Use Only

Forr	, <b>9</b> 9	90 *	Return of O	or 4947(a)(1) of the Ir	nternal Revenue	e Code (ex	cept private foundation	OMB No 1545-0047 2018
Depa	rtment of	the Treasury		ocial security numbe			11/11	Open to Public
	_,	ue Service		rs.gov/Form990 for i			t information. 「プラ	/ / Inspection
<u>A F</u>	or the	2018 calend	lar year, or tax year beginnin	g OCT 1, 2	018 and	ending S	SEP 30, 2019	
Bca	Check If pplicable	·	f organization				D Employer identific	cation number
	Addres change	HOPE	CLINIC, INC					
	Name change	Doing b	usiness as				35-1	926940
	Initial return	Numbe	and street (or P.O. box if mail is	not delivered to street a	ddress)	Room/suite	E Telephone number	•
L_	Final return/		W WATER ST				260-	<u>589-3561</u>
	termin- ated	City or i	own, state or province, count	y, and ZIP or foreign	postal code		G Gross receipts \$	<u>366,520.</u>
<u> </u>	Amend	DEKI	<u>IE, IN 46711</u>				H(a) Is this a group re	
	Applica tion pending		nd address of principal officer	JIM HECKMAI	N	_	for subordinates	? Yes X No
		SAME	AS C ABOVE			2	H(b) Are all subordinates in	
			X 501(c)(3) 501(c)(	) (insert no.)	4947(a)(1) (	or	<b>⊣</b>	list (see instructions)
			HOPEANDANSWERS		1 011 5	· · · ·	H(c) Group exemption	
			X Corporation Trust	Association	Other _	L Year	of formation: 2004 N	State of legal domicile: IN
Pa		Summary				<u>,                                      </u>		
9			be the organization's mission of					
ā			ED TO GIVING WO					
Governance	1 -	Check this bo				sed of more	e than 25% of its net as ا ہا۔	
ģ	1		ting members of the governing	• • •	-		3	11
	1		dependent voting members of		=		4	10
Activities &	1		of individuals employed in cal	•	V, line 2a)		5	8
ξį	1		of volunteers (estimate if nece		10		6	0.
Ą	1		d business revenue from Part	• •	12		7a 7b	
	ו פו	Net unrelated	business taxable income from	1 Form 990-1, line 38			Prior Year	Current Year
	8 (	Contributions	and grants (Part VIII, line 1h)				234,753.	275,208.
Jue	i		ice revenue (Part VIII, line 2g)			<del> </del>	0.	0.
Revenue	l .	-	come (Part VIII, column (A), lir	es 3 4 and 7d)			46.	3,950.
æ			e (Part VIII, column (A), lines 5	•	11e)		67,954.	78,558.
			- add lines 8 through 11 (mus		•		302,753.	357,716.
			milar amounts paid (Part IX, co		···· ( 4) ·····		0.	0.
			to or for members (Part IX, co				0.	0.
s	45 6	•	r compensation, employee be		(A), lines 5-10)		228,064.	227,042.
use	16a F		undraising fees (Part IX, colun		,,,		0.	0.
Expenses	ь		ing expenses (Part IX, column			03.	_	
ŵ	17 (		es (Part IX, column (A), lines 1	T	RECE	IVED	126,569.	109,494.
	18	Total expense	es Add lines 13-17 (must equa	ıl Part IX, column (A)	ine 25)		354,633.	336,536.
	19	Revenue less	expenses. Subtract line 18 fro		JAN 2	1 2020 _	$\frac{9}{2}$ -51,880.	21,180.
Net Assets or Fund Balances						A CUZU BO	eniAning of Current Year	End of Year
sets	20	Total assets (	Part X, line 16)		OCOC		852,968.	874,991.
t As	21	Total liabilities	s (Part X, line 26)	<u> </u>	OGDEN	y, UT_	3,686.	4,529.
캺	22	<del></del>	fund balances Subtract line 2	1 from line 20			849,282.	870,462.
Pa	art II	Signatur	e Block		***************************************			
	-		I declare that I have examined this	_				y knowledge and belief, it is
true	, correct	t, and complete	. Declaration of preparer (other th	an officer) is based on al	I information of wh	hich prepare	r has any knowledge.	
			1 course					5-2020
Sig	n	'	of officer				Date	
Her	е			LIVE DIRECT	OR			
		·	print name and title				Doto I	DTIN
		Print/Type pre	•	Preparer's sign			Date Check	PTIN
Paid			CAFFEE	KALLA J			12/13/19 self-employe	
Pres	parer	Firm's name	► BOLLENBACHER	AND ASSOCT	ATTES T.T.	. •	Firm's FIN -	20-1695613

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

PORTLAND, IN 47371

Firm's address 915 N MERIDIAN STREET

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. 260 - 726 - 4207

X Yes No

Form 990 (2018)

Form	990 (2018) HOPE CLINIC, INC	<u>35-1926940</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		$\mathbf{x}$
1	Briefly describe the organization's mission		
•		ATD MUDITO	
	THE HOPE CLINIC IS "PROUDLY COMMITTED TO GIVING WOMEN A		
	CHILDREN HOPE" BY: STRIVING TO BE THE FIRST CHOICE FOR		
	COUNTY AND SURROUNDING AREAS FACING UNPLANNED PREGNANCI	ES; OFFERING	
	SUPPORT PROGRAMS FOR WOMEN WHO ARE STRUGGLING TO MEED TO	HE CHALLENGE	S
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ves	X No
	•	res	טאו בבב
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	<b>3.</b>
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		oro, the total expenses, t	ario
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$276,391. including grants of \$) (Reven		)
	SUPPORT AND EDUCATION TO PREVENT THE TERMINATION OF UNW	ANTED	
	PREGNANCIES.		
		-	
41.			
4b	(Code ) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
	-		
4-	/a		
4c	(Code) (Expenses \$	ue \$	,
		<del> </del>	
		<del></del>	
		<del></del>	
		<del></del>	
A ~4	Other program services (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 276,391.		
		Form 9	90 (2018)

ABD 61

Form 990 (2018) HOPE CLINIC, INC
Part IV Checklist of Required Schedules

1   ste organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If 'Yes, 'complete Schedule C, Part I  Did the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If 'Yes, 'complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II  Is the organization as defined in Reynau Procedule et 98-19 If 'Yes, 'complete Schedule C, Part III  6   Did the organization as defined in Review Procedule et 98-19 If 'Yes, 'complete Schedule C, Part III  7   Did the organization as defined in Review Procedule et 98-19 If 'Yes, 'complete Schedule C, Part III  8   Did the organization as defined in Review Procedule et all enumbris in such India or accounts? If 'Yes, 'complete Schedule D, Part II  9   Did the organization maintain any other advised funds or any smaller funds or accounts? If 'Yes, 'complete Schedule D, Part II  10   Did the organization maintain collections of works of art, historical treasures, or other smallar assets? If 'Yes, 'complete Schedule D, Part III  11   Did the organization maintain collections of works of art, historical treasures, or other smallar assets? If 'Yes, 'complete Schedule D, Part III  12   Did the organization report an amount in Part X, line 21, for scrow or custodial account lability, serve as a custodian for amounts in Stedien Part X, ine 10 part Y, line 10 part X, line 10 part Y, line 10 par				Yes	No
2 Is the organization required to complete Schedule (C. Contributors) 3 In the organization engage in indicat or indirect profiles obtacle ampagin activities on behalf of or in opposition to candidates for public office? // 11*Yes, "complete Schedule C, Part // 1 5 Is the organization and section 501(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as definition in Merium Profile Schedule C, Part // 1 5 Is the organization as extremed the Merium Procedule C, Part // 1 5 Is the organization as extremed the Merium Procedule C, Part // 1 5 Is the organization as extremed the Merium Procedule C, Part // 1 5 Is the organization as extremed the Merium Procedule C, Part // 1 6 Did the organization amount an analy donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? // 1*Yes, "complete Schedule D, Part // 2 7 Did the organization in creave or hold a conservation assembly in the environment, historic land arras, or historic astructures? // 1*Yes, "complete Schedule D, Part // 2 8 Did the organization in amount in Part X, line 21, for escribe or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? // 1*Yes, "complete Schedule D, Part V // 1 9 Did the organization in Part X, ine 21, for escribe or custodial account lability, serve as a custodian for amounts not listed in Part X, in provide credit courseling, debt management, credit repair, or debt negotiation services? // 1*Yes, "complete Schedule D, Part V // 1 10 Did the organization report an amount for interest provide credit courseling, debt management, credit repair, or debt negotiation services? // 1*Yes, "complete Schedule D, Part V // 1 11 The organization report an amount for or heir assess and part X, line 10? // 1*Yes, "complete Schedule D, Part X // 1 10 Did the	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dd the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I description of to (1) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If "Yes," complete Schedule C, Part II description and the organization as ection 501(h)(4), 501(c)(6),		If "Yes," complete Schedule A	1_	X	
section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II and the organization as extend 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II and the organization as extend 501(h) (4) 501(k)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 95-197 If "Yes," complete Schedule C, Part II and the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II and the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II and 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II and the organization report an amount for restance, and the organization report any amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI and the organization report an amount for revisitments of the securities in Part X, line 107 If "Yes," complete Schedule D, Part VI assets reported in Part X, line 157 If "Yes," complete Schedule D, Part VI assets reported in Part X, line 157 If "Yes," complete Schedule D, Part VI assets reported in Part X, line 157 If "Yes," complete Schedule D, Part X assets reported in Part X, line 157 If "Yes," complete Schedule D, Part X assets reported in Part X, line 157 If "Yes," complete Schedule D, Part X assets reported in Part	2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in liobbying activities, or have a section 501(h) election in effect during the fact year? If I'vise, 'complete Schedule C, Part II as the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revierue Procedure 89.19? If "Yes," complete Schedule C, Part II but the organization marked any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I D but the organization receiver or hold a conservation assement, including assements to preserve open pages, the environment, histonic land areas, or histonic attributions? If "Yes," complete Schedule D, Part II D but the organization marked areas, or histonic attributions? If "Yes," complete Schedule D, Part II D but the organization marked and areas, or histonic attributions? If "Yes," complete Schedule D, Part II D but the organization report an amount in Part X, ine 21, for escorow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV D did the organization is amount or any of the following questions is "Yes," then complete Schedule D, Part IV If the organization sawares to any of the following questions is "Yes," then complete Schedule D, Part IV If the organization sawares to any of the following questions is "Yes," then complete Schedule D, Part IV If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV II D the organization report an amount for investments - other securities in Part X, line 11 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV II D the organization organization export an export organization and the part	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(8), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historical areas, or historic structures II" "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization directly or through a related organization, hold assets in temporanity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VIIII  Did the organization report an amount for investments - torgan related in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part XIII  Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization shalph		public office? If "Yes," complete Schedule C, Part I	3_		X
5 Is the organization a section \$01(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in clinical page and areas, or historic advices and the environment, historical areas, or historical resultings, or such as a custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III  Did the organization and an amount for a lated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasisendowments? If "Yes," complete Schedule D, Part VI  If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part VI  If the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments in other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for or investments in program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for or investments in program related in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the orga	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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7 Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization or sport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II of Did the organization or any of the following questions, hold assets in temporarily restricted endowments, permanent endowments, or quasisendowments? If "Yes," complete Schedule D, Part V II if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part X II if the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other liabilities in Part X, line 25 ff "Yes," complete Schedule D, Part X III Did the organization report an amount for other liabilities in Part X, line 25 ff "Yes," complete Schedule D, Part X III Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III Did the organization and separate, independent audited fin	6	•			
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d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  112 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  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  13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  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  15 Did the organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other 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 Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report more than \$15,000 total of fundraising event gross	_		11c		х
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			21	<u></u>	Х

orm	990 (2018) HOPE CLINIC, INC	<u>35-1926940</u>	P	<u>age <b>4</b></u>
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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," comple	te		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000	as of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comp	olete		
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to de	efease		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye	ar, and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," con	nplete		
	Schedule L, Part I	25b		X
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_		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantia	į.		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me	mber		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L	·	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was	P .		7,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserv			7.7
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
^^	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
^^	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		X
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV	33_		
34	Part V, line 1	34		x
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	-		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related or			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<b>J</b> ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19			
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	<del></del>	· · · · · · · · · · · · · · · · · · ·	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8	_		١,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		ļ .
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		<b>.</b>
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	er.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-, -		
ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	٠.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders  Cross income from ether sources (Do not not amounts due or pout to other sources arguet			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ļ
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u>-</u>	X
	If "Yes," complete Form 4720, Schedule O		990	(00:1
		L'Ar~	· uui ·	MOTOR

Form 990 (2018) HOPE CLINIC, INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		_
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		_X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	<b>.</b>
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ►IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ıble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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 interest policy, and	fınan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JANICE SCHLEMMER - 2602732770			
	1105 CLARK STREET, BERNE, IN 46711			

	,		• !
Form	990	(201	R)

#### HOPE CLINIC, INC

35-1926940

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Charles have been discontinuous and an account of the contract 
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 in	d organization compensated any current officer, director, or trustee.										
(A)	(A) (B)							(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ess person is both an and a director/trustee)				compensation	compensation	amount of	
	week	-	cer an	nd a d	irecto	or/trus	100)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for	5	<sub>ස</sub>			ated		organization	(W·2/1099-MISC)	from the	
	related organizations	nste	Tage 1		8	ingu		(W-2/1099-MISC)		organization and related	
	below	lual tr	tonal		nptoy	yee yee	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Keyer	Highest compensated employee	F E			organizations	
(1) AMBER MCALHANEY	0.00										
DIRECTOR	<u> </u>	X	ļ		<u> </u>			0.	0.	0.	
(2) KATE HEIMANN	0.00		Ì						_	_	
DIRECTOR		X		-				0.	0.	0.	
(3) KELLY AMSTUTZ	0.00		L								
DIRECTOR	0.00	X	L	<u> </u>	<u> </u>	$\vdash$	_	0.	0.	0.	
(4) BILL WHITRIGHT	0.00								_	_	
DIRECTOR	0.00	X		ļ	<u> </u>	$\vdash$	<u> </u>	0.	0.	0.	
(5) CATHY LEHMAN	0.00	,,								•	
DIRECTOR	0.00	X		$\vdash$				0.	0.	0.	
(6) SHEILA GRABER	0.00	$\{$		<b>.</b>					0.	•	
SECRETARY	0.00	-	├	X			-	0.	0.	0.	
(7) BART LEHMAN	0.00	1		х				0.	0.	0.	
VICE PRESIDENT (8) STAN STOPPENHAGEN	0.00	-		^				0.	0.	<u> </u>	
PRESIDENT	0.00	1		X				0.	0.	0.	
(9) DEB PORTER	0.00		-	-		-					
TREASURER				X				0.	0.	0.	
(10) JAMES HECKMAN	40.00										
EXECUTIVE DIRECTOR								17,250.	0.	0.	
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		-									
	_		-			_					
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		ļ		<u>L</u>	_						
		-									
<del></del>			$\vdash$	$\vdash$	$\vdash$	$\vdash$					
	-	1									
-	<del></del>		1	Щ.		1					

Part VII Section A. Officers, Directors, Trus		pioy	ees,			ghes	t C	ompensated Employe	es (continued)				
(A) Name and title	nours per   box, t	not cl	(C) Posit heck n ss pers d a dir	tion nore t son is	than d s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		on amount			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	, Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	compensa			e on ed
													_
1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A				1	   	<b>&gt;</b>	17,250. 0. 17,250.		0.			0
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re		,000 of reportable	1	- Iv	es	N
Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se	ich individual			-		•			• •		3	ES	X
<ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a</li> </ul>	,000? If "Yes,	" coi	mple	ete S	che	dule	J f	or such individual	_	-	4		X
rendered to the organization? If "Yes," complete to the organization? If "Yes," complete to the organization?	olete Schedule	e J fo	or su	ich p	erse	on		····			5		X
Complete this table for your five highest contains the expensation. Report compensation for the expensation for the expensation for the expensation for the expensation.	•								-	ensa	tion fro	m	
the organization Report compensation for t  (A)  Name and business			NE		iui C	ייאי וכ		(B)  Description of s		Co	(C) ompens	atıor	1
													_
													_

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue ts, Grants Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 275,208 similar amounts not included above g Noncash contributions included in lines 1a-1f \$\_ 275,208 h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,950. 3,950. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue includina \$ contributions reported on line 1c) See Part IV, line 18 <u>87,362</u> 8,804 **b** Less direct expenses 78,558. c Net income or (loss) from fundraising events 78,558. 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total, Add lines 11a-11d 357,716 Total revenue. See instructions Form **990** (2018)

# Form 990 (2018) HOPE CLINIC, INC Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	***		implete column (74).	
- Do I	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign		•		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	17,250.	11,213.	3,450.	2,587
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	188,916.	144,996.	43,920.	<del> </del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,000.	5,000.		4 = 4 =
10	Payroll taxes	15,876.	9,526.	4,763.	1,587
11	Fees for services (non-employees):				
а	Management				
þ	Legal			-	
C	Accounting	555.	555.		
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	•				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	21 405	27 702	2 (02	<u> </u>
13	Office expenses	31,485.	27,792.	3,693.	
14	Information technology				
15	Royalties	27,233.	27,233.		
16	Occupancy	41,233.	41,433.		
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	6,819.	6,819.		
19	Conferences, conventions, and meetings	0,013.	0,013.		
20	Interest Payments to affiliates				
21	Payments to affiliates  Depreciation, depletion, and amortization	15,238.	15,238.		
22 23	Insurance	3,819.	3,819.		
23 24	Other expenses. Itemize expenses not covered	3,013.	3,013.		
£ <del>-4</del>	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				•
а	TELEPHONE	5,850.	5,850.		<del>.</del>
a b	EQUIP	4,202.	4,202.		-
C	POSTAGE	4,129.	4,129.		<del></del>
d	DEVELOPMENT	3,301.	3,301.		<del></del>
	All other expenses	6,863.	6,718.	116.	
25	Total functional expenses. Add lines 1 through 24e	336,536.	276,391.	55,942.	4,203
26	Joint costs. Complete this line only if the organization	555,5501		33,3221	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-21-18		ا		Form <b>990</b> (2018

Form 990 (2018)
Part X Balance Sheet

1 41	τX	Balance Sneet	<del></del>		
	_	Check if Schedule O contains a response or note to any line in this Part X	/A)		(D)
	•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	61,347.	1	98,093 432,453
	2	Savings and temporary cash investments	431,938.	2	432,453
	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	1	5	
	6	Loans and other receivables from other disqualified persons (as defined und	er		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut	ıng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
တ္		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	- "
	10a				
		basis. Complete Part VI of Schedule D 10a 510, 16	4.		
	b	Less. accumulated depreciation 10b 165,71	9. 359,683.	10c	344,445
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	-
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	852,968.	16	874,991
	17	Accounts payable and accrued expenses	3,686.	17	4,529
	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	-
s	22	Loans and other payables to current and former officers, directors, trustees,			
itie	_	key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			····
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,686.	26	4,529
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X an			-73-2
s		complete lines 27 through 29, and lines 33 and 34.			
Ce	27	Unrestricted net assets	849,282.	27	870,462
alaı	28	Temporarily restricted net assets		28	
Ä	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here	7		
Net Assets or Fund Balances		and complete lines 30 through 34.	_		
ts c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	32 33	Total net assets or fund balances	849,282.	33	870,462.
	34	Total liabilities and net assets/fund balances	852,968.		874,991.

<u>Form</u>	990 (2018) HOPE CLINIC, INC	35-1	<u>926940                                    </u>	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	357	7,7	<u> 16.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	336	5,5	36.
3	Revenue less expenses. Subtract line 2 from line 1	3	21	1,1	80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	849	, 2	<u>82.</u>
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	870	),4	<u>62.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\square$
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_		
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

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

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

			CLINIC, I					3	5-1926940
Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	mplete th	ıs part ) Se	e instructions	3	
The o	organi	zation is not a private found	ation because it is. (	For lines 1 through 12, o	heck only	one box)			^
1		A church, convention of ch	urches, or association	on of churches described	ın sectio	n 170(b)(1	I)(A)(i).		n9
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			() 1
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	l ın sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a g	overnmental u	ınıt describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	'O(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	janization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university:		<u>.</u>					
10	$\mathbf{X}$	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	hip fees, a	and gross receipts from
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the or	ganızatıon	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety See :	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2)	See section &	509(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	s 12e, 12f, and	d 12g	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganızatıon(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b	L	Type II. A supporting org	•				_	-	=
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
	_	organization(s) You mus	•						
С	L		-					lly integrate	ed with,
		its supported organization		•					
d	<u> </u>	Type III non-functionally	<u> </u>						
		that is not functionally int		· ·				an attent	iveness
		requirement (see instruct	•	•	-				
е		Check this box if the orga					ı iype i, iype	II, Type III	
		functionally integrated, or		nally integrated support	ing organia	zation.			
T		er the number of supported o	_	d accompation(a)					<u> </u>
g		ride the following information  Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
	•	organization	.,	(described on lines 1-10	Yes	No	support (see in	structions)	support (see instructions)
				above (see instructions))		- 110			
	_								
-	-								
	<u> </u>		-					<del></del>	
			'						
					_				
							<del>                                     </del>		

Schedule A (Form 990 or 990-EZ) 2018 H	OPE CLINI	C, INC			35-192	6940 Page 2
Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	170(b)(1)(A)(	vi)
(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I o	r if the organizatio	n failed to qualify i	ınder Part III. If th	e organization
fails to qualify under the tests	listed below, plea	se complete Part	III )			
Section A. Public Support			<del>"</del>		-	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and		(-)	, , , , , , , , , , , , , , , , , , ,			
membership fees received (Do not	  -					/
include any "unusual grants ")	  -					<b>/</b>
2 Tax revenues levied for the organ-	<del>.</del>			-		<del>'</del>
ization's benefit and either paid to	  -					
or expended on its behalf	  -					
· · · · · · · · · · · · · · · · · · ·						
3 The value of services or facilities	  -					
furnished by a governmental unit to	 					
the organization without charge	<del>\</del>	<u> </u>			/	-
4 Total. Add lines 1 through 3					,	<del>                                     </del>
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,	`	<b>\</b>				
column (f)				/		
6 Public support. Subtract line 5 from line 4			<u>/</u>	Ĺ <u></u> .	<del></del>	1
Section B. Total Support						<del></del>
Calendar year (or fiscal year beginning in) ►	(a) 2014	( <b>b</b> ) 2015	(c) 2016 <sup>2</sup>	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on		\				
securities loans, rents, royalties,			X			
and income from similar sources						
9 Net income from unrelated business		/	\			
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain		/				
or loss from the sale of capital						
assets (Explain in Part VI)			\			<u></u>
11 Total support. Add lines 7 through 10			, ,	<b>\</b>		<u></u>
12 Gross receipts from related activities,	etc. (see instruct)	óns)		1	12	
13 First five years. If the Form 990 is for	the organization':	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
organization, check this box and stop						▶□
Section C. Computation of Publ	ic Support Pe	rcentage				
14 Public support percentage for 2018 (I	ine 6, column (f) d	livided by line 11, o	column (f))	/	14	<u>%</u>
15 Public support percentage from 2017	'Schedule A, Part	II, line 14		/	15	%
16a 33 1/3% support test - 2018. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
stop here. The organization qualifies	as a publicly supp	orted organization	1	`	\	
b 33 1/3% support test - 2017. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
and stop here. The organization qual	ifies as a publicly	supported organiz	ation			ightharpoonup
17a 10% -facts-and-circumstançes test	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
and if the organization meets the "fac	ts-and-circumstan	nces" test, check t	his box and <b>stop h</b>	nere. Explain in Pa	t VI how the orga	nızatıon
meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		ightharpoons
b 10% -facts-and-circumstances test	t - 2017. If the org	janization did not o	check a box on line	e 13, 16a, 16b, or	l7a, and line 1Š∖is	10% or
more, and if the organization meets th	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	in Part VI how th	<b>e</b>
organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publi	cly supported orga	ınızatıon	<b>\</b>
18 Private foundation. If the organizatio		-				ns 🕨
						or 990-EZ) 2018
/						\

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

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

Se	ction A. Public Support	Olowy pioado domp	noto i ure inj				
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	360,232.	587.411.	333,600.	319.334.	362,570.	1 963 147.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	300,232.	307, 111.	333,000.	313 / 334.	302,370.	1,503,147,
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		:				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	360,232.	587,411.	333,600.	319,334.	362,570.	1,963,147,
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	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						0.
•	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						1,963,147,
	ction B. Total Support	<del></del>					
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	360,232.	587,411. 41.	333,600. 35.	319,334. 45.	362,570. 3,950.	4,097.
ŀ	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	201	320	33.	43.	373301	2/03/6
	c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	26.	41.	35.	45.	3,950.	4,097.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		,				
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for		-	333,635. d, fourth, or fifth ta			1,967,244, ation,
	check this box and stop here						▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (		•	column (f))		15	99.79 %
_	Public support percentage from 2017					16	99.99 %
	ction D. Computation of Inves			40 1 (0)			21 %
17	· · · · · · · · · · · · · · · · · · ·	•		ne 13, column (t))		17	.21 % .01 %
18	Investment income percentage from : a 33 1/3% support tests - 2018. If the			on line 14, and line	15 is more than 3	18 3 1/3% and line 1	
197	more than 33 1/3%, check this box a	•					<b>→ X</b>
ł	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che		•			_	
20	Private foundation. If the organization	n dia not check a	DUX OH IINE 14, 19	a, or 190, check th	iis dux and see ins	HUCHORS	<u> </u>

#### Part IV 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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")? If "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
- 5a 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 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(f) (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.)

		Yes	No
	1		
	2		
	-	-	
	3a		
			1 -
	3b		
	3c		
	4a	,	4
	<del>- 10</del>		
	4b		
	70		5
			,
	4c		
	5a		
	Ja		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	<u>9c</u>		
			- 4
	10a		
	10b		
n 9	90 or 99	# 1. F 7	71112

**3a** 

trustees of each of the supported organizations? Provide details in Part VI.

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

Sche	edule A (Form 990 or 990 EZ) 2018 HOPE CLINIC, INC			35-1926940 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		•	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		<del>"</del>	
	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	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	·	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		<del></del>	
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	dule A (Form 990 or 990 EZ) 2018 HOPE CLINIC,			5-1926940 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
_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			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			-
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D.			
•	line 7. \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
-	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3			-
•	and 4c			
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015	1		
	Excess from 2016	-		
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 HOPE CLINIC, INC	35-1926940 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions)	r 17b; Part III, line 12, 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HOPE CLINIC, INC

**Employer identification number** 35-1926940

Pa	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified 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
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting	i, handling of violations, and enforcing cons	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing conserva	tion easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	•	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
Pa	t III Organizations Maintaining Collections of	of Art Historical Treasures or O	ther Similar Assets
ra	Complete if the organization answered "Yes" on Forr		the Online Assets.
	If the organization elected, as permitted under SFAS 116 (A		nent and balance sheet works of art
ıa		•	
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that desc		and balance shoot works of art, historical
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, explains to those terms:	education, or research in furtherance of pur	blic service, provide the following amounts
	relating to these items:		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X	ogguroe, or other similar assets for financia	<b>▶</b> \$
2	If the organization received or held works of art, historical tre		ii gaiii, provide
_	the following amounts required to be reported under SFAS	Fro (ASC 956) relating to these items	<b>L</b> c
a	Revenue included on Form 990, Part VIII, line 1		<b>S</b>

Sche	, dule D (Form 990) 2018 HOPE CL	INIC, INC						35-19	26940	Page 2
	t III Organizations Maintaining C		rt, His	torical Tr	easures, c	or Other				
3	Using the organization's acquisition, accessi			_				_		
•	(check all that apply):		,	,						
а	Public exhibition		d 🗀	Loan or exc	hange progra	ams				
b	Scholarly research			Other	······································					
c	Preservation for future generations	·	_		-					
4	Provide a description of the organization's co	ollections and expla	ın how tl	hev further t	he organizati	on's exem	nt num	se in Par	XIII	
5	During the year, did the organization solicit o				•			750 IIII ai	. 73111	
3	to be sold to raise funds rather than to be ma					or Sirrillar e	233013		Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Yes" on F	orm 990	) Part IV		NO
- 4.	reported an amount on Form 990, Par		iete ii tiit	organizatio	ii alisweleu	res on	OIIII 990	, raitiv,	III IE 3, OI	
12	Is the organization an agent, trustee, custod		diany for	contribution	se or other se	eate not u	ncluded			
10	on Form 990, Part X?	and other interne	dialy loi	Continuation	is or other as	isets flot ii	icidaea		Yes	□ No
<b>.</b>	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollownoa	table:					_ Tes	NO
D	n res, explain the arrangement in Part Alli	and complete the it	Dilowing	lable					A	
	Decrees belows								Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			<del> </del>
f	Ending balance						1f		7	
	Did the organization include an amount on Fe		-				y?		」 Yes	No ا
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization ai								
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (	1) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions		<u> </u>							
C	Net investment earnings, gains, and losses									
d	Grants or scholarships	<del> </del>								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	<del></del> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	red for the	organiz	ation		
	by.	J					J		ſγ	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b	+-
4	Describe in Part XIII the intended uses of the	•							_00	
Par			OWINGIA	101100.						
	Complete if the organization answere		Ω Part IV	/ line 11a S	See Form 990	) Part Y I	ne 10			
		(a) Cost or o			or other		cumulate	.a	(d) Book i	·oluo
	Description of property	basis (investi			(other)	<b>\-</b> /	eciation		(d) Book	/aiue
		D0313 (111463U		Dasis	(Striot)	debi	-			
	Land			2.0	0 272		02 F	20	216	7/2
	Buildings			•	9,272.		82,5			<u>,743.</u>
	Leasehold improvements				6,291.		14,8			<u>,477.</u>
	Equipment			<del> </del>	4,694.		<u>58,4</u>		Τρ	,222.
	Other (2 / / / / / / / / / / / / / / / / / /	_ <u></u>		L	9,907.		9,9	U 4 •	244	3.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	(Oc.)				344	<u>,445.</u>

Schedule D (Form 990) 2018 HOPE CLINI	C, INC		5-1926940 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation. Cost or e	end-of-year market value
(1) Financial derivatives	<del> </del>		
(2) Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other			<del>.</del>
(A)			
(B)		-	
(C)	· · · · · · · · · · · · · · · · · · ·	<del></del>	
(D)			
(F)			
(G)		<del>                                     </del>	
(H)		<del>                                     </del>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		a 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or e	end-of-year market value
(1)	, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(8)			·
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		<del></del>	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Ye  1. (a) Description of liability	s" on Form 990, Part IV, line	(b) Book value	25.
······································		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8)

	rt XI Reconciliation of Revenue per Audited Financial St	atements With Rever	ule ner Return	
- 41	Complete if the organization answered "Yes" on Form 990, Part IV,		de poi riotarri.	
1	Total revenue, gains, and other support per audited financial statements	iiio iza	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<del></del>	
a		2a		
b	Donated services and use of facilities	2b	<del></del>     ``	
c	Recoveries of prior year grants	2c		
d		2d		
	Add lines 2a through 2d	( 20 )	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a		
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.			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
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.	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	<b>4</b> c <b>5</b>	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.		5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	,
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	,
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	,
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	,
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	,
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b;	5	

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Schedule D (Form 990) 2018

# SCHEDULE G

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** 35-1926940 HOPE CLINIC, INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b

Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_ Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2018

	<u>edul</u> I <b>rt I</b>	II Fundraising Events. Complete if the		L"Ves" on Form 990. Pa		more than \$15,000
1 6		of fundraising event contributions and gr				
_	•		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			BANQUETS (event type)	(event type)	(total number)	col. <b>(c)</b> )
Jue			(Svorit typo)	(ovoin typo)	(total training)	
Revenue	1	Gross receipts	87,362.			87,362.
	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)	87,362.			87,362.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes		<u> </u>		
	6	Rent/facility costs				
Irect E	7	Food and beverages				
٠	8	Entertainment				
	9	Other direct expenses	8,804.			8,804.
	10	Direct expense summary. Add lines 4 through	h 9 ın column (d)		•	8,804.
_		Net income summary Subtract line 10 from I				78,558.
Pa	ırt l	<del></del>	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
Revenue		\$15,000 on Form 990·EZ, line 6a	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			-	
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes %     No %	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<u> </u>	
_	<b>-</b>	tor the state(s) is judget the exception and	uoto gamina satuutios:			
		ter the state(s) in which the organization condi the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain.			<u> </u>	
	_	<del>-</del>				<u> </u>
40-	We	ere any of the organization's gaming licenses r	evoked, suspended, or te	-	year?	Yes No
		Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2018 HOPE CLINIC, INC	<u>35-1</u>	926940	Page 3						
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed									
	to administer charitable gaming?		Yes	□ No						
13	Indicate the percentage of gaming activity conducted in									
	a The organization's facility		13a	%						
	- · · · · · · · · · · · · · · · · · · ·		13b							
	o An outside facility	-l	130							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	15								
	Name ►									
	Address >									
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No						
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	ınt								
	of gaming revenue retained by the third party > \$									
c	If "Yes," enter name and address of the third party									
	Name									
	Address >									
16	Gaming manager information									
	Name									
	Gaming manager compensation ▶ \$									
	Description of services provided									
	Description of services provided									
	Director/officer Employee Independent contractor									
17	Mandatory distributions									
	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?		Yes	☐ No						
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the								
~	organization's own exempt activities during the tax year > \$									
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Pa	rt III. lines 9	9b. 10b.						
-	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions		,	,,						
	100, 100, 10, and 170, de applicable 1100 provide any additional minoritation.									
	· · · · · · · · · · · · · · · · · · ·	-	·							
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832083 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule (	G (Form 990 or 990-EZ)	HOPE CLINIC ormation (continued)	, INC		35-1926940 Page 4
Part IV	Supplemental Info	ormation (continued)			
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# SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOPE CLINIC, INC

Employer identification number 35-1926940

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FIRST CHOICE FOR WOMEN IN ADAMS COUNTY AND SURROUNDING AREAS FACING
UNPLANNED PREGNANCIES; OFFERING SUPPORT PROGRAMS FOR WOMEN WHO ARE
STRUGGLING TO MEET THE CHALLENGES OF PROVIDING MATERIAL NEEDS FOR THEIR
CHILDREN; OFFERING EDUCATIONAL ASSISTANCE TO PARENTS IN THEIR ENDEAVORS
TO INCREASE THEIR PARENTING SKILLS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF PROVIDING MATERIAL NEEDS FOR THEIR CHILDREN; OFFERING EDUCATIONAL
ASSISTANCE TO PARENTS IN THEIR ENDEAVORS TO INCREASE THEIR PARENTING
SKILLS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 WAS DISTRIBUTED, REVIEWED, AND APPROVED AT BOARD
MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE TO PUBLIC UPON REQUEST.