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Form	99	<b>)</b> 0	Return of	Organization E	Exempt F	rom Ir	come	Та	X	OMB No 1	
ď			Under section 501(c), 52	7 or 4947(a)(1) of the In	tomal Revenue	Code (ex	cent nriva	te foi	ndatione)	20'	16
			Do not enter	social security number	e on this form :	as it mav	he made i	nublic	inuations)	Open to	Public
		the Treasury	▶ Information a	about Form 990 and its	instructions is	at www.ii	s.aov/fon	m990	1705	Insped	
			ndar year, or tax year begi			, and end		May		, 20 17	
			C Name of organization The R		Ith Clinic			_		ridentification	number
_		change	Doing business as							16-1760734	
_	Name ch	- 1	Number and street (or P O bo	ox if mail is not delivered to	street address)	Room/s	uite	T	E Telephone	number	
7	nıtıal ret	um	894 Marshall St.		U			ı	:	269-355-3053	
) (	Final retu	m/terminated	City or town, state or province	e, country, and ZIP or foreig	n postal code						
J ,	Amende	d return	Allegan, MI 49010						G Gross rec	eipts \$	25 <u>485</u> .60
J .	Applicat	ion pending	F Name and address of principa	al officer Carol Visser	Renewed Hope	Free /	H(a) is t	this a gro	oup return for su	bordinates? 🔲 \Upsilon e	s 🗸 No
			Clinic 894 Marshall St. Alle	egan MI 49010		$\triangle$	Н(ь) А			included? 🔲 Ye	
	Tax-exe	mpt status	501(c)(3) 5	01(c) ( ) ◀ (insert no.	.) 🔲 4947(a)(1) or	r 🗓 527 -		If "No	o," attach a l	ist (see instruct	ions)
	Website		v.renewedhopehealth.org				H(c) @	Group	exemption n	umber 🕨	
		<del></del>	<del></del>	ssociation 🗸 Other 🕨 50	)1(c)(3) LY	ear of form	ation ;	200	M State o	f legal domicile	MI
Pa	irt I	Summ	<del></del>								
-	1	Briefly de	scribe the organization's	mission or most signi	ficant activitie	s: Rene	wed Hope	striv	es to mee	t the needs o	f
2		uninsured	and under-insured adults	living in Allegan Coun	ty through pro	viding me	dical, emo	otiona	l, and spi	ritual care	
Activities & Governance			ic environment by utilizing	~ <b></b>							
<u>ē</u>	2		s box ▶ ☐ if the organiza		•			than	1 - 1	s net assets	
5	3		of voting members of the						3		
5	4		of independent voting me	•		-	)		4		:
}	5		ber of individuals employ						5		
<u> </u>	6		ber of volunteers (estima						6		1
ξ	7a		elated business revenue f		-				7a		
4	b_	Net unrela	ated business taxable inc	ome from Form 990-	T, line 34 .	· · · ·			7b		
	_			4			Pn	or Ye		Current	
DENCHAR	8		ions and grants (Part VIII,	· ·				6	1200.00		25485.60
	9		service revenue (Part VIII,								
	10		nt income (Part VIII, colur								
	11		enue (Part VIII, column (A								
4	12		nue-add lines 8 through			line 12)			1200.00	<del></del>	25485.60
-	13		id similar amounts paid (I			• • •		1	7816.00		21276.13
	14		paid to or for members (P	The same of the sa							
3	15	Salaries, c	other compensation, emplo	oyee benefits Parting	column (A), line	S 5-1U)		3	1808.00		36813.00
	16a		nal fundraising fees (Part								
			draising expenses (Part IX				<u></u>				
1	17	•	enses (Part IX, column (A	• *	•						
J			enses. Add lines 13–17 (r	•					9624.00	·	58089.13
	19	Revenue	less expenses. Subtract	ine 18 from line 12 .	<u> </u>	<del>· · ·</del>	Beginning		1576.00	End of Y	-32603.53
	00	Tatal asset	ote (Doub V. June 16)				Degining	O. Oui	Tent rear		<del></del>
			ets (Part X, line 16)							<del></del>	
Fund Balances			lities (Part X, line 26)							<del></del>	
			s or fund balances. Subtr	ract line 21 from line 2	20	· · ·				<del></del>	
	rt II		ure Block	<del></del>				14-41-			
Und	er penal . correct	ties of perjur	y, I declare that I have examined to perform that I have examined to be a second to the control of the control	d this return, including accor er than officer) is based on a	mpanying schedu ill information of w	iles and stat hich prepar	ements, and er has anv k	d to th knowle	e best of my dae.حسم	knowledge an	d belief, it is
_				7				1 4	12/	Hg -	
ig	_		ture of officer	1	$\Omega$	<del></del>			130/	/	
_		Signa	a way / / CCat	Fan. 1/	Gens. S.	11X	-	Uga	5		
er	E		1101 112961	, wina /	1 wason	w.					
_		<u> </u>	or print name and title				late.			PTIN	
ai	d	- Frint/Typ	e preparer's name	Preparer's signature		'	ate		Check _	] if	
re	pare	r Marcia I	Marques						self-emplo	yea	
	Onl		ime ▶	·				Firm'	s EIN 🕨		
		Firm's ac		<del></del>	<del></del>	<del>,</del>		Phon	e no.		
Mav	the IF	S discuss	this return with the prepa	arer shown above? (s	ee instructions	s)				<b>▽</b> Y∈	s 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2016)



Id Other program services (Describe in Schedule O.)

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

It Total program service expenses ▶ 47849.13

**Checklist of Required Schedules** 

430

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

Part	Checklist of Required Schedules (continued)			
•			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	-	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	<del>ا `</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	,	/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 1	1
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		1
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
	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? If "Yes," complete Schedule R, Part VI	37		<b>&gt;</b>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	1	

-,	•			
	90 (2016)			Page
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u>	<u>, [</u>
4	5	Position T.	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors are reportable gaming (gambling) winnings to prize winners?			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	13 15:38000	i dan
2a				
<b>h</b>	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			e hans
За				
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<b>✓</b>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		+	+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authoriover, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	l .	ĺ	11
b	,	4a	* Selen	
D	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	A LEGAL	<b>√</b>
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<del></del>	1
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		$\dagger$	+-
	organization solicit any contributions that were not tax deductible as charitable contributions?		1	<b>\</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions		† –	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1	440	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds 📜		
	and services provided to the payor?			<b>√</b>
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	as 🗀		
	required to file Form 8282?	7с		✓
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t? <b>7e</b>	↓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3		N. 12-11-11-11-11-11	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	F-12-20-22-2	Her.	
	sponsoring organization have excess business holdings at any time during the year?	8	* chemistry	A CONCIONADO
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1-	+
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	E Service	t 33,541 st
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	— 4		
11	Section 501(c)(12) organizations. Enter:			1 -
a b	Gross income from members or shareholders			
D	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128		1000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	- 1000000000000000000000000000000000000	, 1000 900
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		i ale	11.50
b	Enter the amount of reserves the organization is required to maintain by the states in which	130		
	the organization is licensed to issue qualified health plans		3	

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

	30 (2010)			Page C
Part				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
04	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>		✓
Secti	ion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year   1a	هجونيا	M. K. (3)	140
Id	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 in Schedule O.			+544 -
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3_		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?	5		<b>/</b>
6 7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint	<b>├</b>		<b>-</b>
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1.4		<del>                                     </del>
-	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	· FATS		2 <b>1</b> 233
	the year by the following:			
а	The governing body?	8a	✓	
Ь	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Sooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	200 )	<b>✓</b>
Jecu	on B. Policies (This Section B requests information about policies not required by the internal Never	ine Ci	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	111		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>\</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	222000000000000000000000000000000000000		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>	<u> </u>
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120	,	
13	Did the organization have a written whistleblower policy?	12c	<b>√</b>	1
14	Did the organization have a written document retention and destruction policy?	14	1	<b>-</b>
15	Did the process for determining compensation of the following persons include a review and approval by	- (C-8)	MARIOTO Elia di	3.27
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	积频		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	1,32	
	with a taxable entity during the year?	16a	الراجهيدال	<b>▼</b>
ь	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		2 4 M	
	organization's exempt status with respect to such arrangements?	16b	military.	
Secti	on C. Disclosure			_
17	List the states with which a copy of this Form 990 is required to be filed ▶ Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T.(Section	n 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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	oolicy	, and
20	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 re	coras:		
	Lowell Johannsen Middleville, Michigan 49333 616-560-4448			

Part VII	Compensation of Officers, Dir	rectors, Trustees,	Key Employees,	<b>Highest Compe</b>	ensated Employees	, and
_, _	Independent Contractors					

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	anız			ompe	ensa	ted any currer	nt officer, directo	r, or trustee.	_
(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) 으로 코 모 요 요 필급 강					n an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	_
(1) Carol Visser, President	5	<b>✓</b>		1				_0	0		0
(2) Marcia Marques, Executive Director	20				<b>✓</b>			10240	0	1	0
(3) Carole Hess, Member	2	1						0	0		0
(4) Lowell Johannsen, Treasurer	4	1						0	0		0
(5) Rene Askanazi, Secretary	4	1						0	0		0
(6)											_
(7)											_
(8)											-
(9)		-									_
(10)				-							-
(11)		_									-
(12)										-	-
(13)											-
(14)											-

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees	(continu	ed)		
•	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o	ı an	(D)  Reportable compensation	(E) Reportation	n from	Estu	(F) mated ount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-I	ons	compo from organ and	ther ensation the nization related izations	
(15)														
(16)														
(17)								-		<del></del>				
(18)										<u></u>				
(19)								-		<u>-</u> .		_		_
(20)						-			-					
(21)								-						
(22)						_								
(23)														
(24)								<u> </u>						
(25)														
1b c	Sub-total	VII, Sectio		•	· ·			<b>&gt;</b>	10240		0			0
d2	Total (add lines 1b and 1c)  Total number of individuals (including bur reportable compensation from the organization)	t not limited						<u>►</u> e) w	ho received me	ore than \$1	00,000	of	-	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc									ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? //	f "Ye	s, "	complete Sch	edule J fo	or such			<del></del>
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	mpe	nsat	tion	fror	m any	un un	related organiz	ation or inc	dıvıdual			<u> </u>
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ıx
	(A) Name and business add	ress							(B) Description of so	ervices		(C) Compensa	ation	
_														
														-
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	_	,	, ,	

Par	t VIII	Statement of Reve							_
·	4/2004 Bankar	Check if Schedule C	contains )	a res	ponse or note t	o any line in this  (A)  Total revenue	S Part VIII (B) Related or	(C) Unrelated	(D) Revenue
i v						Total revende	exempt function revenue	business revenue	excluded from tax under sections 512-514
Grants	1a	Federated campaigns	ş.,.	1a		Official And American	(F745-0-757)		
ls, Grants Arrounts	b	Membership dues .		1b	_				76.0
	С	Fundraising events .		1c				NG AND TO	
E E	d	Related organizations		1d				## 57477 <b>8</b> 7578	
ns,	e	Government grants (con		1e	5952				
er S	f	All other contributions, q							
휼		and similar amounts not inc		1f	548662.56		3	a and the East	
Contributions, Girts, and Other Similar Ar	ä	Noncash contributions includ		-1f \$	529129.56		Magazina di Asi		
	n n	Total. Add lines 1a-1	<u>t</u>	• •	Business Code	554614.56	CONTROL OF THE CONTRO	(1) Parison and the contract of the contract o	
Program Service Revenue	2a				Dusiliess Code			i i i i i i i i i i i i i i i i i i i	
ě	b								
8	C								· <del></del>
<u>Z</u>	d								
E	е				······································				
gra	f	All other program ser		ле <i>.</i>					
<u> </u>	g	Total. Add lines 2a-2							
	3	Investment income							
		and other similar amo	-						
	4	Income from investmen	t of tax-exer	npt bo	and proceeds ►				
	5	Royalties	(i) Real			ກັດຄືກັດໄດ້ຄົນເຄີຍແທ້ດແລະກິດແລະ ເຄືອນ ຄົດ	entistinothinteletistinoenteenteentsiine	dia saitt. (1811) sas Guidinnandiachin	ในปกปกปางกับกับกับเลลิลกากก็บกกรงบบกกกกกก
		0	(i) iteal		(ii) Personal	<b>图数数23数</b> 0			
	6a	Gross rents			<del></del>				
	b	Less rental expenses Rental income or (loss)							
	c d	Net rental income or (ioss)	(loss)					724	
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other			88 25 5 5 G	
	'-	assets other than inventory					(1.45-7.260)	ep seril	7373 - 15 7 7 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
	b	Less cost or other basis			<del></del>				lared established the
	,	and sales expenses .					Ser ing ANNESS SER	agites a serie	A Committee
	С	Gain or (loss)						PER A TOTAL	FALLE STREET, A.
	d	Net gain or (loss) .			<u> ▶</u>				
a	_								
2	8a	Gross income from fu	ındraising					Burth 1 1101 and and a	
Other Reve		events (not including \$	Land Para d	<del>.</del> -		Hard Control of the C	Time of the state	AND AND THE SECOND	eternistis (
ŭ.		of contributions reported See Part IV, line 18 .	ed on line 10	C).				podacelo e	
를	<b>L</b>	Less. direct expenses		· a . b					
Ò	b	Net income or (loss) fi			events . ▶				
		Gross income from ga			events P		200000002774.482% *582.42.42 4.5 ************************************	And the Adams of the American Control of the American	
	-							100 M 200 M	
	ь	Less: direct expenses		-				A 19.45	312 (1844 - 1515) - 1 (1874 - 1874) 1 (17 - 1884) - 1 (1874 - 1884
	С	Net income or (loss) fi			vities ▶			Jacobs Administration of the State of the St	12000000 100000 1000000 10000000 100000000
	10a	Gross sales of in				Saige filitisise	i an an district		
3		neturns and allowance	95 ~	·a			And the second s		Taranan, Arthuring dalah dan Panting Tiggi
	ь	Less, cost of goods s					Salar Alakaran		
	C	Net income or (loss) fi		of inve		4 min 200 17 mg , configuration and many	and the state of t	CHIEF STORY OF THE PROPERTY OF	NAME PROOF OUR PROPERTY OFFI
		Miscellaneous R	everiue		Business Cude				
	11a								
	b								
	C	All other roverus				<del></del>			
	d e	All other revenue . Total. Add lines 11a-	 11d				1-12-14	Vans Editor (122	This Constitution is a second
	40	Total revenue See in					ech ayacati kit kayatiki	arata to CZJI9SIKKKINLIK	

Part IX Statement of Functional Expenses

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must cor	mplete all columns. /	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respor	nse or note to any li	ne in this Part IX		🗆
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	36813.00		36813.00	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,			
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c d	Management				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		24314800 XX 2 35 7 8 22 2		
12 13 14 15	Advertising and promotion	\$219 \$6.644.33	<del></del>	\$6.644.33	219
16 17 18	Occupancy	\$11,880.00		\$11,880.00	
19 20 21 22 23	Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e It line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	magningham gamanin yan sala sala sala sala sala sala sala sa			
a b c d					
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	55556.33	0	55337.33	219
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 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 Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	16408.01	1	11584.92
	2	Savings and temporary cash investments	28659 93	2	16359.35
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	·	8	<del></del>
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	ATTACAMENT OF THE STATE OF THE	AND THE SECOND	
	Ь	Less: accumulated depreciation 10b	15 Self-shreeks two 115 Allessans	10c	Control of the Contro
	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	<del></del>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	45067.94		27844.27
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	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	24010	25	117.0
_	26	Total liabilities. Add lines 17 through 25		26	
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	20090.86	27	16133.75
Ba	28	Temporarily restricted net assets		28	<del></del>
nd	29	Permanently restricted net assets	rom. Sanconana porte matrix . * 144 present	29	1. 5.00.00.0000.000.000.000.000.000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<b></b>
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	<u> </u>
Se	33	Total net assets or fund balances	20090.86	33	16133.75
لــــ	34	Total liabilities and net assets/fund balances	20090.86	34	16133.75

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Page	ı	4

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runn s	50 (5010)			_ Page I
Par	XI Reconciliation of Net Assets			_
•	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		554614.5
2	Total expenses (must equal Part IX, column (A), line 25)	2		55556.3
3	Revenue less expenses. Subtract line 2 from line 1	3		499,058.2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		499,058.2
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_   3 1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled c	yr The state of th	
	reviewed on a separate basis, consolidated basis, or both			10.0
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	#555 1 1 195 J3
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ea on	a	
	separate basis, consolidated basis, or both:		12.85	
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account		. 1 1	
	If the organization changed either its oversight process or selection process during the tax year, ex			77239 E3 98237
	Schedule O.	кріаін і	100000	
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n (2007)	
3a	the Single Audit Act and OMB Circular A-133?		''	
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			<del>                                     </del>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		8 3b	
	Togethor addition addition explain with in confedence of and describe any steps taken to undergo such a			л <b>990</b> (2016
			rom	11 330 (2010

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

# **Public Charity Status and Public Support**

2016

Department of the Treasury Internal Revenue Service 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number Renewed Hope Free Health Clinic 16-1760734 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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.) 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 331/3% 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 33½% 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, 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. 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. 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. 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. 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 . . . 0 Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) **(B)** (C) (D)

(E) Total

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Page	2

Sched	ule A (Form 990 or 990-EZ) 2016	,					Page 2
Par							
	(Complete only if you checked t						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	1 () 0010	<b>#1.0040</b>	1 (1) 0044	40.0045	1 120010	(0 T. L.)
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	<b>[</b>	1	1	l /		
	include any "unusual grants.") ,	39762	38942	44255	45925	67188	236072
2	Tax revenues levied for the	35/02	30342	44200	43523	07100	230072
_	organization's benefit and either paid	)		1		)	ļ
	to or expended on its behalf	0	o	ه. ا	a	0	
3	The value of services or facilities						
	furnished by a governmental unit to the	1				}	ł
	organization without charge	0	0	0	0	0	
4	Total. Add lines 1 through 3	39762	38942	44255	45925	67188	239072
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					100	12216
6	Public support. Subtract line 5 from line 4						226856
	on B. Total Support		/	1-20-20-20-20-20-20-20-20-20-20-20-20-20-	B-13 ( PMC2-150: 52-52)	y accept suggest as	
~	dar year (or fiscal year beginning in)	(a) 2012 /	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	39762	38942	44255	45925	67188	239072
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources	0	0	0	0	0	0
9	Net income from unrelated business	/					
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or	0	0	0	0	0	0
10	loss from the sale of capital assets	]					
	(Explain in Part VI.)	a	a	a	a	٥	a
11	Total support. Add lines 7 through 10						239072
12	Gross receipts from related activities, etc.	. (see instructio	ns)			12	239072
13	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>	<u></u>		<u>· · ▶ □</u>
	on C. Computation of Public Suppor			<del> </del>		- <del></del>	<del></del>
14	Public support percentage for 2016 (line 6					14	5 %
15 16a	Public support percentage from 2015 Sch 3312% support test +2016. If the organi	redule A, Part II	i, line 14 . check the boy	 on line 13 an	  d line 14 ie 33		4 %
IVA	box and stop here. The organization qual						
b	331/2% support test—2015. If the organization						
-	this box and stop here. The organization	qualifies as a p	ublicly suppor	rted organizati	on ,		▶ □
17a	10%-facts-and-circumstances test-20	016. If the orga	nization did n	ot check a box	on line 13, 10	6a, or 16b, and	d line 14 is
•••	10% or more and if the organization me	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circu	ımstances" te	st. The organiz	ation qualifies	as a publicly	
	organization						
b	10%-facts-and-circumstances test-20	015. If the orga	nization did n	ot check a bo	k on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza	tion meets the	"facts-and-c	ircumstances"	test, check t	his box and s	itap here.
	Explain in Part VI how the organization in					on qualities as	· -
40	supported organization					this have and	., ▶ [] see
18	Instructions						
	, , , , , , , , , , , , , , , , , , , ,		<del></del>	<del></del>		edule A (Form 990	
	7				GCII	and of feating and	, -, 000 E) EU 10

Schedule A (Form 990 or 990-EZ) 2016

` —	ule A (Form 990 or 990-EZ) 2016				· ·		Page 3
Par							
	(Complete only if you checked t						nder Part II.
	If the organization falls to qualify	y under the te	ests listed bel	ow, please co	omplete Part	[.)	
	tion A. Public Support			<b></b>		<del></del>	/
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016/	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			/			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		T			-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		/				
b	Amounts included on lines 2 and 3 received from other than disqualified					-	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•		/				
c	Add lines 7a and 7b	BASIN TENENCE CONTROL					
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)		30-20-7-7-2				
	ion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	<u> </u>					
10a		/					
	payments received on securities loans, rents,	1/					
	royalties and income from similar sources .	<u> </u>					
b	section 511 taxes) from businesses						
	acquired after June 30, 1975/.						
С	Add lines 10a and 10b / .						<del></del>
11	Net income from unrelated business	i i				i	
	activities not included in line 10b/whether					1	
	or not the business is regularly carried on						<del> </del>
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her		n's first, second				_
Secti	on C. Computation of Public Suppor			•		<del></del> -	
15	Public support percentage for 2016 (line 8			3 column (ft)		15	%
16	Public support/percentage from 2015 Sch					16	<del></del>
	on D. Computation of Investment Inc			<del>· · · · · · · · · · · · · · · · · · · </del>	· · · · · ·		
	Investment income percentage for 2016 (I			/ line 13 colum	nn (fl)	17	%
17	Investment income percentage for 2016 (investment income percentage from 2015					18	
18	331/3% support tests—2016. If the organi						
19a	17 is not more than 331/3%, check this box a	and stop here.	The organization	n qualifies as a	publicly suppo	rted organization	on . 🕨 📙
b	331/2% support tests—2015. If the organize line/18 is not more than 331/2%, check this b						
20	British foundation if the organization die						_

Yes No

# Part IV Suppo

**Supporting Organizations** 

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? In "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or Indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(I) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	ule A (Form 990 or 990-EZ) 2016  IV Supporting Organizations (continued)	Page 5
T.C.I	Supporting Organizations (continued)	Yes No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
<u> </u>	<del></del>	116
Sec	ion B. Type I Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	ion C. Type II Supporting Organizations	IS. IN
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	Yes No
Sect	ion D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Sect	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstructions).
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (</li> </ul>	'see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
b	trustees of each of the supported organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a   

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	<del></del>
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	iza	tions must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			·
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoverles of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax Imposed In prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		_
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	egrated Type III supporting	organization (see

_				
Part		3) Supporting Organ	izations (continued)	· · · · · · · · · · · · · · · · · · ·
	tion D - Distributions	<del></del>		Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.	·		
	Total annual distributions. Add lines 1 through 6.	<del> </del>	<u> </u>	
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
10	Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount			
10	LINE 8 amount divided by Line 9 amount	T	(0)	(iii)
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			The state of the s
_	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			
	Instructions.			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u> b				
C	From 2013			
d	From 2014			
<del>u</del>	From 2015			
f	Total of lines 3a through e	7.57		
g	Applied to underdistributions of prior years		2720	A TO A LOCAL
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
	Applied to underdistributions of prior years		The second state of the se	
	Applied to 2016 distributable amount			TO SHOW THE PARTY OF THE STREET
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See Instructions.	Mary Mary State of the State of		
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See Instructions.			
7	Excess distributions carryover to 2017. Add lines 3j	POSAT VETERATOR PERFECTAGE TO COMPANY		
	and 4c.			
	Breakdown of line 7:			
а				
	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

	orm 990 or 990-EZ) 2016 Page 8
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.)
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## SCHEDULE D (Form 990)

# **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.

2016

Inspection

**Employer identification number** 

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

The Renewed Hope Free Health Clinic 161760734 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 Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 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? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 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 2a Total number of conservation easements . . 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (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: \$ 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 SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Cat No 52283D

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a	Par	UL Organizations Maintaining								
b   Scholarly research   e   Other	3		•	her reco	ds, chec	k any of th	ne follov	wing that are a	significar	nt use of its
b   Scholarly research   e   Other	а	☐ Public exhibition		d	Loan	or exchange	ae proa	rams		
c   Preservation for future generations 4	b									
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? \( \text{ yes} \) No Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 99, Part X, line 21.  1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 99, Part X, line 21, see that the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  f Ending balance  d Distributions during the year  f Endony balance  Distributions during the year  f Endowment Endos.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Part V Endowment Endos.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  8 Baginning of year balance  D Contributions  d Addiministrative expenses  d Grants or scholarships  d) Grants or scholarships  d) Grants or scholarships  d) Grants or scholarships  e) City expenditutes 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 quase-endowment \( \times \) %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment \( \times \) %  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:  (ii) intelected organizations  (iii) related organizations  (iii) related organizations  Saliii  3a Board designated or quase-endowment \( \times \) %  The percentages on lines 2a, 2b, and 2c should equal 10	C	•	s							
XIII.  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?	_			and expla	un how t	hev further	the ord	anization's exe	emot pure	ose in Part
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?    Part IV	-					,		,		
assets to be sold to raise funds rather than to be maintained as part of the organization?	5		solicit or receive	donation	s of art	historical ti	reasure	s or other sim	ılar	
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 N, 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   No   If "Yes," explain the arrangement in Part XIII and complete the following table:   C   Beginning balance   1   1										/es □ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par									<u> </u>
included on Form 990, Part X?    Yes   No		Complete if the organization 990, Part X, line 21.	answered "Yes"							n Form
c Beginning balance	1a									′es □ No
C Beginning balance   1c	b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		<u> </u>		
d Additions during the year    Distributions during the year   1e   1f   1f   1f   1f   1f   1f   1f									Amount	
e Distributions during the year  f Ending balance.  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	Beginning balance					10			
Ending balance   Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the year					10			
Ending balance   Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e			
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	f	Ending balance					1f			
Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV,	2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or c	ustodia	l account liabilit	y? 🔲 <b>Y</b>	'es □ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    a   Current year   (b) Pror year   (c) Two years back   (d) Three years back   (e) Four years back     b   Contributions	b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planatio	n has been	provide	ed on Part XIII		
(a) Current year   (b) Pror year   (c) Two years back   (d) Three years back   (e) Four years back	Par	t V Endowment Funds.								
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 Temporarily restricted 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?  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 (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  Other  Other  c Other  c Other  c Other  d Equipment  d Equipment  d Description of property (a) Cost or other basis (c) Accumulated depreciation depreciation and depreciation		Complete if the organization	answered "Yes'	' on For	m 990, F	Part IV, line	e 10.			
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 ▶ % 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 3a(ii) b If "Yes" on line 3a(ii), are the related organization's 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 (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment C Other Other			(a) Current year	(b) Pro	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Fou	r years back
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 ▶ % 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 3a(ii) b If "Yes" on line 3a(ii), are the related organization's 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 (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment C Other Other	1a	Beginning of year balance								
c Net investment earnings, gains, and losses	b	* - ·								
d Grants or scholarships	С	Net investment earnings, gains, and								
e Other expenditures for facilities and programs	d								-	
f Administrative expenses	_									
f Administrative expenses	·									
g End of year balance	•	. •								
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 Temporarily restricted 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 . 3a(i)    (ii) related organizations . 3a(ii)    b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b    4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation  1a Land . (d) Book value depreciation  5 Buildings . (e) Accumulated depreciation  6 Equipment . (d) Equipment . (e) Cost or other basis (other) depreciation  6 Equipment . (e) Cost or other basis (other) depreciation		·			-					
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted 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				محمامه	o (line 10	0.01	\\			
b Permanent endowment  %  c Temporarily restricted 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	_				e (line 19	, column (a	i)) neia i	as:		
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	a	Board designated or quasi-endowmer	nt <b>&gt;</b>	%						
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	D	Permanent endowment	%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С	· •								
organization by:  (i) unrelated organizations	_		•							
(i) unrelated organizations	За		e possession of th	e organi:	ation tha	at are neid	and ad	ministered for t	ne	<u> </u>
(ii) related organizations		•								<del></del>
b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d)		- · · · · · · · · · · · · · · · · · · ·						· · · · · ·		
A 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 (other) (c) Accumulated depreciation (d) Book value depreciation (other)										<u> </u>
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 (other) (c) Accumulated depreciation (d) Book value (other) (other) (c) Equipment (c) Leasehold improvements (c) Equipment (c)	b								3b	<u> </u>
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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (e) Cost or other basis (other)  (other)				n's endo	wment fu	ınds.				
Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Equipment  (other)  (b) Cost or other basis (other)  (other)  (c) Accumulated depreciation  (d) Book value  (e) Book value  (f) Book value  (f) Book value  (f) Book value  (f) Book value	Par									
(investment) (other) depreciation  1a Land		Complete if the organization	answered "Yes"	on For	<u>n 990, F</u>	Part IV, line	e 11a.	See Form 990	, Part X,	line 10.
b Buildings		Description of property							(d) Bo	ok value
c Leasehold improvements	1a	Land								
c Leasehold improvements	b	Buildings			-					
d         Equipment	С	•								
e Other	_									
·				_						
		····		00. Part X	, column	(B), line 10	)c.) .	•		

Part VII	Investments—Other Securities				
	Complete if the organization ar	nswered "Yes" on Fo	rm 990, Part IV, lii	ne 11b. See Form	n 990, Part X, line 12.
·	(a) Description of security or categ (including name of security)	gory	(b) Book value	, , ,	thod of valuation I-of-year market value
(1) Financia	derivatives				
(2) Closely-I	held equity interests				
(3) Other	·				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)	•••••				
(G)			<del></del>	<del></del>	<del></del>
(H)			<u> </u>	2000 CARON CONTROL OF THE CONTROL OF	
	b) must equal Form 990, Part X, col. (B) line 12)		<u> </u>	<b>《神经》</b>	
Part VIII	Investments - Program Relat		000 Dowl IV III	11. C	000 David V line 40
	Complete if the organization ar	iswered tes on For			
	(a) Description of investment		(b) Book value		thod of valuation i-of-year market value
(1)					
(2)	<del></del>		<u> </u>	<del>-</del>	
(3)	<del></del>			<del> </del>	
_ <del>(4)</del> _(5)	<del></del>	<del> </del>		<del> </del>	
(6)			<u> </u>	<del> </del>	<del></del>
(7)				<u> </u>	
(8)				1	
(9)				<del>                                     </del>	
	b) must equal Form 990, Part X, col (B) line 13)	<b>—</b>		Section 1984	STATE OF STREET
Part IX	Other Assets.			Exercis degrae was a great a most a section and	A TOTAL TOTAL SPANNING TRANSPORTED TO THE TOTAL
	Complete if the organization ar	nswered "Yes" on For	m 990, Part IV, lir	ne 11d. See Form	990, Part X, line 15.
		(a) Description		<u> </u>	(b) Book value
(1)					
(2)					
(3)					
(4)					
_(5)			<del></del>	·—·	
_(6)					
_(7)					
(8)					<u> </u>
(9)			·		
	mn (b) must equal Form 990, Part X,	col (B) line 15.)	<u> </u>	<u> ▶</u>	<u> </u>
Part X	Other Liabilities.			44.0	5 000 D 11
	Complete if the organization ar	iswered "Yes" on For	m 990, Part IV, Iir	ne 11e or 11f. See	e Form 990, Part X,
<del></del>	line 25.		I Marie Marie de Transport	C. D. Server, Physics of Arthurs, 1984 (S. St. C. C., Marcel Street St.	The STATE COMMON AND ADDRESS OF THE
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes	**************************************		In the second	
_(2)				100	200 E 32
-(3)					
-(4)					
(5)					5.00
				100 Line	The state of the s
(2) (3) (4) (5) (6) (7) (8) (9)					
(8)					
	)			1857	
	n) must equal Form 990, Part X, col (B) line 25)		oto to the even-	n'e financial etatama	Note that reports the
<ul><li>Liability for</li></ul>	uncertain tax positions. In Part XIII, pro	ovide the text of the footh	ote to the organization	n s imanciai stateme	into that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	XI. Reconciliation of Revenue per Audited Financial Statement	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1'	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		P. C.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses po	er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		THE STATE OF THE S
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		.4434
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2, Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.
			•
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Schedule D (Fo	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

Name of the organization	Employer identification number
The Renewed Hope Free Health Clinic	161760734
Part 6 Question 2: Executive Director and Board President are related	
Part 6 Questions 8a and 8b. Meeting are documented by taking minutes and copies are h	eld at the clinic office. Any committees, formed by
the board fallow the same procedure.	
Dart C. Ougation 10. All decuments are qualished at the agency office upon request	
Part 8 Question 19. All documents are available at the agency office upon request.	
Schedule D. This agency does not own equipment of monetary value	