
<b>Net Ordinary Income</b>	<b>186,430.94</b>	<b>76,392.00</b>	<b>110,038.94</b>	<b>237,313.46</b>	<b>0.00</b>	<b>237,313.46</b>	<b>0.00</b>
<b>Other Income/Expense</b>							
<b>Other Income</b>							
<b>In-Kind Donations</b>							
26000 · In-Kind Medical Services Income	1,391,299.24	0.00	1,391,299.24	1,391,299.24	0.00	1,391,299.24	0.00
26010 · In-Kind Materials & Supplies In	2,121,978.38	0.00	2,121,978.38	2,121,978.38	0.00	2,121,978.38	0.00
26020 · In-Kind Facilities	73,944.34	0.00	73,944.34	73,944.34	0.00	73,944.34	0.00
80000 · In-Kind Medical Services Exp	-1,391,299.24	0.00	-1,391,299.24	-1,391,299.24	0.00	-1,391,299.24	0.00
80010 · In-Kind Materials & Supplies	-1,835,286.29	0.00	-1,835,286.29	-1,835,286.29	0.00	-1,835,286.29	0.00
80020 · In-Kind Facilities Exp	-73,944.34	0.00	-73,944.34	-73,944.34	0.00	-73,944.34	0.00
<b>Total In-Kind Donations</b>	<b>286,692.09</b>	<b>0.00</b>	<b>286,692.09</b>	<b>286,692.09</b>	<b>0.00</b>	<b>286,692.09</b>	<b>0.00</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

	Dec 23	Budget	\$ Over Budget	Jan - Dec 23	YTD Budget	\$ Over Budget	Annual Budget
26500 · Interest Income	2,193.59	0.00	2,193.59	21,765.63	0.00	21,765.63	0.00
Total Other Income	288,885.68	0.00	288,885.68	308,457.72	0.00	308,457.72	0.00
Net Other Income	288,885.68	0.00	288,885.68	308,457.72	0.00	308,457.72	0.00
Net Income	475,316.62	76,392.00	398,924.62	545,771.18	0.00	545,771.18	0.00

No assurance is provided on these financial statements.  
 These financial statements do not include a statement of cash flows.  
 Substantially all disclosures required by GAAP omitted.

**HEALTH AND HOPE CLINIC, INC.**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024**

**Health and Hope Clinic, Inc.**  
**Statement of Assets, Liabilities and Net Assets**  
December 31, 2024

	Dec 31, 24
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
11030 · Operating Account (Regions)	345,140.03
11035 · Morgan Stanley	325,953.21
11040 · PayPal	2,204.30
<b>Total Checking/Savings</b>	673,297.54
Accounts Receivable	
11008 · Accounts Receivable	2,000.00
11015 · Grant Receivable	271,323.17
<b>Total Accounts Receivable</b>	273,323.17
<b>Other Current Assets</b>	
12300 · Prepaid Insurance	2,092.85
12500 · Inventory	1,113,699.22
12550 · Less Inventory Valuation	-295,094.03
<b>Total Other Current Assets</b>	820,698.04
<b>Total Current Assets</b>	1,767,318.75
<b>Fixed Assets</b>	
13000 · Fixed Assets	
13100 · Office Equipment	31,222.42
13200 · Medical Equipment	179,331.77
13500 · Construction in Progress	604,043.69
13800 · Accumulated Depreciation	-98,169.04
<b>Total 13000 · Fixed Assets</b>	716,428.84
<b>Total Fixed Assets</b>	716,428.84
<b>Other Assets</b>	
14000 · Deposits	1,170.00
<b>Total Other Assets</b>	1,170.00
<b>TOTAL ASSETS</b>	<b>2,484,917.59</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	
20000 · Accounts Payable	48,744.97
<b>Total Accounts Payable</b>	48,744.97
Credit Cards	
22000 · Regions FIA Card Services	2,180.09
<b>Total Credit Cards</b>	2,180.09
<b>Other Current Liabilities</b>	
21000 · Accrued Liabilities	5,751.41
24000 · Payroll Liabilities	-567.10
<b>Total Other Current Liabilities</b>	5,184.31
<b>Total Current Liabilities</b>	56,109.37
<b>Total Liabilities</b>	56,109.37
<b>Equity</b>	
32000 · Unrestricted Net Assets	1,994,853.80
Net Income	433,954.42
<b>Total Equity</b>	2,428,808.22
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>2,484,917.59</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Statement of Revenues and Expenses**  
For the year ended December 31, 2024

	Jan - Dec 24
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Receipts</b>	
24020 · Pensacola Bay Baptist Assoc.	6,375.25
24030 · Grants	1,072,091.53
24035 · Christmas at the Clinic	257,373.09
24060 · Church Contributions	46,775.43
25070 · Community Contributions	67,925.09
25072 · Board of County Commissioners	21,300.69
25080 · Medical Records Reimbursements	3,052.25
<b>Total Receipts</b>	1,474,893.33
<b>Total Income</b>	1,474,893.33
<b>Expense</b>	
<b>Expenses</b>	
35100 · Personnel	
35110 · Executive Director	89,557.64
35130 · Clinical Manager	14,400.00
35131 · Chief Clinical Officer	148,682.31
35166 · Dental Manager	37,190.00
35167 · Dentist	7,200.00
35169 · Health Navigator	34,950.00
35171 · Amgen Director	61,476.98
35172 · Office Manager/Vol Coordinator	41,107.00
35173 · Pharmacy Manager	24,810.00
35174 · Mental Health Manager	53,407.65
66000 · Payroll Expenses	39,225.42
<b>Total 35100 · Personnel</b>	552,007.00
36000 · Other Expenses	
36010 · Pharmaceuticals	17,128.01
36030 · Licenses	1,410.18
36050 · Lab Fees	614.04
36060 · Office Supplies	8,383.65
36070 · Medical Equip & Supplies	5,178.70
36075 · Medical Supplies- Amgen	11,152.43
36076 · Amgen Supplies	5,535.49
36080 · Counseling Fees	165.00
36090 · Postage	2,257.44
36100 · Telephone/Internet	6,490.69
36110 · Office Equipment	8,273.20
36115 · IT Hardware/Software/Consulting	3,684.54
36120 · Janitorial Services	10,861.35
36125 · Maintenance	2,553.44
36126 · Repairs	4,729.69
36130 · Utilities	13,496.83
36135 · Lease Expense	16,039.40
36150 · EMR/Pharm	3,637.61
36160 · Publicity/Marketing	13,212.27
36162 · Publicity/Marketing- Amgen	4,318.57
36165 · Memberships & Dues	2,262.00
36170 · Travel	1,741.10
36180 · Staff Development	4,246.98
36190 · Volunteer Retention/Appreciation	12,573.60
36200 · Insurance	4,423.23
36210 · Miscellaneous	2,283.41
36220 · Depreciation Expense	15,798.52
36225 · Professional Fees - Audit	2,825.00
36230 · Professional Fees - Bookkeeping	27,250.00
36240 · Grant Expenses	10,558.00
36250 · Christmas at Clinic Expenses	19,894.15
36500 · Dental Supplies	7,506.99
36505 · Dental Equipment	360.96
36506 · Dental Repair	2,181.96

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Statement of Revenues and Expenses**  
For the year ended December 31, 2024

---

	Jan - Dec 24
36507 · Dental Grant - FAFCC	7,428.39
36600 · Capital Improvements	77,833.29
<b>Total 36000 · Other Expenses</b>	<b>338,290.11</b>
<b>Total Expenses</b>	<b>890,297.11</b>
<b>Total Expense</b>	<b>890,297.11</b>
<b>Net Ordinary Income</b>	<b>584,596.22</b>
<b>Other Income/Expense</b>	
<b>Other Income</b>	
<b>In-Kind Donations</b>	
26000 · In-Kind Medical Services Income	1,438,158.11
26010 · In-Kind Materials & Supplies In	2,063,136.00
26020 · In-Kind Facilities	73,944.34
26030 · In-Kind Donated Assets	16,345.00
80000 · In-Kind Medical Services Exp	-1,438,158.11
80010 · In-Kind Materials & Supplies	-2,253,992.06
80020 · In-Kind Facilities Exp	-73,944.34
<b>Total In-Kind Donations</b>	<b>-174,511.06</b>
26500 · Interest Income	23,869.26
<b>Total Other Income</b>	<b>-150,641.80</b>
<b>Net Other Income</b>	<b>-150,641.80</b>
<b>Net Income</b>	<b>433,954.42</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.



**SUPPLEMENTARY  
INFORMATION**

**Health and Hope Clinic, Inc.**  
**Schedule I - Revenues and Expenses**  
For the year ended December 31, 2024 and 2023

	Jan - Dec 24	Jan - Dec 23
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
<b>Receipts</b>		
24020 · Pensacola Bay Baptist Assoc.	6,375.25	8,500.00
24030 · Grants	1,072,091.53	377,604.23
24035 · Christmas at the Clinic	257,373.09	211,832.17
24050 · Southern Baptist Convention	0.00	2,000.00
24060 · Church Contributions	46,775.43	84,682.20
25070 · Community Contributions	67,925.09	119,090.26
25072 · Board of County Commissioners	21,300.69	19,243.72
25080 · Medical Records Reimbursements	3,052.25	3,012.75
<b>Total Receipts</b>	<b>1,474,893.33</b>	<b>825,965.33</b>
<b>Total Income</b>	<b>1,474,893.33</b>	<b>825,965.33</b>
<b>Expense</b>		
<b>Expenses</b>		
35100 · Personnel		
35110 · Executive Director	89,557.64	83,115.42
35130 · Clinical Manager	14,400.00	46,800.00
35131 · Chief Clinical Officer	148,682.31	47,613.44
35166 · Dental Manager	37,190.00	33,820.00
35167 · Dentist	7,200.00	0.00
35169 · Health Navigator	34,950.00	33,420.00
35171 · Amgen Director	61,476.98	23,170.50
35172 · Office Manager/Vol Coordinator	41,107.00	39,480.00
35173 · Pharmacy Manager	24,810.00	10,421.00
35174 · Mental Health Manager	53,407.65	7,746.15
66000 · Payroll Expenses	39,225.42	25,258.86
<b>Total 35100 · Personnel</b>	<b>552,007.00</b>	<b>350,845.37</b>
36000 · Other Expenses		
36010 · Pharmaceuticals	17,128.01	11,529.46
36030 · Licenses	1,410.18	453.75
36050 · Lab Fees	614.04	1,535.10
36060 · Office Supplies	8,383.65	6,073.68
36070 · Medical Equip & Supplies	5,178.70	1,120.12
36075 · Medical Supplies- Amgen	11,152.43	4,620.96
36076 · Amgen Supplies	5,535.49	2,527.60
36080 · Counseling Fees	165.00	1,190.00
36090 · Postage	2,257.44	2,930.08
36100 · Telephone/Internet	6,490.69	6,684.30
36110 · Office Equipment	8,273.20	7,014.27
36115 · IT Hardware/Software/Consulting	3,684.54	4,872.52
36120 · Janitorial Services	10,861.35	9,745.88
36125 · Maintenance	2,553.44	1,679.65
36126 · Repairs	4,729.69	2,679.29
36130 · Utilities	13,496.83	15,376.47
36135 · Lease Expense	16,039.40	13,714.80
36150 · EMR/Pharm	3,637.61	3,409.28
36160 · Publicity/Marketing	13,212.27	13,864.50
36162 · Publicity/Marketing- Amgen	4,318.57	3,681.43
36165 · Memberships & Dues	2,262.00	2,360.00
36170 · Travel	1,741.10	4,045.59
36180 · Staff Development	4,246.98	3,828.66
36190 · Volunteer Retention/Appreciation	12,573.60	11,212.72
36200 · Insurance	4,423.23	4,571.88
36210 · Miscellaneous	2,283.41	3,061.47
36220 · Depreciation Expense	15,798.52	10,349.48
36225 · Professional Fees - Audit	2,825.00	11,150.00
36230 · Professional Fees - Bookkeeping	27,250.00	24,100.00
36240 · Grant Expenses	10,558.00	8,955.97
36250 · Christmas at Clinic Expenses	19,894.15	12,761.04
36500 · Dental Supplies	7,506.99	12,126.01
36505 · Dental Equipment	360.96	1,034.30

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule I - Revenues and Expenses**  
For the year ended December 31, 2024 and 2023

	Jan - Dec 24	Jan - Dec 23
36506 · Dental Repair	2,181.96	2,286.21
36507 · Dental Grant - FAFCC	7,428.39	11,260.03
36600 · Capital Improvements	77,833.29	0.00
<b>Total 36000 · Other Expenses</b>	<b>338,290.11</b>	<b>237,806.50</b>
<b>Total Expenses</b>	<b>890,297.11</b>	<b>588,651.87</b>
<b>Total Expense</b>	<b>890,297.11</b>	<b>588,651.87</b>
<b>Net Ordinary Income</b>	<b>584,596.22</b>	<b>237,313.46</b>
<b>Other Income/Expense</b>		
<b>Other Income</b>		
<b>In-Kind Donations</b>		
26000 · In-Kind Medical Services Income	1,438,158.11	1,391,299.24
26010 · In-Kind Materials & Supplies In	2,063,136.00	2,121,978.38
26020 · In-Kind Facilities	73,944.34	73,944.34
26030 · In-Kind Donated Assets	16,345.00	0.00
80000 · In-Kind Medical Services Exp	-1,438,158.11	-1,391,299.24
80010 · In-Kind Materials & Supplies	-2,253,992.06	-1,835,286.29
80020 · In-Kind Facilities Exp	-73,944.34	-73,944.34
<b>Total In-Kind Donations</b>	<b>-174,511.06</b>	<b>286,692.09</b>
<b>26500 · Interest Income</b>	<b>23,869.26</b>	<b>21,765.63</b>
<b>Total Other Income</b>	<b>-150,641.80</b>	<b>308,457.72</b>
<b>Net Other Income</b>	<b>-150,641.80</b>	<b>308,457.72</b>
<b>Net Income</b>	<b>433,954.42</b>	<b>545,771.18</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule II - Revenues and Expenses**  
For the one month ended December 31, 2024 and 2023

	Dec 24	Dec 23
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
<b>Receipts</b>		
24020 · Pensacola Bay Baptist Assoc.	0.00	1,416.00
24030 · Grants	302,644.17	63,936.61
24035 · Christmas at the Clinic	77,377.09	31,101.87
24060 · Church Contributions	6,075.79	7,301.76
25070 · Community Contributions	18,790.64	90,730.23
25072 · Board of County Commissioners	0.00	7,199.31
25080 · Medical Records Reimbursements	90.50	96.00
<b>Total Receipts</b>	404,978.19	201,781.78
<b>Total Income</b>	404,978.19	201,781.78
<b>Expense</b>		
<b>Expenses</b>		
35100 · Personnel		
35110 · Executive Director	6,538.46	9,230.76
35130 · Clinical Manager	0.00	5,400.00
35131 · Chief Clinical Officer	11,538.46	4,788.44
35166 · Dental Manager	3,700.00	4,200.00
35167 · Dentist	2,400.00	0.00
35169 · Health Navigator	2,755.00	4,520.00
35171 · Amgen Director	5,192.32	8,536.50
35172 · Office Manager/Vol Coordinator	4,532.00	4,740.00
35173 · Pharmacy Manager	3,000.00	2,771.00
35174 · Mental Health Manager	5,503.84	7,134.61
66000 · Payroll Expenses	3,358.29	4,203.08
<b>Total 35100 · Personnel</b>	48,518.37	55,524.39
36000 · Other Expenses		
36010 · Pharmaceuticals	1,938.57	218.83
36050 · Lab Fees	43.86	0.00
36060 · Office Supplies	967.69	788.00
36070 · Medical Equip & Supplies	95.79	424.50
36075 · Medical Supplies- Amgen	0.00	-2,216.91
36076 · Amgen Supplies	0.00	425.50
36080 · Counseling Fees	75.00	75.00
36090 · Postage	239.83	165.60
36100 · Telephone/Internet	563.61	530.75
36110 · Office Equipment	935.97	913.69
36115 · IT Hardware/Software/Consulting	34.00	-2,340.36
36120 · Janitorial Services	2,693.00	2,479.00
36125 · Maintenance	64.41	0.00
36130 · Utilities	1,191.25	1,043.74
36135 · Lease Expense	1,336.65	1,336.65
36150 · EMR/Pharm	308.35	279.47
36160 · Publicity/Marketing	1,050.03	0.00
36162 · Publicity/Marketing- Amgen	0.00	1,050.06
36180 · Staff Development	550.22	156.52
36190 · Volunteer Retention/Appreciation	1,387.89	1,134.47
36200 · Insurance	892.02	-4.75
36210 · Miscellaneous	136.64	956.17
36220 · Depreciation Expense	15,798.52	10,349.48
36230 · Professional Fees - Bookkeeping	2,500.00	2,000.00
36240 · Grant Expenses	4,463.00	125.00
36250 · Christmas at Clinic Expenses	18,663.17	809.94
36500 · Dental Supplies	1,971.27	979.55
36506 · Dental Repair	833.65	616.17

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule II - Revenues and Expenses**  
For the one month ended December 31, 2024 and 2023

	Dec 24	Dec 23
36507 · Dental Grant - FAFCC	-2,008.05	-62,469.62
36600 · Capital Improvements	77,833.29	0.00
<b>Total 36000 · Other Expenses</b>	<b>134,559.63</b>	<b>-40,173.55</b>
<b>Total Expenses</b>	<b>183,078.00</b>	<b>15,350.84</b>
<b>Total Expense</b>	<b>183,078.00</b>	<b>15,350.84</b>
<b>Net Ordinary Income</b>	<b>221,900.19</b>	<b>186,430.94</b>
<b>Other Income/Expense</b>		
<b>Other Income</b>		
<b>In-Kind Donations</b>		
26000 · In-Kind Medical Services Income	1,438,158.11	1,391,299.24
26010 · In-Kind Materials & Supplies In	2,063,136.00	2,121,978.38
26020 · In-Kind Facilities	73,944.34	73,944.34
26030 · In-Kind Donated Assets	16,345.00	0.00
80000 · In-Kind Medical Services Exp	-1,438,158.11	-1,391,299.24
80010 · In-Kind Materials & Supplies	-2,253,992.06	-1,835,286.29
80020 · In-Kind Facilities Exp	-73,944.34	-73,944.34
<b>Total In-Kind Donations</b>	<b>-174,511.06</b>	<b>286,692.09</b>
26500 · Interest Income	1,119.80	2,193.59
<b>Total Other Income</b>	<b>-173,391.26</b>	<b>288,885.68</b>
<b>Net Other Income</b>	<b>-173,391.26</b>	<b>288,885.68</b>
<b>Net Income</b>	<b>48,508.93</b>	<b>475,316.62</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule III Revenues and Expenses by Classification**  
For the year ended December 31, 2024

	Dental	G&A	HHC	TOTAL
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>Receipts</b>				
24020 · Pensacola Bay Baptist Assoc.	0.00	6,375.25	0.00	6,375.25
24030 · Grants	0.00	1,072,091.53	0.00	1,072,091.53
24035 · Christmas at the Clinic	0.00	257,373.09	0.00	257,373.09
24060 · Church Contributions	0.00	46,775.43	0.00	46,775.43
25070 · Community Contributions	0.00	67,925.09	0.00	67,925.09
25072 · Board of County Commissioners	0.00	21,300.69	0.00	21,300.69
25080 · Medical Records Reimbursements	0.00	3,052.25	0.00	3,052.25
<b>Total Receipts</b>	<b>0.00</b>	<b>1,474,893.33</b>	<b>0.00</b>	<b>1,474,893.33</b>
<b>Total Income</b>	<b>0.00</b>	<b>1,474,893.33</b>	<b>0.00</b>	<b>1,474,893.33</b>
<b>Expense</b>				
<b>Expenses</b>				
<b>35100 · Personnel</b>				
35110 · Executive Director	0.00	89,557.64	0.00	89,557.64
35130 · Clinical Manager	0.00	14,400.00	0.00	14,400.00
35131 · Chief Clinical Officer	0.00	148,682.31	0.00	148,682.31
35166 · Dental Manager	0.00	37,190.00	0.00	37,190.00
35167 · Dentist	0.00	7,200.00	0.00	7,200.00
35169 · Health Navigator	0.00	34,950.00	0.00	34,950.00
35171 · Amgen Director	0.00	61,476.98	0.00	61,476.98
35172 · Office Manager/Vol Coordinator	0.00	41,107.00	0.00	41,107.00
35173 · Pharmacy Manager	0.00	24,810.00	0.00	24,810.00
35174 · Mental Health Manager	0.00	53,407.65	0.00	53,407.65
66000 · Payroll Expenses	0.00	39,225.42	0.00	39,225.42
<b>Total 35100 · Personnel</b>	<b>0.00</b>	<b>552,007.00</b>	<b>0.00</b>	<b>552,007.00</b>
<b>36000 · Other Expenses</b>				
36010 · Pharmaceuticals	0.00	118.82	17,009.19	17,128.01
36030 · Licenses	0.00	462.00	948.18	1,410.18
36050 · Lab Fees	0.00	0.00	614.04	614.04
36060 · Office Supplies	0.00	8,201.51	182.14	8,383.65
36070 · Medical Equip & Supplies	0.00	0.00	5,178.70	5,178.70
36075 · Medical Supplies- Amgen	0.00	0.00	11,152.43	11,152.43
36076 · Amgen Supplies	0.00	1,073.28	4,462.21	5,535.49
36080 · Counseling Fees	0.00	0.00	165.00	165.00
36090 · Postage	0.00	2,257.44	0.00	2,257.44
36100 · Telephone/Internet	0.00	6,490.69	0.00	6,490.69
36110 · Office Equipment	262.54	7,207.96	802.70	8,273.20
36115 · IT Hardware/Software/Consulting	0.00	3,684.54	0.00	3,684.54
36120 · Janitorial Services	0.00	10,861.35	0.00	10,861.35
36125 · Maintenance	0.00	2,553.44	0.00	2,553.44
36126 · Repairs	0.00	4,729.69	0.00	4,729.69
36130 · Utilities	0.00	13,496.83	0.00	13,496.83
36135 · Lease Expense	0.00	16,039.40	0.00	16,039.40
36150 · EMR/Pharm	0.00	0.00	3,637.61	3,637.61
36160 · Publicity/Marketing	0.00	13,212.27	0.00	13,212.27
36162 · Publicity/Marketing- Amgen	0.00	1,455.94	2,862.63	4,318.57
36165 · Memberships & Dues	0.00	2,262.00	0.00	2,262.00
36170 · Travel	0.00	1,741.10	0.00	1,741.10
36180 · Staff Development	0.00	4,190.96	56.02	4,246.98
36190 · Volunteer Retention/Appreciation	0.00	12,573.60	0.00	12,573.60
36200 · Insurance	0.00	4,423.23	0.00	4,423.23
36210 · Miscellaneous	0.00	2,283.41	0.00	2,283.41
36220 · Depreciation Expense	0.00	15,798.52	0.00	15,798.52
36225 · Professional Fees - Audit	0.00	2,825.00	0.00	2,825.00
36230 · Professional Fees - Bookkeeping	0.00	27,250.00	0.00	27,250.00
36240 · Grant Expenses	0.00	10,558.00	0.00	10,558.00
36250 · Christmas at Clinic Expenses	0.00	19,894.15	0.00	19,894.15
36500 · Dental Supplies	7,469.28	0.00	37.71	7,506.99
36505 · Dental Equipment	360.96	0.00	0.00	360.96
36506 · Dental Repair	1,804.96	377.00	0.00	2,181.96

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule III Revenues and Expenses by Classification**  
For the year ended December 31, 2024

	Dental	G&A	HHC	TOTAL
36507 · Dental Grant - FAFCC	7,428.39	0.00	0.00	7,428.39
36600 · Capital Improvements	0.00	77,833.29	0.00	77,833.29
<b>Total 36000 · Other Expenses</b>	<b>17,326.13</b>	<b>273,855.42</b>	<b>47,108.56</b>	<b>338,290.11</b>
<b>Total Expenses</b>	<b>17,326.13</b>	<b>825,862.42</b>	<b>47,108.56</b>	<b>890,297.11</b>
<b>Total Expense</b>	<b>17,326.13</b>	<b>825,862.42</b>	<b>47,108.56</b>	<b>890,297.11</b>
<b>Net Ordinary Income</b>	<b>-17,326.13</b>	<b>649,030.91</b>	<b>-47,108.56</b>	<b>584,596.22</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
<b>In-Kind Donations</b>				
26000 · In-Kind Medical Services Income	0.00	1,438,158.11	0.00	1,438,158.11
26010 · In-Kind Materials & Supplies In	0.00	2,063,136.00	0.00	2,063,136.00
26020 · In-Kind Facilities	0.00	73,944.34	0.00	73,944.34
26030 · In-Kind Donated Assets	0.00	16,345.00	0.00	16,345.00
80000 · In-Kind Medical Services Exp	0.00	-1,438,158.11	0.00	-1,438,158.11
80010 · In-Kind Materials & Supplies	0.00	-2,253,992.06	0.00	-2,253,992.06
80020 · In-Kind Facilities Exp	0.00	-73,944.34	0.00	-73,944.34
<b>Total In-Kind Donations</b>	<b>0.00</b>	<b>-174,511.06</b>	<b>0.00</b>	<b>-174,511.06</b>
26500 · Interest Income	0.00	23,869.26	0.00	23,869.26
<b>Total Other Income</b>	<b>0.00</b>	<b>-150,641.80</b>	<b>0.00</b>	<b>-150,641.80</b>
<b>Net Other Income</b>	<b>0.00</b>	<b>-150,641.80</b>	<b>0.00</b>	<b>-150,641.80</b>
<b>Net Income</b>	<b>-17,326.13</b>	<b>498,389.11</b>	<b>-47,108.56</b>	<b>433,954.42</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule IV-Revenue & Expenses-Actual vs. Budget**

For the one month and twelve months ended December 31, 2024

	Dec 24	Budget	\$ Over Budget	Jan - Dec 24	YTD Budget	\$ Over Budget	Annual Budget
<b>Ordinary Income/Expense</b>							
<b>Income</b>							
<b>Receipts</b>							
24020 · Pensacola Bay Baptist Assoc.	0.00	708.00	-708.00	6,375.25	8,500.00	-2,124.75	8,500.00
24030 · Grants	302,644.17	10,315.00	292,329.17	1,072,091.53	200,000.00	872,091.53	200,000.00
24035 · Christmas at the Clinic	77,377.09	36,900.00	40,477.09	257,373.09	200,000.00	57,373.09	200,000.00
24050 · Southern Baptist Convention	0.00	0.00	0.00	0.00	2,000.00	-2,000.00	2,000.00
24060 · Church Contributions	6,075.79	6,663.00	-587.21	46,775.43	80,000.00	-33,224.57	80,000.00
25070 · Community Contributions	18,790.64	22,000.00	-3,209.36	67,925.09	65,000.00	2,925.09	65,000.00
25072 · Board of County Commissioners	0.00	0.00	0.00	21,300.69	28,500.00	-7,199.31	28,500.00
25080 · Medical Records Reimbursements	90.50	150.00	-59.50	3,052.25	3,250.00	-197.75	3,250.00
<b>Total Receipts</b>	<b>404,978.19</b>	<b>76,736.00</b>	<b>328,242.19</b>	<b>1,474,893.33</b>	<b>587,250.00</b>	<b>887,643.33</b>	<b>587,250.00</b>
<b>Total Income</b>	<b>404,978.19</b>	<b>76,736.00</b>	<b>328,242.19</b>	<b>1,474,893.33</b>	<b>587,250.00</b>	<b>887,643.33</b>	<b>587,250.00</b>
<b>Expense</b>							
<b>Expenses</b>							
<b>35100 · Personnel</b>							
35110 · Executive Director	6,538.46	6,667.00	-128.54	89,557.64	80,004.00	9,553.64	80,004.00
35130 · Clinical Manager	0.00	0.00	0.00	14,400.00	15,600.00	-1,200.00	15,600.00
35131 · Chief Clinical Officer	11,538.46	12,500.00	-961.54	148,682.31	143,750.00	4,932.31	143,750.00
35166 · Dental Manager	3,700.00	2,730.00	970.00	37,190.00	32,760.00	4,430.00	32,760.00
35167 · Dentist	2,400.00	0.00	2,400.00	7,200.00	0.00	7,200.00	0.00
35169 · Health Navigator	2,755.00	4,074.00	-1,319.00	34,950.00	48,888.00	-13,938.00	48,888.00
35171 · Amgen Director	5,192.32	0.00	5,192.32	61,476.98	28,050.00	33,426.98	28,050.00
35172 · Office Manager/Vol Coordinator	4,532.00	3,640.00	892.00	41,107.00	43,680.00	-2,573.00	43,680.00
35173 · Pharmacy Manager	3,000.00	2,210.00	790.00	24,810.00	26,520.00	-1,710.00	26,520.00
35174 · Mental Health Manager	5,503.84	4,417.00	1,086.84	53,407.65	53,004.00	403.65	53,004.00
57199 · Cost of Living Adjustment	0.00	803.00	-803.00	0.00	9,636.00	-9,636.00	9,636.00
66000 · Payroll Expenses	3,358.29	3,259.00	99.29	39,225.42	38,615.00	610.42	38,615.00
<b>Total 35100 · Personnel</b>	<b>48,518.37</b>	<b>40,300.00</b>	<b>8,218.37</b>	<b>552,007.00</b>	<b>520,507.00</b>	<b>31,500.00</b>	<b>520,507.00</b>
<b>36000 · Other Expenses</b>							
36010 · Pharmaceuticals	1,938.57	1,000.00	938.57	17,128.01	12,679.00	4,449.01	12,679.00
36030 · Licenses	0.00	200.00	-200.00	1,410.18	503.00	907.18	503.00
36050 · Lab Fees	43.86	150.00	-106.14	614.04	1,800.00	-1,185.96	1,800.00
36060 · Office Supplies	967.69	500.00	467.69	8,383.65	6,000.00	2,383.65	6,000.00
36070 · Medical Equip & Supplies	95.79	350.00	-254.21	5,178.70	4,200.00	978.70	4,200.00
36075 · Medical Supplies- Amgen	0.00	0.00	0.00	11,152.43	8,110.00	3,042.43	8,110.00
36076 · Amgen Supplies	0.00	0.00	0.00	5,535.49	17,890.00	-12,354.51	17,890.00
36080 · Counseling Fees	75.00	250.00	-175.00	165.00	3,000.00	-2,835.00	3,000.00
36090 · Postage	239.83	300.00	-60.17	2,257.44	3,600.00	-1,342.56	3,600.00
36100 · Telephone/Internet	563.61	600.00	-36.39	6,490.69	7,000.00	-509.31	7,000.00
36110 · Office Equipment	935.97	650.00	285.97	8,273.20	10,850.00	-2,576.80	10,850.00
36115 · IT Hardware/Software/Consulting	34.00	600.00	-566.00	3,684.54	9,200.00	-5,515.46	9,200.00
36120 · Janitorial Services	2,693.00	807.00	1,886.00	10,861.35	9,246.00	1,615.35	9,246.00
36125 · Maintenance	64.41	300.00	-235.59	2,553.44	3,600.00	-1,046.56	3,600.00
36126 · Repairs	0.00	300.00	-300.00	4,729.69	3,600.00	1,129.69	3,600.00
36130 · Utilities	1,191.25	1,600.00	-408.75	13,496.83	16,900.00	-3,403.17	16,900.00
36135 · Lease Expense	1,336.65	1,471.00	-134.35	16,039.40	16,982.00	-942.60	16,982.00
36150 · EMR/Pharm	308.35	285.00	23.35	3,637.61	3,420.00	217.61	3,420.00
36160 · Publicity/Marketing	1,050.03	1,333.00	-282.97	13,212.27	15,996.00	-2,783.73	15,996.00
36162 · Publicity/Marketing- Amgen	0.00	0.00	0.00	4,318.57	5,000.00	-681.43	5,000.00
36165 · Memberships & Dues	0.00	110.00	-110.00	2,262.00	2,821.00	-559.00	2,821.00
36170 · Travel	0.00	300.00	-300.00	1,741.10	3,200.00	-1,458.90	3,200.00
36180 · Staff Development	550.22	400.00	150.22	4,246.98	4,800.00	-553.02	4,800.00
36190 · Volunteer Retention/Appreciation	1,387.89	800.00	587.89	12,573.60	11,100.00	1,473.60	11,100.00
36200 · Insurance	892.02	0.00	892.02	4,423.23	4,036.00	387.23	4,036.00
36210 · Miscellaneous	136.64	200.00	-63.36	2,283.41	2,400.00	-116.59	2,400.00
36220 · Depreciation Expense	15,798.52			15,798.52			
36225 · Professional Fees - Audit	0.00	0.00	0.00	2,825.00	1,100.00	1,725.00	1,100.00
36230 · Professional Fees - Bookkeeping	2,500.00	2,500.00	0.00	27,250.00	30,000.00	-2,750.00	30,000.00
36240 · Grant Expenses	4,463.00	1,500.00	2,963.00	10,558.00	4,926.00	5,632.00	4,926.00
36250 · Christmas at Clinic Expenses	18,663.17	8,000.00	10,663.17	19,894.15	15,000.00	4,894.15	15,000.00
36500 · Dental Supplies	1,971.27	700.00	1,271.27	7,506.99	13,130.00	-5,623.01	13,130.00
36505 · Dental Equipment	0.00	300.00	-300.00	360.96	1,200.00	-839.04	1,200.00
36506 · Dental Repair	833.65	0.00	833.65	2,181.96	1,000.00	1,181.96	1,000.00
36507 · Dental Grant - FAFCC	-2,008.05	0.00	-2,008.05	7,428.39	0.00	7,428.39	0.00
36600 · Capital Improvements	77,833.29			77,833.29			
<b>Total 36000 · Other Expenses</b>	<b>134,559.63</b>	<b>25,506.00</b>	<b>109,053.63</b>	<b>338,290.11</b>	<b>254,289.00</b>	<b>84,001.11</b>	<b>254,289.00</b>
<b>Total Expenses</b>	<b>183,078.00</b>	<b>65,806.00</b>	<b>117,272.00</b>	<b>890,297.11</b>	<b>774,796.00</b>	<b>115,501.11</b>	<b>774,796.00</b>
<b>Total Expense</b>	<b>183,078.00</b>	<b>65,806.00</b>	<b>117,272.00</b>	<b>890,297.11</b>	<b>774,796.00</b>	<b>115,501.11</b>	<b>774,796.00</b>
<b>Net Ordinary Income</b>	<b>221,900.19</b>	<b>10,930.00</b>	<b>210,970.19</b>	<b>584,596.22</b>	<b>-187,546.00</b>	<b>772,142.22</b>	<b>-187,546.00</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.



	Dec 24	Budget	\$ Over Budget	Jan - Dec 24	YTD Budget	\$ Over Budget	Annual Budget
Other Income/Expense							
Other Income							
In-Kind Donations							
26000 · In-Kind Medical Services Income	1,438,158.11	0.00	1,438,158.11	1,438,158.11	0.00	1,438,158.11	0.00
26010 · In-Kind Materials & Supplies In	2,063,136.00	0.00	2,063,136.00	2,063,136.00	0.00	2,063,136.00	0.00
26020 · In-Kind Facilities	73,944.34	0.00	73,944.34	73,944.34	0.00	73,944.34	0.00
26030 · In-Kind Donated Assets	16,345.00	0.00	16,345.00	16,345.00	0.00	16,345.00	0.00
80000 · In-Kind Medical Services Exp	-1,438,158.11	0.00	-1,438,158.11	-1,438,158.11	0.00	-1,438,158.11	0.00
80010 · In-Kind Materials & Supplies	-2,253,992.06	0.00	-2,253,992.06	-2,253,992.06	0.00	-2,253,992.06	0.00
80020 · In-Kind Facilities Exp	-73,944.34	0.00	-73,944.34	-73,944.34	0.00	-73,944.34	0.00
Total In-Kind Donations	-174,511.06	0.00	-174,511.06	-174,511.06	0.00	-174,511.06	0.00
26500 · Interest Income	1,119.80	3,830.00	-2,710.20	23,869.26	37,370.00	-13,500.74	37,370.00
Total Other Income	-173,391.26	3,830.00	-177,221.26	-150,641.80	37,370.00	-188,011.80	37,370.00
Net Other Income	-173,391.26	3,830.00	-177,221.26	-150,641.80	37,370.00	-188,011.80	37,370.00
Net Income	<b>48,508.93</b>	<b>14,760.00</b>	<b>33,748.93</b>	<b>433,954.42</b>	<b>-150,176.00</b>	<b>584,130.42</b>	<b>-150,176.00</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

Form <b>8453-TE</b>  Department of the Treasury Internal Revenue Service Name of filer	<b>Tax Exempt Entity Declaration and Signature for Electronic Filing</b> For calendar year 2022, or tax year beginning _____, and ending _____ <b>For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP</b> Go to <a href="http://www.irs.gov/Form8453TE">www.irs.gov/Form8453TE</a> for the latest information.	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold;">2022</div>  EIN or SSN 26-4336638
HEALTH AND HOPE CLINIC, INC.		26-4336638

**Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	4,366,106
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b>	

**Part II Declaration of Officer or Person Subject to Tax**

- 11a** ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b** ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign Here** \_\_\_\_\_ **EXECUTIVE DIRECTOR**  
 Signature of officer or person subject to tax Date Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature <u>JOSHUA C. DURST</u>	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00436839</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>DURST JORDAN CPA PA</u> <u>4459-B HIGHWAY 90 MILTON FL 32571</u>	EIN <u>45-0529207</u>	Phone no. <u>850-995-5000</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN _____
	Firm's name _____	Firm's EIN _____			
	Firm's address _____	Phone no. _____			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-TE** (2022)

Form **990**Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**  
 Open to Public  
 Inspection
**A For the 2022 calendar year, or tax year beginning , and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

HEALTH AND HOPE CLINIC, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1718 E OLIVE RD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PENSACOLA

FL 32514

**D** Employer identification number

26-4336638

**E** Telephone number

850-479-4456

**G** Gross receipts \$ 4,378,901**F** Name and address of principal officer:
 SALLY BERGOSH  
 1718 E OLIVE RD  
 PENSACOLA FL 32514
**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.HEALTHANDHOPECLINIC.ORG**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2009**M** State of legal domicile: FL**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities:			
	SEE SCHEDULE O			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10	
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	23	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	311	
<b>Revenue</b>	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,059,901	4,352,790	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-100	-300	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,140	13,616	
		2,087,941	4,366,106	
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		228,115	448,442	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		8,871		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,459,730	2,224,412	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,687,845	2,672,854	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		400,096	1,693,252	
<b>Net Assets or Fund Balances</b>		<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		<b>21</b> Total liabilities (Part X, line 26)	1,226,246	1,463,371
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,541	14,289	
		1,214,705	1,449,082	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	SALLY BERGOSH		EXECUTIVE DIRECTOR		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOSHUA C. DURST	JOSHUA C. DURST			P00436839
	Firm's name	Firm's EIN		45-0529207	
	Firm's address		Phone no.		
DURST JORDAN CPA PA		850-995-5000			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2022)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

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

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

**4a** (Code: ) (Expenses \$ 2,477,262 including grants of\$ ) (Revenue \$ )  
 HEALTH AND HOPE CLINIC IS A VOLUNTEER AND DONOR DRIVEN MEDICAL CLINIC ESTABLISHED IN ORDER TO HELP MEET THE NEEDS OF THE MEDICALLY UNDERSERVED POPULATION. THE CLINIC OFFERS PRIMARY MEDICAL CARE, PREVENTATIVE CARE, SPECIALTY CARE, LABORATORY SERVICES, PRESCRIPTION ASSISTANCE, AND REFERRALS TO COMMUNITY SOCIAL SERVICES. DENTAL SERVICES INCLUDING CONSULTATIONS, EXTRACTIONS, AND RESTORATIVE CARE ARE ALSO PROVIDED. THE CLINIC OPERATES WITH OVER 311 VOLUNTEER MEDICAL PROFESSIONALS AND SUPPORT STAFF WHOSE VALUE IS OVER \$1,298,812. OVER 11,112 PATIENT VISITS WERE PROVIDED IN 2022. THERE WERE OVER 4,946 PRESCRIPTIONS FILLED IN 2022 WITH A VALUE OF \$4,560,229.

**4b** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
 N/A

**4c** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
 N/A

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

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

**4e** Total program service expenses 2,477,262

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 23		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<b>Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	10			
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>b</b> Enter the number of voting members included on line 1a, above, who are independent		10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
<b>6</b> Did the organization have members or stockholders?			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed NONE

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

GINNY STEVENS

1718 E OLIVE RD

PENSACOLA

FL 32514

850-479-4456



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SALLY BERGOSH	40.00									
EXECUTIVE DIRECTOR	0.00			X				77,115	0	0
(2) ANNA CAUSEY	2.00									
CHAIRMAN	0.00	X		X				0	0	0
(3) WILLIAM GOODWIN	1.00									
VICE CHAIRMAN	0.00	X		X				0	0	0
(4) DONALD MCLAUGHLIN	1.00									
TREASURER/SECRETARY	0.00	X		X				0	0	0
(5) JOHN PORTER	1.00									
DIRECTOR	0.00	X						0	0	0
(6) DR. BRIAN NALL	1.00									
DIRECTOR	0.00	X						0	0	0
(7) PAUL MCLEOD, MD	1.00									
DIRECTOR	0.00	X						0	0	0
(8) JOHN LARRY MORRIS, DMD	1.00									
DIRECTOR	0.00	X						0	0	0
(9) NIXON DANIEL, III	1.00									
DIRECTOR	0.00	X						0	0	0
(10) LINDA HINSON	1.00									
DIRECTOR	0.00	X						0	0	0
(11) BRIGETTE BROOKS	1.00									
DIRECTOR	0.00	X						0	0	0



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	201,828					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,150,962					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,454,942					
	<b>h Total.</b> Add lines 1a-1f		4,352,790					
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f								
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental inc. or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>		1,500				
	<b>c</b> Gain or (loss)	<b>7c</b>		-300				
	<b>d</b> Net gain or (loss)				-300	-300		
	<b>8a</b> Gross income from fundraising events (not including \$ 201,828 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	22,950					
	<b>b</b> Less: direct expenses	<b>8b</b>	11,295					
	<b>c</b> Net income or (loss) from fundraising events				11,655			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER INCOME	Business Code		1,961	1,961			
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			1,961				
	<b>12 Total revenue.</b> See instructions			4,366,106	1,661	0	0	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	77,115	57,837	15,423	3,855
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	339,785	296,655	40,858	2,272
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	31,542	24,603	6,308	631
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,125		12,125	
<b>12</b> Advertising and promotion	27,171		27,171	
<b>13</b> Office expenses	15,583		15,583	
<b>14</b> Information technology	40,675		40,675	
<b>15</b> Royalties				
<b>16</b> Occupancy	27,764	22,212	4,164	1,388
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	10,896	9,806	1,090	
<b>23</b> Insurance	12,466	7,151	4,868	447
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICATION & SUPP IN-KIND	1,948,348	1,948,348		
<b>b</b> GRANT SUPPLIES	53,640	53,640		
<b>c</b> DENTAL SUPPLIES	14,418	14,418		
<b>d</b> VOLUNTEER RETENTION	10,994		10,994	
<b>e</b> All other expenses	50,332	42,592	7,462	278
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,672,854	2,477,262	186,721	8,871
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing .....	473,033	1	650,918
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	31,308	3	30,135
	4 Accounts receivable, net .....	5,500	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	683,550	8	722,769
	9 Prepaid expenses and deferred charges .....	4,174	9	2,288
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 141,371		
	b Less: accumulated depreciation .....	10b 88,110	10c	53,261
	11 Investments—publicly traded securities .....		11	
	12 Investments—other securities. See Part IV, line 11 .....		12	
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	4,000
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,226,246	16	1,463,371	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	11,541	17	14,289
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	11,541	26	14,289
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions .....		1,209,705	27	1,429,082
28 Net assets with donor restrictions .....		5,000	28	20,000
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds .....			29	
30 Paid-in or capital surplus, or land, building, or equipment fund .....			30	
31 Retained earnings, endowment, accumulated income, or other funds .....			31	
32 Total net assets or fund balances .....		1,214,705	32	1,449,082
33 Total liabilities and net assets/fund balances .....		1,226,246	33	1,463,371

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,366,106
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,672,854
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,693,252
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,214,705
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	-1,458,874
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-1
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,449,082

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

**Attach to Form 990 or Form 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,492,500	1,720,874	2,266,546	2,059,901	4,352,790	12,892,611
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,492,500	1,720,874	2,266,546	2,059,901	4,352,790	12,892,611
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						12,892,611

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	2,492,500	1,720,874	2,266,546	2,059,901	4,352,790	12,892,611
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,961	16,171	24,725	28,140		81,997
<b>11 Total support.</b> Add lines 7 through 10						12,974,608
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	93,500
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.37 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	99.15 %
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <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	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <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	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

- |   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

- |   | Yes | No |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>  |     |    |
| <b>2</b> Activities Test. <i>Answer lines 2a and 2b below.</i>  |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |     |    |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |
| <b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	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.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017 .....		
b	From 2018 .....		
c	From 2019 .....		
d	From 2020 .....		
e	From 2021 .....		
f	<b>Total</b> 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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	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	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018 .....		
b	Excess from 2019 .....		
c	Excess from 2020 .....		
d	Excess from 2021 .....		
e	Excess from 2022 .....		

## Part VI

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

## PART II, LINE 10 - OTHER INCOME DETAIL

\$ 81,997

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICARES 88 HAMILTON AVE STAMFORD CT 06902	\$ 201,699	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	DIRECT RELIEF 27 S LA PATERA LANE SANTA BARBARA CA 93117	\$ 1,522,077	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	MERCK 351 NORTH SUMNEYTOWN PIKE NORTH WALES PA 19454	\$ 234,886	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	FLORIDA ASSOCIATION OF FREE & CHARITABLE CLINICS PO BOX 352658 PALM COAST FL 32135	\$ 439,934	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICAL SUPPLIES AND MATERIALS	\$ 201,699	
2	MEDICAL SUPPLIES AND MATERIALS	\$ 1,522,077	
3	MEDICAL SUPPLIES AND MATERIALS	\$ 234,886	

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
(ii) Assets included in Form 990, Part X .....	\$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance .....

d Additions during the year .....

e Distributions during the year .....

f Ending balance .....

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

**Part V Endowment Funds.**

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

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

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

a Board designated or quasi-endowment ..... %

b Permanent endowment ..... %

c Term endowment ..... %

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

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

(i) Unrelated organizations .....

(ii) Related organizations .....

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....		141,371	88,110	53,261
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				53,261

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (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 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

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

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 ..... ☐

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

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

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.



**SCHEDULE G  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

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

.....

.....

.....

.....

.....

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

	(a) Event #1 <u>CHRISTMAS GALA</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	224,778		224,778
	2 Less: Contributions ..	201,828		201,828
	3 Gross income (line 1 minus line 2) .....	22,950		22,950
Direct Expenses	4 Cash prizes .....			
	5 Noncash prizes .....			
	6 Rent/facility costs .....			
	7 Food and beverages ..	7,568		7,568
	8 Entertainment .....			
	9 Other direct expenses	3,727		3,727
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....			11,295
11 Net income summary. Subtract line 10 from line 3, column (d) .....			11,655	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....			
	3 Noncash prizes .....			
	4 Rent/facility costs .....			
	5 Other direct expenses			
6 Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: .....

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: .....  
.....  
.....

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

b If "Yes," explain: .....  
.....  
.....



- 11 Does the organization conduct gaming activities with nonmembers? 

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

☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 

13a

%

b An outside facility 

13b

%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
- Name
- Address
- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 

☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party:
- Name
- Address
- 16 Gaming manager information:
- Name
- Gaming manager compensation \$
- Description of services provided
- ☐ Director/officer

☐ Employee

☐ Independent contractor
- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 

☐ Yes ☐ No

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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
- Schedule G (Form 990) 2022
- DAA

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open To Public  
Inspection**

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art .....				
2 Art — Historical treasures .....				
3 Art — Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
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 .....	X	4	1,987,568	FV OF DONATED SUPPLIES
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( MEDICAL SERVICE ) .....	X	311	1,384,930	FV OF MANDATED RATES
26 Other ( FACILITIES ) .....	X	1	73,944	FV OF BLDG SQ FOOTAGE
27 Other ( MEDICAL EQUIP ) .....	X	1	8,500	FV OF DONATED EQUIPMENT
28 Other ( ) .....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement .....		29		

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

## 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.

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE MISSION OF THE HEALTH AND HOPE CLINIC IS TO PROVIDE HELP AND HOPE TO THE HURTING. THE CLINIC PROVIDES FREE AND CHARITABLE MEDICAL AND DENTAL CARE TO QUALIFIED INDIVIDUALS WITH LIMITED INCOME, NO ACCESS TO CARE, AND NO HEALTH INSURANCE.

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE HEALTH AND HOPE CLINIC IS TO PROVIDE HELP AND HOPE TO THE HURTING. THE CLINIC PROVIDES FREE AND CHARITABLE MEDICAL AND DENTAL CARE TO QUALIFIED INDIVIDUALS WITH LIMITED INCOME, NO ACCESS TO CARE, AND NO HEALTH INSURANCE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ALL BOARD MEMBERS RECEIVED AN ELECTRONIC COPY OF THE FORM 990 AND THE ACCOMPANYING SCHEDULES IN "PDF" FORMAT FOR THEIR REVIEW BEFORE FILING WITH THE IRS. THE BOARD MEMBERS WERE ALSO INFORMED THAT A PAPER COPY OF THE FORM 990 AND THE ACCOMPANYING SCHEDULES IS AVAILABLE AT THE ORGANIZATION'S PRINCIPAL OFFICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS AND OFFICERS RECEIVE CORRESPONDENCE EACH YEAR THAT MUST BE COMPLETED AND SIGNED CONFIRMING THAT THEY WILL DISCLOSE ANY CONFLICTS THAT VIOLATE THE ORGANIZATION'S POLICY. THE BOARD REVIEWS ALL CONFLICTS AND DETERMINES IF FURTHER ACTIONS NEED TO BE TAKEN.

Employer identification number
--------------------------------

26-4336638

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION HAS ALL GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY,  
AND THE COMPILED FINANCIAL STATEMENTS ON FILE AT THE ORGANIZATION'S  
PRINCIPAL OFFICE. ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

<u>Cash - EOY</u>	
Description	Amount
	\$ 650,918
TOTAL	\$ 650,918

Form <b>8453-TE</b>	Tax Exempt Entity Declaration and Signature for E-file	OMB No. 1545-0047
For calendar year 2023, or tax year beginning _____, and ending _____		2023
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to <a href="http://www.irs.gov/Form8453TE">www.irs.gov/Form8453TE</a> for the latest information.		

Name of filer <b>HEALTH AND HOPE CLINIC, INC.</b>	EIN or SSN <b>26-4336638</b>
--	---------------------------------

Part I Type of Return and Return Information			
Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.			
1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,422,192
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax	
11a <input type="checkbox"/>	I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
b <input type="checkbox"/>	If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).
Under penalties of perjury, I declare that <input checked="" type="checkbox"/> I am an officer of the above named entity or <input type="checkbox"/> I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.	
Sign Here	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> </div> <div style="width: 20%; text-align: center;"> 10/2/2024 </div> <div style="width: 40%; text-align: center;"> EXECUTIVE DIRECTOR </div> </div>
Signature of officer or person subject to tax _____ Date _____ Title, if applicable _____	

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)					
I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.					
ERO's Use Only	ERO's signature <b>JOSHUA C. DURST</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <b>P00436839</b>
	Firm's name (or yours if self-employed), address, and ZIP code <b>DURST JORDAN CPA PA 4459-B HIGHWAY 90 MILTON FL 32571</b>	EIN <b>45-0529207</b>		Phone no. <b>850-995-5000</b>	
	Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name		Firm's EIN		
	Firm's address		Phone no.		

Form **990**Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
Open to Public Inspection

<b>A For the 2023 calendar year, or tax year beginning</b>		<b>and ending</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>
	HEALTH AND HOPE CLINIC, INC.		26-4336638
	Doing business as		<b>E Telephone number</b>
	Number and street (or P.O. box if mail is not delivered to street address)		850-479-4456
	1718 E OLIVE RD		
	Room/suite		
City or town, state or province, country, and ZIP or foreign postal code		<b>G Gross receipts</b> 4,434,953	
PENSACOLA FL 32514			
<b>F Name and address of principal officer:</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
SALLY BERGOSH			
1718 E OLIVE RD			
PENSACOLA FL 32514			
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J Website:</b> WWW.HEALTHANDHOPECLINIC.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 2009	<b>M State of legal domicile:</b> FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
<b>Revenue</b>	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	12
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	315
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,352,790	4,385,874
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-300	21,766
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,616	14,552
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,366,106	4,422,192
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	448,442	350,845
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,129	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,224,412	2,060,332
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,672,854	2,411,177
	<b>20</b> Total assets (Part X, line 16)	1,693,252	2,011,015
	<b>21</b> Total liabilities (Part X, line 26)		
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>Net Assets or Fund Balances</b>		1,463,371	2,011,001
		14,289	16,147
		1,449,082	1,994,854

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date	
	SALLY BERGOSH	10/2/2024	
<b>Paid Preparer Use Only</b>	Type or print name and title		
	EXECUTIVE DIRECTOR		
	Print/Type preparer's name	Preparer's signature	Date
	JOSHUA C. DURST	JOSHUA C. DURST	
	Firm's name	Firm's EIN	PTIN
DURST JORDAN CPA PA	45-0529207	P00436839	
	Firm's address	Phone no.	
	MILTON, FL 32571	850-995-5000	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)



**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 2,237,589 including grants of\$ ) (Revenue \$ )

HEALTH AND HOPE CLINIC IS A VOLUNTEER AND DONOR DRIVEN MEDICAL CLINIC ESTABLISHED IN ORDER TO HELP MEET THE NEEDS OF THE MEDICALLY UNDERSERVED POPULATION. THE CLINIC OFFERS PRIMARY MEDICAL CARE, PREVENTATIVE CARE, SPECIALTY CARE, LABORATORY SERVICES, PRESCRIPTION ASSISTANCE, AND REFERRALS TO COMMUNITY SOCIAL SERVICES. DENTAL SERVICES INCLUDING CONSULTATIONS, EXTRACTIONS, AND RESTORATIVE CARE ARE ALSO PROVIDED. THE CLINIC OPERATES WITH OVER 315 VOLUNTEER MEDICAL PROFESSIONALS AND SUPPORT STAFF WHOSE VALUE IS OVER \$1,052,164. OVER 12,510 PATIENT VISITS WERE PROVIDED IN 2023. THERE WERE OVER 6,108 PRESCRIPTIONS FILLED IN 2023 WITH A VALUE OF \$4,362,422.

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

N/A

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

N/A

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

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

**4e** Total program service expenses 2,237,589

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	12
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

### Section A. Governing Body and Management

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... 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.	10			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....				X
<b>6</b> Did the organization have members or stockholders? .....				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....				X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b> Other officers or key employees of the organization .....	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed NONE

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 BRIGETTE BROOKS

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SALLY BERGOSH EXECUTIVE DIRECTOR	40.00 0.00			X				82,115	0	0
(2) J. NIXON DANIEL, III CHAIRMAN	2.00 0.00	X		X				0	0	0
(3) LINDA HINSON VICE CHAIRMAN	1.00 0.00	X		X				0	0	0
(4) DONALD MCCLAUGHLIN TREASURER	1.00 0.00	X		X				0	0	0
(5) BRIGETTE BROOKS SECRETARY	1.00 0.00	X						0	0	0
(6) JOHN PORTER DIRECTOR	1.00 0.00	X						0	0	0
(7) ANNA CAUSEY DIRECTOR	1.00 0.00	X						0	0	0
(8) DR. BRIAN NALL DIRECTOR	1.00 0.00	X						0	0	0
(9) PAUL MCLEOD, MD DIRECTOR	1.00 0.00	X						0	0	0
(10) JOHN LARRY MORRIS, DMD DIRECTOR	1.00 0.00	X						0	0	0
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....								82,115		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								82,115		

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	187,532				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,198,342				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,587,222				
	<b>h</b> <b>Total.</b> Add lines 1a-1f			4,385,874			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g</b> <b>Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			21,766	21,766		
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ 187,532 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	24,300				
	<b>b</b> Less: direct expenses	<b>8b</b>	12,761				
	<b>c</b> Net income or (loss) from fundraising events			11,539			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b> OTHER INCOME			3,013	3,013		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e</b> <b>Total.</b> Add lines 11a-11d			3,013				
<b>12</b> <b>Total revenue.</b> See instructions			4,422,192	24,779	0	0	



**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	82,115	61,586	16,423	4,106
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	243,472	209,749	31,699	2,024
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	25,258	19,701	5,052	505
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	35,250		35,250	
<b>12</b> Advertising and promotion	17,546		17,546	
<b>13</b> Office expenses	16,018		16,018	
<b>14</b> Information technology	4,873		4,873	
<b>15</b> Royalties				
<b>16</b> Occupancy	31,806	25,445	4,771	1,590
<b>17</b> Travel	4,046		4,046	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	10,350	9,315	1,035	
<b>23</b> Insurance	18,287	10,972	6,629	686
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICATION & SUPP IN-KIND	1,835,286	1,835,286		
<b>b</b> DENTAL SUPPLIES	24,420	24,420		
<b>c</b> PHARMACEUTICALS	11,529	11,529		
<b>d</b> VOLUNTEER RETENTION	11,213		11,213	
<b>e</b> All other expenses	39,708	29,586	9,904	218
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,411,177	2,237,589	164,459	9,129
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	650,918	<b>1</b>	283,707
	<b>2</b> Savings and temporary cash investments		<b>2</b>	531,752
	<b>3</b> Pledges and grants receivable, net	30,135	<b>3</b>	58,903
	<b>4</b> Accounts receivable, net		<b>4</b>	1,500
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	722,769	<b>8</b>	1,009,461
	<b>9</b> Prepaid expenses and deferred charges	2,288	<b>9</b>	2,293
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 203,498		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 93,667	<b>10c</b>	109,831
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	4,000	<b>15</b>	13,554
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,463,371	<b>16</b>	2,011,001	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	14,289	<b>17</b>	16,147
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	14,289	<b>26</b>	16,147
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	1,429,082	<b>27</b>	1,904,595
	<b>28</b> Net assets with donor restrictions	20,000	<b>28</b>	90,259
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	1,449,082	<b>32</b>	1,994,854
<b>33 Total liabilities and net assets/fund balances</b>	1,463,371	<b>33</b>	2,011,001	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,422,192
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,411,177
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,011,015
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,449,082
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	-1,465,243
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,994,854

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

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

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

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

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

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

Schedule A (Form 990) 2023

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,720,874	2,266,546	2,059,901	4,352,790	4,385,874	14,785,985
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,720,874	2,266,546	2,059,901	4,352,790	4,385,874	14,785,985
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						14,785,985

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	1,720,874	2,266,546	2,059,901	4,352,790	4,385,874	14,785,985
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					21,766	21,766
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,171	24,725	28,140	1,961	3,013	74,010
<b>11 Total support.</b> Add lines 7 through 10						14,881,761
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	142,579

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.36%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	99.37%
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <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 <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <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 <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			



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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 .....			
<b>b</b> From 2019 .....			
<b>c</b> From 2020 .....			
<b>d</b> From 2021 .....			
<b>e</b> From 2022 .....			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 .....			
<b>b</b> Excess from 2020 .....			
<b>c</b> Excess from 2021 .....			
<b>d</b> Excess from 2022 .....			
<b>e</b> Excess from 2023 .....			

**Part VI**

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 74,010

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

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

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

Schedule B (Form 990) (2023)

Name of organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 332,310	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,346,982	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 359,723	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 176,620	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICAL SUPPLIES AND MATERIALS	\$ 332,310	
2	MEDICAL SUPPLIES AND MATERIALS	\$ 1,346,982	
3	MEDICAL SUPPLIES AND MATERIALS	\$ 359,723	
		\$	
		\$	
		\$	

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included on line 2a .....	<b>2c</b>
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....	
4 Number of states where property subject to conservation easement is located .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
(ii) Assets included in Form 990, Part X .....	\$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

**Part V Endowment Funds**

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

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

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

- a Board designated or quasi-endowment %  
 b Permanent endowment %  
 c Term endowment %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		203,498	93,667	109,831
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				109,831



**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

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

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

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
-----------------	---

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

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

## Part XIII Supplemental Information

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

**Part XIII** Supplemental Information *(continued)*

**SCHEDULE G  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Employer identification number

26-4336638

HEALTH AND HOPE CLINIC, INC.

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CHRISTMAS GALA</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	211,832			211,832
	<b>2</b> Less: Contributions .....	187,532			187,532
	<b>3</b> Gross income (line 1 minus line 2) .....	24,300			24,300
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	9,050			9,050
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	3,711			3,711
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				12,761
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					11,539

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: .....

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: .....

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

**b** If "Yes," explain: .....

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....
- c** If "Yes," enter name and address of the third party:

Name .....

Address .....

**16** Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

☐ Director/officer
☐ Employee
☐ Independent contractor
**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

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

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open To Public  
Inspection**

Employer identification number

26-4336638

HEALTH AND HOPE CLINIC, INC.

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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	X	4	2,121,979	FV OF DONATED SUPPLIES
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( MEDICAL SERVICE )	X	315	1,391,299	FV OF MANDATED RATES
26 Other ( FACILITIES )	X	1	73,944	FV OF BLDG FOOTAGE
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

**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.



**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE MISSION OF THE HEALTH AND HOPE CLINIC IS TO PROVIDE HELP AND HOPE TO THE HURTING. THE CLINIC PROVIDES FREE AND CHARITABLE MEDICAL AND DENTAL CARE TO QUALIFIED INDIVIDUALS WITH LIMITED INCOME, NO ACCESS TO CARE, AND NO HEALTH INSURANCE.

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE HEALTH AND HOPE CLINIC IS TO PROVIDE HELP AND HOPE TO THE HURTING. THE CLINIC PROVIDES FREE AND CHARITABLE MEDICAL AND DENTAL CARE TO QUALIFIED INDIVIDUALS WITH LIMITED INCOME, NO ACCESS TO CARE, AND NO HEALTH INSURANCE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ALL BOARD MEMBERS RECEIVED AN ELECTRONIC COPY OF THE FORM 990 AND THE ACCOMPANYING SCHEDULES IN "PDF" FORMAT FOR THEIR REVIEW BEFORE FILING WITH THE IRS. THE BOARD MEMBERS WERE ALSO INFORMED THAT A PAPER COPY OF THE FORM 990 AND THE ACCOMPANYING SCHEDULES IS AVAILABLE AT THE ORGANIZATION'S PRINCIPAL OFFICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS AND OFFICERS RECEIVE CORRESPONDENCE EACH YEAR THAT MUST BE COMPLETED AND SIGNED CONFIRMING THAT THEY WILL DISCLOSE ANY CONFLICTS THAT VIOLATE THE ORGANIZATION'S POLICY. THE BOARD REVIEWS ALL CONFLICTS AND DETERMINES IF FURTHER ACTIONS NEED TO BE TAKEN.

Name of the organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED  
BY THE BOARD OF DIRECTORS BASED ON THE JOB PERFORMANCE, THE ORGANIZATION'S  
BUDGET, AND COMPARABLE COMPENSATION WITHIN THE SAME MARKET.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED  
BY THE BOARD OF DIRECTORS BASED ON THE JOB PERFORMANCE, THE ORGANIZATION'S  
BUDGET, AND COMPARABLE COMPENSATION WITHIN THE SAME MARKET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION HAS ALL GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY,  
AND THE COMPILED FINANCIAL STATEMENTS ON FILE AT THE ORGANIZATION'S  
PRINCIPAL OFFICE. ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
See Specific Instructions on page 3.

**1** Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Health and Hope Clinic, Inc.

**2** Business name/disregarded entity name, if different from above.

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) **501(c)(3)**

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

**3b** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

**5** Address (number, street, and apt. or suite no.). See instructions.

1718 E Olive Road

**6** City, state, and ZIP code

Pensacola, FL 32514

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

- -

or

**Employer identification number**

2 6 - 4 3 3 6 6 3 8

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign  
Here**

Signature of  
U.S. person

Sally Bergosh

Date

9/5/2025

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they