FOR TAX YEAR 2019 HOPE CLINIC FOR WOMEN

BELLENFANT PLLC 2919 BERRY HILL DR NASHVILLE, TN 37204 (615)370-8700

F a maa	99		Poturo	of Organization Exem	nt From Inco	mo To	NV.		Ļ	OMB No. 1545-0047	
Form	33		Retuin	of Organization Exem			1.			2019	
(Rev. J	lanuary	/ 2020)	Under section 501(c),	527, or 4947(a)(1) of the Internal	Revenue Code (exc	ept privat	e foundati	ons)		2010	_
Departn	nent of t	he Treasury		er social security numbers on this	-					Open to Public	
		le Service		vw.irs.gov/Form990 for instruction						Inspection	
_			ear, or tax year beginnin		10-01 , 2019, a	and endin	g		9-30	, 2020	
		pplicable:		PE CLINIC FOR WOMEN				D Emplo		ification number	
_	ldress c	-	Doing business as			1				164825	
_	ame cha	-		D. box if mail is not delivered to street addres	ss)	Room/suit	e	E Telepl			
	tial retur		1810 HAYES STRE)321-0005	_
		n/terminated		ince, country, and ZIP or foreign postal code	9			G Gross	s receipts		
	nended		NASHVILLE, TN 37	z03 Incipal officer: RENEE RIZZO			11/->	\$		1,137,012 hates? Yes X N	
L Ap	plication	n pending	SAME AS C ABOVE	•			H(a) Is this a				
	v ovom	pt status: X 50		·	527		H(b) Are all				10
	ebsite:		HOPECLINICFORV	, , , _ ,,,,	527			attach a lis			
		rganization: X Co		ociation Other ►	L Year of format	tion: 198;	H(c) Group				—
Part		Summary	Inporation Asso		L rear or forma	190		State of leg	ai domici		—
1 an	1		the organization's missi	on or most significant activities:	THE ORGANIZ						<u>.</u>
		•	•	CAL CARE, PREVENTION AN							
0				JLTRASOUNDS, PROFESSI							
ance				PLANNED PREGNANCIES.			DUCAIN		NOOL		
Activities & Governance				discontinued its operations or disp	accod of more than	25% of it	c not acco	te			—
0 NO							S Hel asse	3		15	
୍ ଅ				rning body (Part VI, line 1a)						15	
es				s of the governing body (Part VI, li				4		15	-
tiviti				calendar year 2019 (Part V, line 2				5		28	-
Ac			f volunteers (estimate if r	.,				6		200	-
				Part VIII, column (C), line 12				7a		0	
	D	Net unrelated b	ousiness taxable income	from Form 990-T, line 39				7b		0	
		Contributions	ad grapta (Dart \/III line)	16)			Prior Year	507		Current Year	—
a)			•	1h)			1,097,			842,472	
Revenue		•	,	2g)				2,888		30,037	
Seve), lines 3, 4, and 7d)				2,253			0
ĽĽ.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 183, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,316,3								219,827	—
			2 1		,	-	1,310,	304		1,092,336	_
				X, column (A), lines 1-3) (, column (A), line 4)							0 0
				benefits (Part IX, column (A), line			627	,659		725,124	<u> </u>
Se				column (A), line 11e)			037	,059		125,124	_
Expenses			g expenses (Part IX, col	().	 107,406						<u> </u>
ă			•	es 11a-11d, 11f-24e)		-	401	,762		460,862	_
ш				equal Part IX, column (A), line 25)			1,039,			1,185,986	—
				8 from line 12				4 <u>2</u> 1 6,883		(93,650)	—
	19	Revenue less e	spenses. Subiraci line			Decim	ning of Currer				—
s or	20	Total accosts (P	art V line 16)			Begini		,948		End of Year 753,871	—
Net Assets or Fund Balances			. ,					,940 2,813		204,193	—
vet ⊿ und			. ,	ine 21 from line 20							
Part		Signature					030	,135		549,678	—
				n, including accompanying schedules and st	tatements and to the bes	t of my know	ledge and be	lief it is			
				cer) is based on all information of which prep							
		RENEE									
Sign		Signature of						Dat	te		—
Here			RIZZO, CEO								
TICIC	,		t name and title								—
		Print/Type prepar		Preparer's signature	Date		Chaele		PTIN		—
Paid				.,	02-15-202	1	Check			1625859	
Prep	arer				pz-15-202		self-em	hinhea	۳0	1625858	—
		Firm's name	BELLENFA				rm's EIN 🕨				—
Use	Uniy	Firm's address		RY HILL DR		Pł	none no.	645 0	70 07	00	
Most		discuss this ref		E TN 37204				615-3	10-01	UU X Yes No	
			ct Notice, see the separa	own above? (see instructions) .			•				_
FEA	ap ci w(Sin Neurolion A	or nonce, see the separa							Form 990 (201	J)

Form	990 (2019) HOPE CLINIC FOR WOMEN	62-1164825	Page 2
Pa	rt III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE ORGANIZATION HAS FOUR MAIN AREAS OF FOCUS: PREGNANCY SERVICES, MEDICAL C		
	RELATED COUNSELING. THE ORGANIZATION PROVIDES PREGNANCY TESTS, LIMITED ULTRA		
	COUNSELING, EDUCATION CLASSES AND MATERIAL ASSISTANCE TO WOMEN IN UNPLANNED	PREGNANCI	ES
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	☐ Yes	X No
	If "Yes," describe these new services on Schedule O.		M
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?	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 measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$925,899 including grants of \$) (Revenue	\$)
	THE ORGANIZATION HAS FOUR MAIN AREAS OF FOCUS: PREGNANCY SERVICES, MEDICAL C		
	RELATED COUNSELING. THE ORGANIZATION PROVIDES PREGNANCY TESTS, LIMITED ULTRA		
	COUNSELING, EDUCATION CLASSES AND MATERIAL ASSISTANCE TO WOMEN IN UNPLANNED ORGANIZATION ALSO PROVIDES STD TESTING, COMMUNITY REFERRALS, PROFESSIONAL CO		
	GROUPS ONSITE AND ABSTINENCE EDUCATION IN THE COMMUNITY. THE ORGANIZATION AL		
	PROFESSIONAL COUNSELING FOR THOSE DEALING WITH PREGNANCY LOSS (ABORTION, MI		
	STILLBIRTH) AND POST PARTUM DEPRESSION COUNSELING (ONE ON ONE AND GROUP COU		
		•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue	¢	<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4-1	Other program convices (Describe on Schorbilt O.)		
4d	Other program services (Describe on Schedule O.)	`	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 925,899)	
<u>4e</u>		For	m 990 (2019)

Form	990 (2019) HOPE CLINIC FOR WOMEN	62-1164825	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	X	
b				V
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				V
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				V
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e		<u>11e</u>		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X	+
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	+
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			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule.E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			V
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		V
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		V
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		V
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
00	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	Х

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Pa	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	a	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	240	;	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.0	-	
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200	* 	
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part J	25		х
26		201	,	<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			V
0 7	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	288	-	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28)	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280	;	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	358	a	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35	b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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				
1 01	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	17	103	110
b	Enter the number of Form 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			
U	reportable gaming (gambling) with backup with housing rules to reportable payments to vehicors and reportable gaming (gambling) with indickup with housing rules to reportable gaming to prize with response to reportable gaming to prize with the second state of the se	1c	X	
				L

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2	a 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
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		
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		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	२).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
<u>u</u>	and services provided to the payor?		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		~
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
0	required to file Form 8282?		7c		Х
d		ď	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?		70 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec		7g		X
g b		•	79 7h		X
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		711		^
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		8		
~	sponsoring organization have excess business holdings at any time during the year?		0		
9	Sponsoring organizations maintaining donor advised funds.		00		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?		9a Oh		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots	••	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	>-			
a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	מן			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	.			
10	against amounts due or received from them.)		40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	20			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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.	I			
b	Enter the amount of reserves the organization is required to maintain by the states in which	.			
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand	SC			
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 on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O.				

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Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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	<u>ز</u>		
	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			~
5	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4		-		X
5		5		
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		V
	one or more members of the governing body?	7a		Х
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	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
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		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
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			
Tou	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		
Ŭ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
<u>Soc</u>	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed Tennessee Casting C404 requires an experimentia to make its Forms 4000 (4004 or 4004 A if capital back on and 000 T (Casting F04(c))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
4.0	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
a -	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RENEE RIZZO (615)321-0005, 1810 HAYES STREET, NASHVILLE, TN 37203			

Form 990 (20	19) HOPE CLINIC FOR WOMEN	62-1164825	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated 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.

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

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

				((C)			,,,		
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	Average					han one s both ar	ı	Reportable	Reportable	Estimated amount
	hours		officer and a director/trustee)				compensation	compensation	of other	
	per week (list any						from the organization	from related organizations	compensation from the	
	hours for	Individual trustee or director	Inst	Officer	Key	emp	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	irect	Institutional trustee	ĕr	Key employee	loye	ner			related organizations
	organizations	or tru	nalt		oloye	e				
	below	stee	ruste		ē	pens				
	dotted line)		ĕ			Highest compensated employee				
(1) RENEE RIZZO	40.00									
CEO		Х		Х				102,009	0	0
(2) ALYSSA HASTY, PHD	2.00									
PRESIDENT		Х		Х				0	0	0
(3) JOHN JACOWAY	2.00									
TREASURER		Х		Х				0	0	0
(4) MIKE DUNCAN	1.00									
DIRECTOR		Х						0	0	0
(5) RONALD D ALVAREZ, MD	1.00									
DIRECTOR		Х						0	0	0
(6) AMANDA CECCONI	2.00									
SECRETARY		Х		Х				0	0	0
(7) NAKISHA GUZMAN	1.00									
DIRECTOR		Х						0	0	0
	1.00									
DIRECTOR		Х						0	0	0
	1.00									
DIRECTOR		Х						0	0	0
(10)VICTOR SILVESTRI	1.00									
DIRECTOR		Х						0	0	0
(11)DEBBIE LASSITER	1.00									
DIRECTOR		Х						0	0	0
(12)ANTHONY_TRABUE, MD	2.00									
MEDICAL DIRECTOR		Х						0	0	0
(13)CRAIG MARTIN, MD	2.00									
MEDICAL DIRECTOR		Х						0	0	0
(14) JOY_STYLES	2.00									
VICE CHAIRPERSON		Х		Х				0	0	0
FFA										Form 990 (2019)

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Part	VII Section A. Officers, Directors, Trustees,	Key Employe	ees, a	nd H	ighe	est C	compe	nsat	ed Employees (co	ntinued)			
						(C)							
	(A)	(B)	(1-			sition			(D)	(E)		(F)	
	Name and title	Average					han one s both ar	n	Reportable	Reportable	Estin	nated ar	nount
		hours					/trustee)		compensation	compensation		of othe	
		per week							from the organization	from related organizations		mpensa from the	
		(list any hours for	or o	Inst	Officer	Kej	Hig	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		nizatior	
		related	irect	itutio	cer	emp	nest ploye	ner			relate	d organi	izations
		organizations	or director	onalt		Key employee	è com						
		below	Istee	Institutional trustee		l g	Highest compensat employee						
		dotted line)		ö			ated						
	OAN SCOTT	1.00											
DIRE			X						0	0			0
		1.00							_	_			
DIREC	CTOR		X						0	0			0
<u>(17)</u>													
(4.0)													
(18)													
(10)													
(19)													
(20)													
<u> </u>													
(21)													
(22)													
(2.2)													
(23)													
(24)													
(25)													
1b	Subtotal												
c	Total from continuation sheets to Part VII, Section	Δ											
d	Total (add lines 1b and 1c)				•••				102,009	0			0
2	Total number of individuals (including but not limit			bove	e) wl	ho re	eceive	l mo		-			
	reportable compensation from the organization				,				· · · · · · · · · · · · · · · · · · ·				1
												Yes	No
3	Did the organization list any former officer, direct		-				-						
	employee on line 1a? If "Yes," complete Schedul										3		X
4	For any individual listed on line 1a, is the sum of re	•	•					•					
	organization and related organizations greater th			'es,"	con	nplet	te Sch	edul	e J for such				
_				• • • •	••						4		X
5	Did any person listed on line 1a receive or accrue			-			-		ation or individual		_		V
Sectio	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Sched	ule J	J TOF	suc	n pers	on		••	5		X
1	Complete this table for your five highest compensa	ted independ	lent co	ntrac	ctors	s tha	t recei	ved	more than \$100.00	10 of			
•	compensation from the organization. Report comp												
	(A)				,		Ū		(B)		(C)		
	Name and business addres	S							Description of servic	es	Compen	sation	
2	Total number of independent contractors (includin	g but not limi	ited to	thos	e lis	sted	above	who	0				
	received more than \$100,000 of compensation fro	-					,						

Form 9			CLINIC FOR	WOM	EN			62-11648	25 Page 9
Part '	VIII	Statement of Reve	enue						
		Check if Schedule O co	ontains a respons	se or n	ote to any line in th	is Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns		1a					
	b	Membership dues		1b					
nts	с	Fundraising events		1c					
Gra	d	Related organizations		1d		_			
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (conti	ributions)	1e		-			
imils, G	f	All other contributions, gif	-						
utior ler S		and similar amounts not i		1f	842,472	-			
l Ott	g	Noncash contributions inc							
Cor		lines 1a-1f		1g	\$	0.40,470			
	h	Total. Add lines 1a-1f		• • • •		842,472			
	0-				Business Code	0.070	0.070		
ð		COUNSELING MEDICAL SERVICES			624100 624100	6,679 23,358	6,679 23,358		
ervic ue	c b				024100	23,300	23,300		
Program Service Revenue	d								
jran Re	e								
ĴŪ		All other program service	revenue						
_		Total. Add lines 2a-2f				30,037			
	3	Investment income (includ							
		other similar amounts)							
	4	Income from investment of			eeds 🕨				
	5	Royalties			►				
			(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss))		•				
	7a	Gross amount from (i) Securities		(ii) Other	_				
		sales of assets							
	b	other than inventory Less: cost or other basis	7a			-			
nue		and sales expenses	7b			-			
sver			7c						
Other Reve		Net gain or (loss)			►				
Othe	88	Gross income from fundra	lising						
0		events (not including \$		-					
		of contributions reported c 1c). See Part IV, line 18		88	264,188				
	h	Less: direct expenses		86		-			
		Net income or (loss) from			····· ►	219,512			219,512
		Gross income from gaming	-	<u>د د</u>		213,312			213,312
		activities, See Part IV, line		9a					
	b	Less: direct expenses		9b		-			
		Net income or (loss) from			>				
		Gross sales of inventory, I							
	104	returns and allowances		10a	a				
	b	Less: cost of goods sold		10k	þ				
	с	Net income or (loss) from	sales of inventor	y	>				
					Business Code				
<u>ୟ</u>	11a	MISCELLANEOUS			900099	315	315		
nue	b								
Miscellanous Revenue	с								
Misc R		All other revenue							
		Total. Add lines 11a-11d				315			
	12	Total revenue. See instruc	ctions			1,092,336	30,352	0	219,512

Do n	Check if Schedule O contains a response or note to a ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	102,009	35,703	30,603	35,703
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	548,646	466,944	30,817	50,885
8	Pension plan accruals and contributions (include				,
	section 401(k) and 403(b) employer contributions)	4,425	3,186	664	57
9	Other employee benefits	21,893	15,763	3,284	2,846
0	Payroll taxes	48,151	34,668	7,223	6,260
1	Fees for services (nonemployees):				· · · · ·
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	13,474		13,474	
2	Advertising and promotion	9,060	7,248		1,812
3	Office expenses	35,408	25,494	9,914	
4	Information technology				
5	Royalties				
6	Occupancy	13,828	9,956	3,872	
7	Travel	5,141	3,856	1,028	25
8	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	8,605	8.605		
1	Payments to affiliates		3,000		
2	Depreciation, depletion, and amortization	37,703	27,146	10,557	
3		14,339	10,324	4,015	
4	Other expenses. Itemize expenses not covered	11,000	10,021	1,010	
•	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MEDICAL	39,877	39,877		
b	HUMAN RESOURCES	68,640	49,421	19,219	
c	PREGNANCY SERVICES	10,805	10,805	10,210	
d	CONTRACT LABOR	117,834	117,834		
u e	All other expenses	86,148	59,069	18,011	9,068
	Total functional expenses. Add lines 1 through 24e	1,185,986	925,899	152,681	107,406
5 6	Joint costs. Complete this line only if the	1,100,900	923,099	102,001	107,400
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Part	X	Balance Sheet					_
		Check if Schedule O contains a response or note to an	y line in thi	s Part X			
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash - non-interest-bearing		-	366,474	1	315,507
	2	Savings and temporary cash investments		•		2	
	3	Pledges and grants receivable, net		-	32,919	3	17,211
	4	Accounts receivable, net			1,746	4	
	5	Loans and other receivables from any current or former					
		trustee, key employee, creator or founder, substantial co	ontributor, o	or 35%			
		controlled entity or family member of any of these perso	ons			5	
	6	Loans and other receivables from other disqualified pers	sons (as de	efined			
		under section 4958(f)(1)), and persons described in sec		6			
	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use		-		8	
As	9	Prepaid expenses and deferred charges		· •	3,573	9	4,917
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	755,266			
	b	Less: accumulated depreciation	10b	415,297	365,162	10c	339,969
	11	Investments - publicly traded securities	•	68,074	11	76,267	
	12	Investments - other securities. See Part IV, line 11	F	,	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 3	33)		837,948	16	753,871
	17	Accounts payable and accrued expenses	,		10,196	17	4,080
	18	Grants payable	-	-,	18	,	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV	eD		21		
	22	Loans and other payables to any current or former offic		E E E E E E E E E E E E E E E E E E E			
Liabilities		trustee, key employee, creator or founder, substantial co		1			
abil		controlled entity or family member of any of these perso				22	
	23	Secured mortgages and notes payable to unrelated thi			192,617	23	82,513
	24	Unsecured notes and loans payable to unrelated third		F		24	117,600
	25	Other liabilities (including federal income tax, payables		F			,
		parties, and other liabilities not included on lines 17-24)					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25		-	202,813	26	204,193
		Organizations that follow FASB ASC 958, check here	► X	_	,		
		and complete lines 27, 28, 32, and 33.		2			
es	27	Net assets without donor restrictions			228,137	27	138,012
anc	28	Net assets with donor restrictions		-	406,998	28	411,666
Bal		Organizations that do not follow FASB ASC 958, check			,		,
pur		and complete lines 29 through 33.					
ц	29	Capital stock or trust principal, or current funds				29	
ts o	30	Paid-in or capital surplus, or land, building, or equipmer				30	
sse	31	Retained earnings, endowment, accumulated income, c				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			635,135	32	549,678
Ż	33	Total liabilities and net assets/fund balances			837,948	33	753,871
EEA	-			1			Form 990 (2019)

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Pai	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	1,0)92,3	36
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	85,9	86
3	Revenue less expenses. Subtract line 2 from line 1	3		(93,6	50)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		635,	135
5	Net unrealized gains (losses) on investments	5		9,	152
6	Donated services and use of facilities	6			
7	Investment expenses	7		(959)
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		549,6	578
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit 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				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			F a more	000 /	004.0

SCHEDULE A

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.

OMB No. 1545-0047

(For	m 99	0 or 990-EZ)			ch to Form 990 or Form (• • •			Open to Public
Department of the Treasury Internal Revenue Service			•	► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection
		e organization	-	00 to www.ii3.gov			atest mor	Employer identificatio	·
		CLINIC FOR V						62-1164825	
	rt I			Status (All orga	nizations must com	plete thi	s part.) S		
				· · · · · · · · · · · · · · · · · · ·	s 1 through 12, check onl	•	• •		
1	Ŭ	A church, conv	/ention of churches, or	association of chu	urches described in secti	, ion 170(b)(, 1)(A)(i).		
2		A school desci	ribed in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)			
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
6		. ,	(1)(A)(iv). (Complete F	,	init described in section	170/h)/1)//	A)(A)		
6 7			•	•	of its support from a gov		, , ,	m the general public	
'		•	ection 170(b)(1)(A)(vi).			vennnentai		in the general public	
8	Х		rust described in section	· ·	,				
9	П	-			on 170(b)(1)(A)(ix) opera	ated in con	iunction w	vith a land-grant college	9
-		or university or	•		see instructions). Enter th		•	• •	
10		university:	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons memb	ership fees and gross	
10		-			subject to certain excepti				
		•		•	siness taxable income (le		,		
		•			section 509(a)(2). (Comp		,		
11			0		test for public safety. Se		,		
12		An organizatio	n organized and opera	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	6
		of one or more	publicly supported or	ganizations describ	bed in section 509(a)(1)	or section	509(a)(2).	See section 509(a)(3).	
		Check the box	in lines 12a through 12	2d that describes th	e type of supporting org	anization a	nd comple	te lines 12e, 12f, and 12	2g.
	а	Type I. A s	supporting organization	n operated, superv	ised, or controlled by its	supported	organizati	ion(s), typically by givir	Ig
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	rity of the d	lirectors or	trustees of the	
		supporting	organization. You mu	st complete Part I	/, Sections A and B.				
	b	Type II. A	supporting organizatio	n supervised or co	ntrolled in connection wi	ith its supp	orted orga	anization(s), by having	
		control or r	management of the sup	oporting organization	on vested in the same pe	rsons that o	control or r	manage the supported	
		organizatio	on(s). You must compl	ete Part IV, Section	ns A and C.				
	С	Type III fui	nctionally integrated. A	A supporting organi	zation operated in conne	ection with	, and funct	tionally integrated with,	
					u must complete Part IV,				
	d				rganization operated in c)
					generally must satisfy a d		•	nt and an attentiveness	
		_			Part IV, Sections A and				
	е		•		determination from the IF		a Type I,	Type II, Type III	
	,			-	ntegrated supporting orga				
	f				·····		•••		
	g		owing information abo				renization	(i) Amount of monotony	(ui) Amount of
	,	i) Name of supported	organization	(ii) EIN	 (iii) Type of organization (described on lines 1-10 above (see instructions)) 	(iv) Is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Vee	No	-	
						Yes	No		
(A)									
(B)									
(C)									
(D)									

(E)

Sche	HOPE CLIN HOPE CLIN	IC FOR WOME	ĪN			62-1164825	Page 2
Pa	art II Support Schedule for Organization	ons Described	d in Sections	170(b)(1)(A)	(iv) and 170(b	o)(1)(A)(vi)	-
	(Complete only if you checked th						fy under
	Part III. If the organization fails to						,
Se	ction A. Public Support			, ,	•	,	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1			(1) = 0 + 0	(0) = 0	(0) = 0 = 0	(0) = 0 + 0	(1) 1 2 12.
•	membership fees received. (Do not						
	include any "unusual grants.")	709,260	788,609	827,895	1,097,537	842,472	4,265,773
2		100,200	700,000	021,000	1,007,007	012,112	1,200,770
~	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4		700.000	799 600	007.005	1 007 527	040 470	4 265 772
4	Total. Add lines 1 through 3	709,260	788,609	827,895	1,097,537	842,472	4,265,773
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						6,817
6	Public support. Subtract line 5 from line 4						4,258,956
	ction B. Total Support	1			1	[[
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7		709,260	788,609	827,895	1,097,537	842,472	4,265,773
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources				2,253	9,152	11,405
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.)				33,268	30,352	63,620
11	Total support. Add lines 7 through 10						4,340,798
	Gross receipts from related activities, etc. (s	ee instructions)				12	,,
	First five years. If the Form 990 is for the org				n tax vear as a		3)
	organization, check this box and stop here				•		-, ► □
Se	ction C. Computation of Public Support P				-		
	Public support percentage for 2019 (line 6, c		d by line 11 c	column (f))		14	98.11 %
15	Public support percentage from 2018 Sched		-			15	96.62 %
	a 33 1/3% support test - 2019. If the organizat				- 11 is 33 1/3%		
106	box and stop here. The organization qualifier						► X
L			••• •				
ſ	o 33 1/3% support test - 2018. If the organizat						
47-	this box and stop here. The organization qua	•	• • • •	•			▶ Ц
178	a 10%-facts-and-circumstances test - 2019. If	•					
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "fact			ne organization	qualifies as a	publicly suppor	
	organization						►
ł	o 10%-facts-and-circumstances test - 2018. If	-					
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization meet	ts the "facts-and	d-circumstance	es" test. The o	rganization qua	alifies as a publi	cly
	supported organization						▶ □
18	Private foundation. If the organization did no	t check a box c	on line 13, 16a,	, 16b, 17a, or 1	7b, check this	box and see	
	instructions						▶ □

Sche	HOPE CLIN HOPE CLIN	IC FOR WOM	EN			62-11648	25 Page 3
Pa	art III Support Schedule for Organizat			509(a)(2)			
	(Complete only if you checked t				nization faile	d to qualify ι	under Part II.
	If the organization fails to qualify						
Se	ction A. Public Support			•	•		
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
-	Amounts included on lines 1, 2, and 3						
10	received from disqualified persons						
h	Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с							
-							_
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.) ction B. Total Support						
	• •	(a) 2015	(b) 2016	(a) 2017	(d) 2019	(a) 2010	(f) Total
	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9							
108	a Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L.	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						_
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the org				-	section 501(c)(3)
_	organization, check this box and stop here				••		▶
Se	ction C. Computation of Public Support P						
15						15	%
16	Public support percentage from 2018 Sched					16	%
Se	ction D. Computation of Investment Incor						
17	Investment income percentage for 2019 (line					17	%
18	Investment income percentage from 2018 Second	chedule A, Pai	t III, line 17			18	%
19a	a 33 1/3% support tests - 2019. If the organiza	ation did not ch	eck the box or	n line 14, and li	ne 15 is more t	than 33 1/3%	, and line
	17 is not more than 33 1/3%, check this box	and stop here	. The organiza	tion qualifies a	s a publicly su	oported orgar	nization 🕨 🗌
b	33 1/3% support tests - 2018. If the organization	ation did not ch	eck a box on li	ine 14 or line 1	9a, and line 16	is more than	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and stop I	nere. The orga	nization qualifi	es as a publicly	y supported o	rganization 🕨 🗌
20	Private foundation. If the organization did no	t check a box	on line 14 19a	or 19h check	this box and s	see instruction	ns 🕨 🗌

Oart	IV Supporting Organizations	.5		ay
an		0		
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	•	Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	<u>'art V.)</u>		
ect	ion A. All Supporting Organizations			
			Yes	Ν
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.	1		
~		1		
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).	2		
Ba	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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.	3b		
~	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	50		
С		0-		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
a	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.	4a		
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.	4b		
с	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)			
		10		
	purposes.	4c		
a	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).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
;	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			
		0		
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
•	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).	7		
	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).	8		
a	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.	9a		
h		54		
b		OF		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
)a	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.	10a		
b				
~	determine whether the organization had excess business holdings.)	10b		
	determine whether the organization had excess business holdings.			

HOPE CLINIC FOR WOMEN

Page 4

62-1164825

Schedule A (Form 990 or 990-EZ) 2019

Sched	Hope CLINIC FOR WOMEN 62-1164825		Р	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		X	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
			100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		20		
ь.	that these activities constituted substantially all of its activities.	2a		
a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.

Schedule A (Form 990 or 990-EZ) 2019 HOPE CLINIC FOR WOMEN		62-1164	B25 Page 6		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explair	n in Part VI). See		
instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sections	A through E.		
Section A - Adjusted Net Income	(B) Current Year (optional)				
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionally		rated Type III supporting	organization (see		
instructions).	- 9	71	• · · · ·		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 HOPE CLINIC FOR WOMEN Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	62-1164	825 Page 7
Section D - Distributions	Supporting Organization		Current Year
1 Amounts paid to supported organizations to accomplish exe			
2 Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
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 the	ne organization is respon	sive	
(provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
EEA		Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Forr	n 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ.

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization	Employer identification number
HOPE CLINIC FOR WOMEN	62-1164825
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Name of organization HOPE CLINIC FOR WOMEN

Part I

Page 2 Employer identification number 62-1164825

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MEMORIAL FOUNDATION 100 BLUE GRASS COMMONS BLVD HENDERSONVILLE, TN 37075	\$40,000_	Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GRACE CHAPEL 3279 SOUTHALL RD FRANKLIN, TN 37064	\$32,900	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MR. & MRS. SPENCER TENNEY 413 BOYD MILL AVE, APT. 1603 FRANKLIN, TN 37064	\$58,050_	Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE COMMUNITY FOUNDATION3833 CLEGHORN AVE, STE 400NASHVILLE, TN 37215	\$53,961_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
 (a) 	3833 CLEGHORN AVE, STE 400	\$53,961_ (c) Total contributions	Payroll Noncash (Complete Part II for
 (a)	3833 CLEGHORN AVE, STE 400 NASHVILLE, TN 37215 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	3833 CLEGHORN AVE, STE 400 NASHVILLE, TN 37215 (b) Name, address, and ZIP + 4 BRENTWOOD BAPTIST CHURCH 777 CONCORD RD	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No. 5 (a)	3833 CLEGHORN AVE, STE 400 NASHVILLE, TN 37215 (b) Name, address, and ZIP + 4 BRENTWOOD BAPTIST CHURCH 777 CONCORD RD BRENTWOOD, TN 37027 (b)	(c) Total contributions (c) Total contributions (c) (c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 9	990, 990-EZ,	or 990-PF)	(2019)
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Name of organization

HOPE CLINIC FOR WOMEN

Page 2 Employer identification number 62-1164825

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	STATE OF TENNESSEE 312 8TH AVE NORTH NASHVILLE, TN 37243	\$48,893_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ROSEMARY MANCI GUFFY 9022 FALLSWOOD LANE BRENTWOOD, TN 37027	\$32,900_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JONES HERITAGE FOUNDATION INC 700 BRASS LANTERN PLACE BRENTWOOD, TN 37027	\$20,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	THE SIGNATRY 7171 W 95TH ST SUITE 501 OVERLAND PARK, KS 66212	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCI	HEDULE D	Supplement	al Financial Statements	ļ	OMB No. 1545-0047
(Fo	rm 990)	 Complete if the organization answered "Yes" on Form 990, 			2019
		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		-	
Depar	tment of the Treasury	 Attach to Form 990. 			Open to Public
	al Revenue Service	► Go to www.irs.gov/Form990) for instructions and the latest information.		Inspection
	of the organization			Employer identification nu	Imber
Pa	PE CLINIC FOR V	VOMEN	or Other Similar Funds or Accounts	62-1164825	
Га		if the organization answered "Yes" on			
	Complete		(a) Donor advised funds	(b) Funds ar	d other accounts
1	Total number at en	d of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value at	t end of year			
5	Did the organizatio	n inform all donors and donor advisors in w	riting that the assets held in donor advised		
	funds are the organ	nization's property, subject to the organization	on's exclusive legal control?		🗌 Yes 🗌 No
6	-	-	visors in writing that grant funds can be used		
		purposes and not for the benefit of the dono			
De		ssible private benefit?			
Pa		ation Easements.	Form 000 Bort IV line 7		
1	· · · · ·	e if the organization answered "Yes" or ervation easements held by the organizatio			
I		f land for public use (e.g., recreation or edu		a historically importa	ant land area
	Protection of n			a certified historic st	
	Preservation o				
2			conservation contribution in the form of a co	nservation	
		st day of the tax year.			ne End of the Tax Year
а		nservation easements		2a	
b				2b	_
с	•	vation easements on a certified historic struc	ture included in (a)	2c	
d		vation easements included in (c) acquired at			
	historic structure lis	ted in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	anization during the	
	tax year ►				
4	Number of states v	where property subject to conservation ease	ment is located		
5	•	ion have a written policy regarding the perio			
		preement of the conservation easements it h			🗌 Yes 🔄 No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easements during	the year
_	►				
7		es incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conservation e	asements during the	year
0	► \$	votion apparent reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)/D)/j)	
8	and section 170(h)			·)(D)(I)	🗌 Yes 🗌 No
9	()		n easements in its revenue and expense state	ement and	
3		0	e to the organization's financial statements th		
		punting for conservation easements.			
Pa			Art, Historical Treasures, or Other S	Similar Assets.	
		e if the organization answered "Yes" of			
1a			, not to report in its revenue statement and b	alance sheet works	
			c exhibition, education, or research in further		
	service, provide, in	Part XIII the text of the footnote to its finan	cial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 958	, to report in its revenue statement and balan	nce sheet works of	
	art, historical treasu	ures, or other similar assets held for public e	exhibition, education, or research in furtherand	ce of public service,	
	•	ng amounts relating to these items:			
		ded on Form 990, Part VIII, line 1		► \$	
		d in Form 990, Part X		► \$	
2	-		sures, or other similar assets for financial gain	n, provide the	
	•	required to be reported under FASB ASC 9	•		
a		on Form 990, Part VIII, line 1		▶ \$	
		Form 990, Part X		▶ \$	
⊢or F	-aperwork Reductior	Act Notice, see the Instructions for Form 99	JU.	Sch	edule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (countinued) Jusing the organizations accession, and other records, check any of the following the make significant use of its collection terms (check all thid apply): a a = Public exchange programs d Loan or exchange programs b = Scholarly research e Other c = Preservation for future generations collections and explain how they further the organization's exempt pupose in Part XIII. No 5 During the year, diff the organization soluctions and explain how they further the organization's exempt pupose in Part XIII. Yes = No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 2, or reported an amount on Form 990, Part X, line 2.1. 1a Is the organization angent trustee, custodial account linking the year include on Part X, line 2.1. Amount 1b I 'Yes' explain the arrangement in Part XIII chack on pitte the following table: Amount include on Part X, line 2.1. 2b Diff the organization in algorithm to an amount on Form 990, Part X, line 2.1. Include on Part XIII Maount 2c Diff the organization in algorithm to an amount on Form 990, Part X, line 2.1. Include on Part XIII Maount 2c Diff the organization answered 'Yes' on Form 990, Part IV, line 10. Include on Part XIII <td< th=""><th>Schedule D (Form 990) 2019 HOPE CLINIC FOR V</th><th>VOMEN</th><th></th><th></th><th></th><th></th><th>62-1164</th><th>825</th><th>Page 2</th></td<>	Schedule D (Form 990) 2019 HOPE CLINIC FOR V	VOMEN					62-1164	825	Page 2		
collection tens (check all the apply): d Lan or exchange programs b Provide a desploit on througe generations e Other c Provide a desploit on througe generations collections and explain how they further the organization's exempt purpose in Part Xill. The organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a b are organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes in No c Beginning balance induction from 990, Part X, line 21. Yes in No c Beginning balance induction from 990, Part X, line 21. Yes induction from 990, Part X, line 21. c Beginning balance induction from 990, Part X, line 21. Yes induction from 990, Part X, line 21. Yes induction from 990, Part X, line 21. c Beginning balance induction from 990, Part X, line 21. induction from 990, Part X, line 21. Yes induction from 90. d Attions during the year angement in Part XIII. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. induction from 90. c Distributions angement in Part XIII. (in the splancial account table) (in the splancial account table) d Other organization include and monout form 990. <	Part III Organizations Maintaining Col	lections of Art	, Historic	al Treas	ures, or O	ther Si	milar Assets (continued)			
collection tens (check all the apply): d Lan or exchange programs b Provide a desploit on througe generations e Other c Provide a desploit on througe generations collections and explain how they further the organization's exempt purpose in Part Xill. The organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a b are organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes in No c Beginning balance induction from 990, Part X, line 21. Yes in No c Beginning balance induction from 990, Part X, line 21. Yes induction from 990, Part X, line 21. c Beginning balance induction from 990, Part X, line 21. Yes induction from 990, Part X, line 21. Yes induction from 990, Part X, line 21. c Beginning balance induction from 990, Part X, line 21. induction from 990, Part X, line 21. Yes induction from 90. d Attions during the year angement in Part XIII. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. induction from 90. c Distributions angement in Part XIII. (in the splancial account table) (in the splancial account table) d Other organization include and monout form 990. <	3 Using the organization's acquisition, accession,	and other records	, check any	of the follo	owing that ma	ake signif	icant use of its				
a Public exhibition d Land or exchange programs b Bothally research e Control (Control (Cont			, <u>,</u>		0	0					
Control of the organization solid or receive donations of art, historical treasures, or other similar assets to be solid or range function and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization actilet or receive donations of art, historical treasures, or other similar assets to be solid or range function and as part of the organization's collection?			Ч		or exchange	nroaram	e				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt puppose in Part XIII. 5 During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds farther than to be maintained as part of the organization's exempt puppose in Part XII. 9 Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization angent rules custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization in Part XIII and complete the following table: 4 Text 2 Beginning balance 1 Intermediate the arrangement in Part XIII and complete the following table: 1 Intermediate the arrangement in Part XIII and complete the roll we speniation has been provided on Part XIII. 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountilability? 2 Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XII. line 10. 1 West balance (a) Theorematick (b) Theorematick (c) Poor yeast balak. 3				_	•						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. Subirg the year, diff the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. If the organization an agent, trustee, custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. If the organization angent, trustee, custodial or other intermediary for contributions or other assets not include on from 990, Part X, line 21. If the organization angent, trustee, custodial account lability?			e								
XIII. So During the year, did the organization solicit or receive dovations of art, historical treasures, or other similar assets to be sold to raise tands rather then to be maintained as part of the organization's collection?	-										
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assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	XIII.										
Part IV Escrow and Custodial Arrangements.	5 During the year, did the organization solicit or re-	ceive donations of	fart, historio	cal treasure	es, or other s	imilar					
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included on Form 990, Part X? Image: Construction of Form 990, Part X [] Image: Construction of Form 990, Part X [] b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Construction of Part XIII Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Construction of Part XIII Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Construction of Part XIII Deart V Endowment Funds. Image: Construction of Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Construction of Part XIII ta Beginning of year balance Image: Construction of Constructions c National structure of Constructions Image: Constructure of Constructions d Garats or scholarships Image: Constructure of Constructure of Constructions g End of year balance Image: Constructure of Constru	· · · · ·	r athar intermedia	m for contri	hutiona ar	ather acceta	not					
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1a Beginning of year balance	Complete if the organization an	swered "Yes"	on Form	990, Pa	art IV, line	10.					
b Contributions		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years back	(e) Four ye	ars back		
c Net investment earnings, gains, and losses	1a Beginning of year balance										
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d Grants or scholarships	0.00										
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programs image: statute in the stat	· · ·										
f Administrative expenses											
g End of year balance											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment the possession of the organization that are held and administered for the organizations by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (a) Cost or other basis (investment) (c) Accumulated depreciation 1a Buildings 1a Buildings 1a Easehold improvements	f Administrative expenses										
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b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2 Provide the estimated percentage of the current	year end balance	(line 1g, co	lumn (a)) l	held as:						
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c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	b Permanent endowment ► %										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations and the organization's endowment funds. (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (a) Cost or other basis (other) (other) (d) Book value 1a Land 81,000 81,000 b Buildings 536,241 317,376 218,865 <ld>c Leasehold improvements (iii) (iii quipment (ii quipmen</ld>											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Related organization answered "Yes" on the basis (other) (iii) Related organization (iii) Related organization (iii) Related organization (iii) Related organization (iii) Related organization of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value<!--</td--><td></td><td>agual 100%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>		agual 100%									
organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3c 3b 3c			tion that are	hold and	administarad	for the					
(i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		on of the organiza	lion that are	e nelo ano	auministered	for the					
(ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									es No		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 81,000 81,000 81,000 b Buildings 536,241 317,376 218,865 c Leasehold improvements 77,854 69,571 8,283 e Other STMD1E 60,171 28,350 31,821	0							3a(i)			
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 81,000 81,000 b Buildings 536,241 317,376 218,865 c Leasehold improvements 77,854 69,571 8,283 e Other STMD1E 60,171 28,350 31,821	(ii) Related organizations							3a(ii)			
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 81,000 81,000 b Buildings 536,241 317,376 218,865 c Leasehold improvements	b If "Yes" on line 3a(ii), are the related organizatio	ns listed as requir	ed on Sche	dule R?				3b			
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 81,000 81,000 b Buildings 536,241 317,376 218,865 c Leasehold improvements	4 Describe in Part XIII the intended uses of the or	ganization's endo	wment func	ls.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand81,00081,00081,000bBuildings536,241317,376218,865cLeasehold improvements											
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand81,00081,00081,000bBuildings536,241317,376218,865cLeasehold improvements			on Form	990 Pa	art IV line	11a S	e Form 990	Part X line	10 د		
(investment) (other) depreciation 1a Land 81,000 81,000 b Buildings 536,241 317,376 218,865 c Leasehold improvements 60,171 8,283 8,283 e Other STMD1E 60,171 28,350 31,821											
1a Land 81,000 81,000 b Buildings 536,241 317,376 218,865 c Leasehold improvements	Description of property	. ,				. ,		(u) BOOK V	BUIE		
b Buildings 536,241 317,376 218,865 c Leasehold improvements		(investin	ionity	(0	,	de	prodution	-			
c Leasehold improvements											
d Equipment 77,854 69,571 8,283 e Other STMD1E 60,171 28,350 31,821	b Buildings			Į į	536,241		317,376	21	8,865		
e Other STMD1E 60,171 28,350 31,821	c Leasehold improvements										
e Other STMD1E 60,171 28,350 31,821	d Equipment				77,854		69,571		8,283		
					60,171		28,350	3	1,821		
			rt X, colum	n (B), line ⁻							

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Schedule D (Form 990) 2019

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Fede	ral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25	5.). ►

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

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Sched	ule D (Form 990) 2019 HOPE CLINIC FOR WOMEN		6	2-1164825	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	s Wit	n Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,329,534
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	8,193		
b	Donated services and use of facilities	2b	229,005		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	237,198
3	Subtract line 2e from line 1			3	1,092,336
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,092,336
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990	, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,414,991
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	229,005		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	229,005
3	Subtract line 2e from line 1			3	1,185,986
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u> .		5	1,185,986
Pa	t XIII Supplemental Information.				

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

01. Footnote for uncertain tax position under FIN 48 (Part X)

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS IN ACCORDANCE WITH THE CODIFICATION STANDARD

RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION BELIEVES THAT IT HAS TAKEN

NO UNCERTAIN TAX POSITIONS.

SCHEDULE G	Supplemen	tal Information	Regarding	g Fundrais	sing or Gaming	Activities	s	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete	if the organization ar	nswered "Yes" ed more than	on Form 990, \$15,000 on Fo	Part IV, line 17, 18, c orm 990-EZ, line 6a,	or 19, or if the	•	2019
Department of the Treasury Internal Revenue Service	Þ	► Att	ach to Form 9	90 or Form 99				Open to Public Inspection
Name of the organization		50 to www.ii3.gov/i o	111330 101 1131				Employer ider	ntification number
HOPE CLINIC FOR WO	OMEN						62-116	4825
	-		-		ered "Yes" on F	orm 990,	Part IV, lir	ne 17.
1 Indicate whether the		t required to com			ies. Check all that a	apply.		
a Mail solicitations	organization raid	iou iunuo in ougii i	·	-	f non-government g			
b 🗌 Internet and email	solicitations				f government grants	6		
c 🗌 Phone solicitation			g 🗌 S	Special fundr	aising events			
d 📋 In-person solicitat					<i></i>			
2a Did the organization or key employees list		-	-		-			es 🗌 No
b If "Yes," list the 10 hi					-			
compensated at leas								-
			1					
(i) Name and address or entity (fundra		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total				►				
3 List all states in which			ensed to sol	icit contributi	ons or has been no	tified it is ex	xempt from	
registration or licensin	g.							

			PE CLINIC FOR WOM			1164825 Page 2
Pa	rt II					
		than \$15,000 of fundraising	•	d gross income on Form	n 990-EZ, lines 1 and 6b	b. List events with
		gross receipts greater than		<i></i>		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FUNDRAISING			(add col. (a) through col. (c))
Ø			(event type)	(event type)	(total number)	
Revenue	1	Cross ressints	264 100			264 199
Sev	1	Gross receipts	264,188			264,188
	2	Less: Contributions				
	3	Gross income (line 1 minus				
	Ũ	line 2)	264,188			264,188
		- /	,			
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Sent						
Щ	7	Food and beverages				
Direct Expenses						
Ō	8	Entertainment				
	~		44.070			44.070
	9	Other direct expenses	44,676			44,676
	10	Direct expense summary. Add line	s 4 through 9 in column (d)		•	44,676
	11	Net income summary. Subtract line				219,512
Pa	rt II					
		\$15,000 on Form 990-EZ,			· · ·	
۵			(-) Dia	(b) Pull tabs/instant	(-) Other persing	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Sex						
	1	Gross revenue				
es	2	Cash prizes				
enses	~	No south and so				
	3	Noncash prizes				
Direct Exp	4	Dont/facility acots				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
-	0		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No //	□ 100 //	□ 100 /0	
	-					
	7	Direct expense summary. Add line	s 2 through 5 in column (d)		. ►	
			,			
	8	Net gaming income summary. Sub	ptract line 7 from line 1, colu	mn (d)	►	
9	Er	nter the state(s) in which the organization	ation conducts gaming activi	ties:		
а	ls	the organization licensed to conduct	gaming activities in each of	these states?		🔄 Yes 🔄 No
b	lf	"No," explain:				
40			P	al anti-material to the state	1	
		ere any of the organization's gaming		-	-	🔄 Yes 🔄 No
α	IT	"Yes," explain:				

SCHEDULE O

Department of the Treasury

Internal Revenue Service Name of the organization

(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
2019
Open to Public

Inspection

Employer identification number

HOPE CLINIC FOR WOMEN

62-1164825

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

THE REVIEW OF FORM 990 WAS CONDUCTED BY THE ORGANIZATION'S PRESIDENT AND BOARD OF

DIRECTORS PRIOR TO FILING.

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

ALL GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC

INSPECTION UPON REQUEST.

03. Cessation of, or significant change to, any program service (Part III, line 3)

HOPE CLINIC FOR WOMEN BEGAN OFFERING AFFORDABLE WOMEN'S WELL-CARE ANNUAL PHYSICALS AND

VISITS RELATED TO GYNECOLOGICAL HEALTH CONCERNS. FOR TEENS, HOPE CLINIC FOR WOMEN OFFERS

FREE MEDICAL VISITS IN A PRIVATE AND CONFIDENTIAL SETTING WITH THE NURSE PRACTITIONER TO

DISCUSS HEALTH CONCERNS RELATED TO PUBERTY, DEVELOPMENT, PERSONAL HYGIENE AND CARE, AND

SEXUAL HEALTH. THE NURSE PRACTITIONER CAN ALSO CONDUCT AGE-APPROPRIATE HEALTH SCREENINGS,

AS NEEDED. OFTEN, THESE MEDICAL CLIENTS ARE SUCCESSFULLY TRANSITIONED TO ADDITIONAL CARE

FROM PROFESSIONAL COUNSELORS TO WORK ON ISSUES RELATED TO HEALTHY RELATIONSHIPS AND

SELF-ESTEEM.

990

Name(s) as shown on return

Overflow Statement

2019 Page 1

FEIN

HOPE CLINIC FOR WOMEN

62-1164825

OTHER EXPENSES-PROGRAM SERVICES

Description	Amount
CONTINUING EDUCATION	<u>\$3,906</u>
POSTAGE AND SHIPPING	1,512
TELEPHONE	11,254
JANITORIAL SERVICES	2,340
EQUIPMENT	5,867
REPAIRS AND MAINTENANCE	6,009
LICENCES AND DUES	1,028
CLIENT MATERIALS	3,763
MISCELLANEOUS	11,459
SECURITY	295
SYSTEMS DEVELOPMENT	7,168
CHURCH OUTREACH	701
PREVENTION	938
BHT GRANT STAFF	2,829
Total:	\$59,069

OTHER EXPENSES-MANAGEMENT AND GENERAL

Description	Amount
CONTINUING EDUCATION	\$ 1,042
POSTAGE AND SHIPPING	588
TELEPHONE	4,376
EQUIPMENT	2,281
REPAIRS AND MAINTENANCE	2,337
BANK FEES	514
LICENSES AND DUES	274
JANITORIAL SERVICES	910
BOARD EXPENSES	607
MISCELLANEOUS	3,056
SECURITY	115
SYSTEMS DEVELOPMENT	1,911
Total:	\$ <u>18,011</u>

Name(s) as shown on return

Overflow Statement

2019 Page 2

FEIN

HOPE CLINIC FOR WOMEN

62-1164825

OTHER EXPENSES-FUNDRAISING

Description		Amount
CONTINUING EDUCATION		\$ 260
DONOR RELATIONS		5,648
DIRECT MAIL AND NEWSLETTER		1,849
LICENSES AND DUES		69
MISCELLANEOUS		764
SYSTEMS DEVELOPMENT		478
	Total: \$	9,068

F	FOR YOUR RECC Ederal Supporting S		2019	PG01
Name(s) as shown on return			Tax ID Number	4404005
HOPE CLINIC FOR WOMEN			62	-1164825
FORM 990	- SCHEDULE D - PA INVESTMENTS - (STAT	EMENT #D1E
DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	COST/BASIS (INVESTMENT) 0	COST/BASIS (OTHER) 60,171	DEPR 28,350	BOOK VALUE <u>31,821</u>
TOTAL	0	60,171		31,821

Form 990 Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

	(Keep for your records)	2019
Name(s) as shown on return		Tax ID Number
HOPE CLINIC FOR WO	DMEN	62-1164825

2% of the amount on Schedule A, Part II, line 11, column (f)

Name	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
DR AND MRS RICHARD TYSON		12,000	18,500	ł	12,000	42,500	· · · · · ·
MR. & MRS. ROBERT A. YEAGER		7,770				7,770	
ALAN AND ALYSSA HASTY		7,250				7,250	
BRITT HUNT COMPANY LLC		10,000				10,000	
CJ AND CECILE GIDEON, JR		6,200		30,000		36,200	
CLARCOR		30,000				30,000	
CLAY AND KIM TETER		8,460				8,460	
DEBORA LASSITER		5,225	17,725			22,950	
DONALD HUNT, SR		8,000				8,000	
EQUITABLE TRUST		7,500				7,500	
HOMELIFT INC		6,000				6,000	
JENNIFER K COOKE		5,000				5,000	
JOE AND DAWN HUIE		5,000				5,000	
JOHN BOUCHARD AND SONS CO.		6,550				6,550	
JOHN S JACOWAY		7,750				7,750	
MATT WARD		5,000				5,000	
ROGER E LAROSE, II		6,000				6,000	
TONY AND LISA GIARATANA		5,000				5,000	
SYNERGY BUSINESS ENVIRONMENTS		5,000				5,000	
US IMPRINTS		10,000				10,000	
WELLS FARGO ADVISORS		5,716				5,716	
FREDERIC AND LYNN SCAROLA			20,000			20,000	
ROSEMARY MANCI GUFFY			27,833	32,900	32,900	93,633	6,817
CINDY PAROBEK				26,853		26,853	
HOLLY WILFORD					12,037	12,037	
JOE AND AMANDA HAMILTON					11,000	11,000	
RYAN AND ALLISON GRIPPO					10,000	10,000	
SOUTHEAST FINANCIAL					13,800	13,800	
THOMAS AND SANDRA WHITE					10,000	10,000	

86,816

orm 990 /orksheet	Schedule A	, Line 5 - Exce	ess 2% Limitat	tion Contribute	ors		
		(Keep fo	or your records)			2019	
ame(s) as shown on return HOPE CLINIC FOR WOMEN			· · ·			Tax ID Number 62-116482	
% of the amount on Schedule A, Part II, line 11	l, column (f)						86,81
% of the amount on Schedule A, Part II, line 11	, ()	(b)	(c)		(e)	(f)	86,81
% of the amount on Schedule A, Part II, line 11	(a) (a) 2015	T		Γ	(e) 2019	(f) Total	·,

TOTAL____

____<u>6</u>,817
