

990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2018 calenda	ar year, or tax year beginnir	ng	10-01	, 2018, and en	ding	09-3	30 , 2019
В	Check if	applicable:	C Name of organization HOP	E CLINIC FOR WOMEN				D	Employer identification no.
	Address	change	Doing business as					6	62-1164825
	Name ch	nange	Number and street (or P.O. bo	ox if mail is not delivered to street address)			Room/suite	Е	Telephone number
一	Initial ret	•	1810 HAYES STRE	,					(615)321-0005
Ħ		urn/terminated		, country, and ZIP or foreign postal code					Gross receipts
H								1	·
H	Amende		NASHVILLE, TN 37						\$ 1,367,237
Ш	Applicati	on pending	F Name and address of principa				H(a) Is this a group		
			SAME AS C ABOV				H(b) Are all subor	dinates i	included? Yes No
<u> </u>	Tax-exer) (insert no.) 4947(a)(1) or	527		If "No," a	ttach a l	list. (see instructions)
J	Website:	_	VW.HOPECLINICFORV	WOMEN.ORG			H(c) Group exer	nption n	
		organization: X	Corporation Trust Ass	sociation Other ►	L Ye	ear of formation: 19	M State	of legal	domicile: TN
Pa	art I	Summar	у						
	1	Briefly descr	ribe the organization's miss	ion or most significant activities:	HOPE C	CLINIC FOR V	VOMEN EQUI	PS IN	DIVIDUALS IN
		THE MIDD	LE TENNESSEE ARE	A TO MAKE HEALTHY CHO	-				
Φ				EDUCATION					
ũ			S, AND COUNSELING			07.12 02.111101			
er Dis	2			n discontinued its operations or d	ienoead of m	nore than 25% o	of its not assets		
Governance	2		_ 0	'	'		1 113 1161 433613.	3	1.1
ω O			-	erning body (Part VI, line 1a)					14
Se	4		·	s of the governing body (Part VI				4	14
Activities &	5			n calendar year 2018 (Part V, line				5	24
Acti	6	Total numbe	er of volunteers (estimate if	necessary)				6	142
-	7a	Total unrelated	ted business revenue from	Part VIII, column (C), line 12				7a	0
	b	Net unrelate	ed business taxable income	e from Form 990-T, line 38				7b	0
							Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	1h)			828,	110	1,097,537
ē	9	Program sei	rvice revenue (Part VIII. lin	e 2g)			27.	686	32,888
œ۵	10	-		A), lines 3, 4, and 7d)					2,253
Revenue	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			149,	456	183,626
_	12			(must equal Part VIII, column (A),			1,005,2		1,316,304
							1,000,2	.52	
	13		. ,	IX, column (A), lines 1-3)					0
	14			X, column (A), line 4)		_			0
'n	15			e benefits (Part IX, column (A), lir			645,	292	637,659
Expenses	16a			column (A), line 11e)					0
be	b	Total fundra	ising expenses (Part IX, co	lumn (D), line 25) ▶	94	4,904			
ŵ	17	Other expen	ises (Part IX, column (A), li	nes 11a-11d, 11f-24e)			328,	442	401,762
	18	Total expens	ses. Add lines 13-17 (must	t equal Part IX, column (A), line 2	5)		973,	734	1,039,421
	19	Revenue les	s expenses. Subtract line	18 from line 12			31,	518	276,883
	S					E	Beginning of Current Y	ear	End of Year
ots o	20	Total assets	(Part X. line 16)				574,	176	837,948
Asse	21		, ,				221,		202,813
Net Assets or	22		,	line 21 from line 20			352,		635,135
	art II	Signatui					002,	100	000,100
				ırn, including accompanying schedules and	statements and	d to the hest of my kr	nowledge and helief it	is	
				ficer) is based on all information of which pr			iomoago ana bonon, n		
		, 55,11	DI330						
Si.	ın		EE RIZZO					<u> </u>	
Sig			ire of officer					Date	
He	re	RENE	EE RIZZO, CEO						
		Type or	print name and title						
		Print/Type pre	eparer's name	Preparer's signature	Da	ate	Check	if P	TIN
Pai	id	JOHN BE	ELLENFANT, CPA		01	-14-2020	self-employe	:d	P01625858
Pre	eparei		· · · · · · · · · · · · · · · · · · ·	ANT, PLLC	,		Firm's EIN ▶		
	e Onl			RLOOK BLVD			Phone no.		
	,	, 2 444.00		OOD TN 37027				5-370	0-8700
May	the IR	S discuss this		nown above? (see instructions)					X Yes No

га	Check if Schedule O contains a response or note to any line in this Part III	П
1	Briefly describe the organization's mission:	
•	HOPE CLINIC FOR WOMEN EQUIPS INDIVIDUALS IN THE MIDDLE TENNESSEE AREA TO MAKE HEALTHY CHOICES	3
	FOR THEMSELVES AND THEIR FAMILIES RELATED TO OUR FOUR CORE PROGRAMS: PREGNANCY SERVICES,	
	MEDICAL SERVICES, PREVENTION EDUCATION SERVICES, AND COUNSELING SERVICES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$815,250 including grants of \$) (Revenue \$)
	THE ORGANIZATION HAS FOUR MAIN AREAS OF FOCUS: PREGNANCY SERVICES, MEDICAL CARE, PREVENTION	
	AND RELATED COUNSELING. THE ORGANIZATION PROVIDES PREGNANCY TESTS, LIMITED ULTRASOUNDS,	
	PROFESSIONAL COUNSELING, EDUCATION CLASSES AND MATERIAL ASSISTANCE TO WOMEN IN UNPLANNED	
	PREGNANCIES. THE ORGANIZATION ALSO PROVIDES STD TESTING, COMMUNITY REFERRALS, PROFESSIONAL	
	COUNSELING AND SUPPORT GROUPS ONSITE AND ABSTINENCE EDUCATION IN THE COMMUNITY. THE	
	ORGANIZATION ALSO PROVIDES PROFESSIONAL COUNSELING FOR THOSE DEALING WITH PREGNANCY LOSS	
	(ABORTION, MISCARRIGE, AND STILLBIRTH) AND POST PARTUM DEPRESSION COUNSELING (ONE ON ONE AND	
	GROUP COUNSELING).	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 815 250	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			V
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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		Χ
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		Χ
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
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		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
		_	(-	

Checklist of Required Schedules

Form 990 (2018)

Part IV

(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Χ
24	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		Χ
22	complete Schedule N, Part II	32		^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		~
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	0.4		
05-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			V
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			V
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
Part				
	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	11		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Ried for the calendar year ending with or within the year covered by this neturn 2 2 4 Statements, Ried for the calendar year ending with or within the year covered by this neturn 2 2 5 X Shows. It the sum of lines 1s and 2s is greatest than 250, you may be required to «File (see instructions) 3 30 bid the organization have unlested business gross income of \$1,000 or more during the very? 3 3	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Sitements, Ried for the calendar year ending with or within the year covered by this return 2a				Yes	No
b If a least one is reported on line 2a, dir the organization file all required feetined iemployment tax returns? Nate. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (eem instructions) 3a Did the organization have annellated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has it filed a Form 990-T for this year? If 1 No. 1 to line 5b, provide an explanation in Schedule O 3c All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Year of the region country of the firm of the second of th	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fliet (see instructions) 30 Did the organization have uniteded business gross income of \$1,000 or more during the year? 31 A Vary time during the calendar year, did the organization have an interest in, or a signature or other suturnity over, a financial account in a foreign country (such as a bark account securities account, or or a signature or other suturnity over, a financial account in a foreign country (such as a bark account securities account, or or the financial account)? 32 B V Yes, or fine the name of the foreign country. 33 B V Yes, or fine the name of the foreign country (such as a bark account securities account, or or the financial account)? 34 B V Yes, or fine the name of the foreign country. 35 B V Yes, or fine the name of the foreign country. 36 B V Yes, or fine the name of the foreign country. 37 B V Yes, or fine the name of the foreign country. 38 B V V Yes, or fine the name of the foreign country. 39 D V Yes, or fine the name of the foreign country. 30 D V Yes, or fine the name of the foreign country. 30 D V Yes, or fine the name of the foreign country. 31 B V Yes, or fine the name of the foreign country. 32 B V V Yes, or fine the name of the foreign country. 33 D V V Yes, or fine the name of the foreign country. 34 D V Yes, or fine the name of the foreign country. 35 D V V Yes, or fine the name of the foreign country. 36 D V V Yes, or fine the name of the foreign country. 37 D V V Yes, or fine the organization file Foreign Base organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 37 D V V Yes, or fine the manufaction of the value of the goods or services provided? 38 D V V Yes, or did the organization receives a contribution or allowed the payment of the value of the goods or services provided? 39 D V V Yes, or did the organization received and foreign the year. 30 D V V Yes, or did the organization received		Statements, filed for the calendar year ending with or within the year covered by this return 2a 24			
30 Did the organization have unrelated business gross income of \$1.000 or more during the year? 31 If "Yes," has tilled a Form 990-Tor this year? If "No' to live 8b, yeovide an explanation in Schedulo O. 32 Did and 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 (cuch as a bark account, securities account, or other financial accounts (FBAR). 33	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
b If Yes, * files it filed a Form 990-T for this year? If No*t to line 3b, provide an explanation in Schedule O At any time of using the calendary year, dit 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)? If Yes,* enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). We she instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). We she organization a party to a prohibite tax shefter transaction at any time during the tax year? Sa		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A samy time during the calendary year, dot 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 accounts (FBAR). b If "Yes," either the name of the foreign country. 5b Was the organization of the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in life to erganization the organization and the vary series of the organization in social any contributions that were not tax deductible from 886-77. 5c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations filt may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations be provided to the payor? 7 The State of the organization notify the donor of the value of the goods or services provided? 7 To Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To Was a service of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To Was organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 The Was organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 The Was organization received a contribution of qualified intellectual property, did the organization file form 8890 as required? 8 Sponsoring o	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ■ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ■ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ■ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ■ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ■ See instructions of Financial Accounts (FBAR). ■ See instructions of Fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ■ See instructions of Fining Requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ■ See instructions of Fining Requirements for Fining Bank and Financial Accounts (FBAR). ■ See instructions of Fining Requirements for Fining Bank and Financial Accounts (FBAR). ■ See instructions of Fining Requirements for Fining Bank and Financial Accounts (FBAR). ■ See instructions of Fining Requirements for Fining Bank and Financial Accounts (FBAR). ■ See instructions oscillated a contribution in clude with every solicitation an express statement that such contributions or gilts were not tax deductible as charitated to contributions or gilts were not tax deductible as charitated to contributions or gilts were not tax deductible? ■ See If 114 See a payment in excess of \$75 made party as a contribution and party for goods and services provided? ■ The See and services are payment in excess of \$75 made party as a contribution and party as a contribution and excess of targitile personal property for which it was required to file form 8202 or contribution on the services of the operation of the service of the operation of the services of the operation benefit contract? ■ See a Section 5016 Form 8202 or contribution of qualified intellectual pro	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		
b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization aparty to a prohibited tax shetter transaction? 59 Was the organization in loss or 50, did for the organization file from 8986-17? 60 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or organization solicit any contributions that were not tax deductible or 30 organization shows annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that due to tax deductible or contributions or gifts were not tax deductible contributions under section 170(c). 50 Uff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 50 Uff the organization star may receive deductible contributions under section 170(c). 51 Uff the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 52 Tax X 53 Uff the organization security or the payor? 54 Did the organization security or the payor? 55 Did the organization security or profit or indirectly, to pay premiums on a personal benefit contract? 56 Tax X 57 Did the organization received a contribution of qualified intellectual property, did the organization for easier and funds, diesely or indirectly, to pay premiums on a personal benefit contract? 57 Tax X 58 Sponsoring organizations make any taxified intellectual property, did the organization free Reveal accordibution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098 C? 58 Sponsoring organizations make any taxified intellectual property of the proparaization free Reveal and the property of the proparaization free R	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
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Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X If "Yes," see instructions and file Form 4720, Schedule N.			124		
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			13a		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			14a		X
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					
excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. 15 X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
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?			15		Χ
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			.5		
	16		16		Χ
		·	. 5		

Form 990 (2018) HOPE CLINIC FOR WOMEN Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 14 h 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 Χ 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?______ 16b Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ▶ Tennessee
- 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.
 - X Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

Check this box if fleither the organization flor an	y related organizatio	ii comp	CIIS	aicu	arry Ct	JII CIIL	officer, director, or ti	usiee.	
				(C)				
(A)	(B)		Position (do not check more than one				(D)	(E)	(F)
Name and Title	Average	,			ore tnan son is bo		Reportable	Reportable	Estimated
	hours per				ector/tru		compensation	compensation from	amount of
	week (list any hours for						from the	related organizations	other compensation
	related	or d	Inst	Officer	Key .	High	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	nstitutional trusi	er	Key employee	nest	ह्ये (W-2/1099-MISC)		organization and related
	line)	or it	nal ti		loye	e com			organizations
		stee	ruste		Ф	bens			
			ŏ			Highest compensated employee			
(1) RENEE RIZZO	40.00								
CEO		X		X			99,281	0	0
(2) ALYSSA HASTY, PHD	2.00								
PRESIDENT		X		X				0	0
(3) JOHN JACOWAY	2.00								
TREASURER		X		X				0	0
(4) MIKE DUNCAN	1.00								
DIRECTOR		X						0	0
(5) RONALD D ALVAREZ, MD	1.00								
DIRECTOR		X						0	0
(6) KENYA BEVERLY	2.00								
SECRETARY		X		X			(0	0
(7) NAKISHA GUZMAN	1.00								
DIRECTOR		X					(0	0
(8) DAVID WASIOLEK	1.00								
DIRECTOR		X					(0	0
(9) AMANDA CECCONI	1.00 _								
DIRECTOR		X					(0	0
(10)DEBBIE GILKEY	1.00 _								
DIRECTOR		X					(0	0
(11)VICTOR SILVESTRI									
DIRECTOR		X					(0	0
(12)DEBBIE LASSITER	1.00								
DIRECTOR		X					(0	0
(13)ANTHONY TRABUE, MD	2.00								
MEDICAL DIRECTOR		Х					(0	0
(14)CRAIG MARTIN, MD	2.00								
MEDICAL DIRECTOR		X					(0	0

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

Part VII

	(A) Name and title	(B) Average hours per week (list any	(do not check more the box, unless person is officer and a director/						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	Y STYLES CE CHAIRPERSON	2.00	Х		X				C	0	0
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
(20)											
<u>(21)</u>											
(22)											
(23)											
(24)											
(25)											
1b c	Sub-total			•				•			
d	Total (add lines 1b and 1c)				•			•	99,281	0	0
2	Total number of individuals (including but not limited reportable compensation from the organization ►	d to those list	ed abo	ove)	who	rec	eived r	nore	than \$100,000 of	0	
	reportable compensation from the organization										Yes No
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule		-				-				3 X
4	For any individual listed on line 1a, is the sum of rep										X
	organization and related organizations greater than					lete	Sched	ule .	J for such		
5	individual Did any person listed on line 1a receive or accrue co					atec	lorgan	izati	on or individual		4 X
	for services rendered to the organization? If "Yes,"			-			-				5 X
	on B. Independent Contractors									,	
1	Complete this table for your five highest compensate compensation from the organization. Report comper										
	year.								(0)		(0)
	(A) Name and business address								(B) Description of	services	(C) Compensation
2	Total number of independent contractors (including received more than \$100,000 of compensation from			nose ▶	uste	a at	oove) w	no			

Part VIII Statement of Revenue

		Check if Schedule O contai	ns a respons	e or no	ote to any line in th	nis 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					
its its	b	Membership dues		1b					
iour Jour	c	Fundraising events		1c					
ts, (r An	d	Related organizations		1d					
mila Gi	е	Government grants (contribut		1e					
ions ir Sii	f	All other contributions, gifts, g							
ibut Othe		and similar amounts not inclu	ded above	1f	1,097,537				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	ed in lines 1a-	-1f: \$, ,				
Ow	h	Total. Add lines 1a-1f			•	1,097,537			
					Business Code				
en	2a	COUNSELING			624100	7,160	7,160		
even	b	MEDICAL SERVICES			624100	25,728	25,728		
Program Service Revenue	С								
ervic 3ervic	d								
am 8	е								
rogr	f	All other program service reve	nue						
	g	Total. Add lines 2a-2f				32,888			
	3	Investment income (including of	dividends, inte	erest,					
		and other similar amounts)			•	2,253			2,253
	4	Income from investment of tax-	eds ▶						
	5	Royalties			•				
			(i) Real		(ii) Personal	_			
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
	d	Net rental income or (loss)			•				
	7a	Gross amount from sales of	(i) Securitie	es	(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses				_			
		Gain or (loss)							
		Net gain or (loss)			<u> </u>				
nue	ва	Gross income from fundraising)						
		events (not including \$	- 1-)						
Other Reve		of contributions reported on lin See Part IV, line 18			224 470				
E SH	<u> </u>	•		a b	234,179 50,933	_			
O		Less: direct expenses Net income or (loss) from fund				183,246			183,246
		Gross income from gaming ac	_	s	<u> </u>	103,240			103,240
	Ja	See Part IV, line 19		а					
	h	Less: direct expenses		b					
		Net income or (loss) from gam							
			iiig dolivillos						
	10a	Gross sales of inventory, less returns and allowances		а					
	b	Less: cost of goods sold		b					
		Net income or (loss) from sale			•				
	Ť	Miscellaneous Revenue			Business Code				
	11a	MISCELLANEOUS			900099	380	380		
	b	MIGGELLA NILOGO					230		
	c								
		All other revenue							
		Total. Add lines 11a-11d			•	380			
	12	Total revenue. See instructions	<u></u> .		. •	1,316,304	33,268	0	185,499

EEA

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	99,281	34,748	29,785	34,748
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	471,231	395,818	33,969	41,444
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,039	2,908	606	525
9	Other employee benefits	20,444	14,720	3,066	2,658
10	Payroll taxes	42,664	30,718	6,400	5,546
11	Fees for services (non-employees):				
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.)	12,521		12,521	
12	Advertising and promotion	2,338	1,870		468
13	Office expenses	23,058	16,602	6,456	
14	Information technology				
15	Royalties				
16	Occupancy	12,824	9,233	3,591	
17	Travel	10,100	7,575	2,020	505
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40.700	40.700		
20	Interest	13,739	13,739		
21	Payments to affiliates	00.070	04.057	0.400	
22	Depreciation, depletion, and amortization	30,079	21,657	8,422	
23	Insurance	13,781	9,922	3,859	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
2	MEDICAL	44,774	11 771		
a		· · · · · · · · · · · · · · · · · · ·	44,774	2 120	F22
b	SYSTEMS DEVELOPMENT PREGNANCY SERVICES	10,651 12,995	7,988 12,995	2,130	533
c d	CONTRACT LABOR	139,520	139,520		
e e	All other expenses	75,382	50,463	16,442	8,477
е 25	Total functional expenses. Add lines 1 through 24e .	1,039,421	815,250	129,267	94,904
25 26	Joint costs. Complete this line only if the	1,003,421	010,200	123,201	34,304
-	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 any	line in	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			156,370	1	366,474
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			10,825	3	32,919
	4	Accounts receivable, net			1,050	4	1,746
	5	Loans and other receivables from current and former offi	cers, d	irectors,	·		
		trustees, key employees, and highest compensated empl	oyees.				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as	s defined	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and col	ntributin	g employers and			
		sponsoring organizations of section 501(c)(9) voluntary employ	ees' ber	neficiary			
		organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			6,044	9	3,573
	10a	Land, buildings, and equipment: cost or			·		·
		other basis. Complete Part VI of Schedule D	10a	750,206			
	b	Less: accumulated depreciation	10b	385,044	352,292	10c	365,162
	11	Investments - publicly traded securities	·	47,595	11	68,074	
	12	Investments - other securities. See Part IV, line 11			·	12	
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			574,176	16	837,948
	17	Accounts payable and accrued expenses			22,454	17	10,196
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of	f Sche	dule D		21	
m	22	Loans and other payables to current and former officers	, directo	ors,			
Liabilities		trustees, key employees, highest compensated employee	es, and				
japi		disqualified persons. Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated thir	d partie	es	199,287	23	192,617
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables t	o relate	ed third			
		parties, and other liabilities not included on lines 17-24).	Compl	ete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			221,741	26	202,813
		Organizations that follow SFAS 117 (ASC 958), check h	ere	▶ 🛚 and			
		complete lines 27 through 29, and lines 33 and 34.					
ces	27	Unrestricted net assets			227,727	27	228,137
alan	28	Temporarily restricted net assets			124,708	28	406,998
Ř	29	Permanently restricted net assets		<u> </u>		29	
Ľ Ľ		Organizations that do not follow SFAS 117 (ASC 958), or	heck h	ere ▶ ☐ and			
o. F		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	other	funds		32	
_	33	Total net assets or fund balances		+	352,435	33	635,135
	34	Total liabilities and net assets/fund balances			574,176	34	837,948

	1101 2 0211110 1 011 11011211		·		
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	16,30	4
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,0	39,42	1
3	Revenue less expenses. Subtract line 2 from line 1	3		276,8	83
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		352,4	35
5	Net unrealized gains (losses) on investments	5		5,8	17
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		635,1	35
Pa	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		Χ
	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	Χ	
	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:				
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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	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		50		
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000 (2040)

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

2018 Open to Public

(Form 990 or 990-EZ) 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

Name of the organization Employer identification number HOPE CLINIC FOR WOMEN 62-1164825

Ра	rt I	Reason for Public Charity S	Status (All orga	ınızatıons must com	iplete thi	s part.) 🥄	See instructions.					
The	orgai	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box)						
1		A church, convention of churches, or	association of chu	rches described in secti	on 170(b)	(1)(A)(i).						
2	\Box	A school described in section 170(b)(, ,	. , . , . ,						
3	\Box	A hospital or a cooperative hospital s										
4	П	A medical research organization ope	•		. , . , . ,	. ,	(1)(A)(iii). Enter the					
·		hospital's name, city, and state:		aoopiia. accomo		0	(.) () (
5		An organization operated for the bene	afit of a college or i	iniversity owned or oper	ated by a d	novernmen	tal unit described in					
Ü	ш	section 170(b)(1)(A)(iv). (Complete P	_	armiverency owned or open	atou by a s	30 V C 11 II 11 C 11	idi dilit described ili					
6	П	. , . , . ,	•	unit described in section	170/b\/1\/	۸)(۷)						
6	H	A federal, state, or local government	•			, , ,	m the general public					
7	Ш	An organization that normally receives	•		/emmental	unit or no	m the general public					
_	$\mathbf{\nabla}$	described in section 170(b)(1)(A)(vi).										
8	X	A community trust described in section					20 1 1 1 1 1					
9	Ш	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, cı	ty, and stat	te of the college or					
		university:										
10		An organization that normally receives						SS				
		receipts from activities related to its e	•			,						
		support from gross investment income		·		•	from businesses					
	_	acquired by the organization after Ju-	ne 30, 1975. See s	section 509(a)(2). (Comp	olete Part I	II.)						
11	Ц	An organization organized and opera	ted exclusively to	test for public safety. Se	e section :	509(a)(4).						
12		An organization organized and operat	ed exclusively for t	the benefit of, to perform	the function	ns of, or to	carry out the purpos	es				
		of one or more publicly supported org	ganizations describ	ped in section 509(a)(1)	or section	509(a)(2).	See section 509(a)(3	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	12g.				
	а	Type I. A supporting organization	operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by giv	ving				
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the o	lirectors or	trustees of the					
		supporting organization. You mus	st complete Part I\	/, Sections A and B.								
	b	Type II. A supporting organization	n supervised or co	ntrolled in connection wi	ith its supp	orted orga	anization(s), by havin	g				
		control or management of the sup	porting organization	on vested in the same pe	rsons that	control or r	manage the supporte	d				
		organization(s). You must comple	ete Part IV, Section	ns A and C.								
	С	Type III functionally integrated. A	supporting organi	zation operated in conne	ection with	, and func	tionally integrated wit	th,				
		its supported organization(s) (see	e instructions). You	u must complete Part IV,	Sections	A, D, and	E.					
	d	☐ Type III non-functionally integrate	ed. A supporting or	rganization operated in o	connection	with its su	pported organization	n(s)				
		that is not functionally integrated.	The organization g	generally must satisfy a d	istribution	requiremer	nt and an attentivenes	S				
		requirement (see instructions). Y	ou must complete	Part IV, Sections A and	D, and Pa	rt V.						
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III					
		functionally integrated, or Type III	non-functionally in	ntegrated supporting organic	anization.							
	f	Enter the number of supported organi	zations									
	g	Provide the following information about	ut the supported or	ganization(s).								
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amo	unt of			
			, ,	(described on lines 1-10		ır governing	support (see	other supp				
				above (see instructions))	docum	ent?	instructions)	instruc	tions)			
					Yes	No	-					
(A)												
(B)												
(C)												
(D)												
(E)												
Total												

Part II

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

Sec	tion A. Public Support	' '		<u> </u>		,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Calei	idal year (or liscal year beginning in)	(a) 2014	(b) 2015	(0) 2016	(u) 2017	(e) 2016	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	742,183	709,260	788,609	827,895	1,097,537	4,165,484
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	742,183	709,260	788,609	827,895	1,097,537	4,165,484
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)						106,280
6	Public support. Subtract line 5 from line 4						4,059,204
	tion B. Total Support		ı				1,000,00
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	742,183	709,260	788,609	827,895	1,097,537	4,165,484
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	,	22,222	- ,	2,253	2,253
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	33,268
11	Total support. Add lines 7 through 10 .						4,201,005
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>				0(3)	> [
	tion C. Computation of Public Supp				ı	ı	
14	Public support percentage for 2018 (line 6, o		-			14	96.62 %
15	Public support percentage from 2017 Scheo					15	93.42 %
16a	33 1/3% support test - 2018. If the organization					ck this	I
	box and stop here. The organization qualifi						► <u>X</u>
b	33 1/3% support test - 2017. If the organiza						
	this box and stop here. The organization quality	·					▶ ⊔
17a	10%-facts-and-circumstances test - 2018.	· ·			•		
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac	ts-and-circumstand	es" test. The organ	ization qualifies as	a publicly support	ed	
	organization						▶ ∐
b	10%-facts-and-circumstances test - 2017.	· ·			•	ie	
	15 is 10% or more, and if the organization				•		
	Explain in Part VI how the organization mee				ualifies as a public	cly	
	supported organization						▶ ⊔
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		
	instructions						▶

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sed	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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 organization, check this box and stop here.					c)(3)	> []
Sec	ction C. Computation of Public Supp	ort Percentage	e				
15	Public support percentage for 2018 (line 8, co	olumn (f), divided b	by line 13, column	(f))		15	%
16	Public support percentage from 2017 Schedu					16	%
Sec	ction D. Computation of Investment I	ncome Percei	ntage				
17	Investment income percentage for 2018 (line					17	%
18	Investment income percentage from 2017 S	·				18	%
19a	33 1/3% support tests - 2018. If the organization is not more than 33 1/3%, check this box						• 🗆
b	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19	b, check this box	and see instruction	ns	▶ 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	0-		
	3a		
	Ol-		
)	3b		
,	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		
	,		
	9a		
	9b		
	9с		
	10a		
	10b		
A (For		r 990-E2	Z) 2018

Pai	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)	44		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 25% controlled entity of a person described in (a) or (b) above? If "Yee" to a boar a provide detail in Part VI	11b 11c		
	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. tion B. Type I Supporting Organizations	TIC		
000	tion B. Type i dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		. 00	110
	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		
•	Did the consciention asserts for the boundit of accommodated consciention of the three three consents of			
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	tion 6. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
J	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 ins	truction	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	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.	3b		

Schedule A (Form 990 or 990-EZ) 2018 HOPE CLINIC FOR WOMEN		62-116	4825	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part V	I). See
instructions. All other Type III non-functionally integrated supporting organiz	ations n	nust complete Section	s A through	ı E.
Section A - Adjusted Net Income		(A) Prior Year	, ,	rrent Year tional)
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	' '	rrent Year tional)
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			Curre	nt 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	/ integra	ated Type III supporting	g organizati	on (see
instructions).	•		-	•

EEA Schedule A (Form 990 or 990-EZ) 2018 Part V

Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	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	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	,	(1)	(ii)	(iii)
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Evenes from 2015			
	Evenes from 2040			
	Excess from 2017			
	Excess from 2018			

Schedule A (For 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 D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization HOPE CLINIC FOR WOMEN 62-1164825 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1

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Assets included in Form 990. Part X

sched	ule D (Form 990) 2018 HOPE CLINIC FOR	WOWEN					62-1164	825		age ∠
Pa	rt III Organizations Maintaining Coll		Historical	Treasur	es, or Othe	er Simi	lar Assets (co	ontinued)		
3	Using the organization's acquisition, accession, a	ind other records, cl	heck any o	f the follow	ing that are a	significa	nt use of its			
	collection items (check all that apply):									
а	Public exhibition	d 🗌 Loa	n or excha	nge progra	ams					
b	Scholarly research	e 🗌 Oth	er							
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explain ho	ow they furt	her the ord	anization's ex	xempt pu	rpose in Part			
	XIII.	·	,		•		•			
5	During the year, did the organization solicit or red	eive donations of a	rt. historica	l treasures	. or other simi	ilar				
-	assets to be sold to raise funds rather than to be							Пү	es	□ No
Pa	rt IV Escrow and Custodial Arrangen									
	Complete if the organization and		n Form 9	90. Part	IV, line 9,	or rep	orted an amo	unt on Fo	rm	
	990, Part X, line 21.			,	, ,					
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contribu	utions or ot	her assets no	ot				
	included on Form 990, Part X?							□ Y	es	☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table:							
	•	·	•				Ar	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	· · ·					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form		for escrow	or custod	ial account lia			Пү	es	☐ No
b	If "Yes," explain the arrangement in Part XIII. Ch					-				Π
	rt V Endowment Funds.	он ного н ило одрж		200 p.o.						
. u	Complete if the organization and	swered "Yes" o	n Form 9	90 Part	IV line 10)				
	Complete ii the organization and	(a) Current year	(b) Pri		(c) Two years		(d) Three years back	(e) Four	voare l	hack
1a	Beginning of year balance	(a) Current year	(5) 111	or your	(o) Two years	buok	(a) Three years back	(0) 1 041	yours	baok
b	Contributions									
	Net investment earnings, gains, and									
С										
لہ	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance		L							
2	Provide the estimated percentage of the current y	•	ne 1g, colu	mn (a)) he	ld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment • %									
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should e	•								
3a	Are there endowment funds not in the possession	n of the organizatio	n that are h	neld and ac	lministered for	r the		ı		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	on Sched	ule R?				3b		
4	Describe in Part XIII the intended uses of the organization	ganization's endown	nent funds.							
Pa	rt VI Land, Buildings, and Equipment	t.								
	Complete if the organization and	swered "Yes" o	n Form 9	90, Part	IV, line 11	a. See	Form 990, P	art X, line	1 0.	
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c) A	ccumulated	(d) Bool	value	
		(investme	ent)	(0	other)	de	preciation			
1a	Land				81,000				81,0	000
b	Buildings				536,241		295,992	2	240,2	
С	Leasehold improvements									
d	Equipment				82,214		68,543		13,6	671

50,751

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

30,242

365,162

20,509

HOPE CLINIC FOR WOMEN 62-1164825 Schedule D (Form 990) 2018 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (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.) Investments - Program Related. Part VIII 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, 1. (a) Description of liability (b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.....

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EEA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Name of the organization

Employer identification number

HOPE CLINIC FOR WOMEN						62-116	
Part I Fundraising Activities.		_		ered "Yes" on Fo	rm 990,	Part IV, lir	ne 17.
Form 990-EZ filers are no	•	•	•	··· O. I. II.I.			
1 Indicate whether the organization raisa Mail solicitations	sed funds through		_	rities. Check all that ap of non-government gra			
b Internet and email solicitations				of government grants	arito		
c Phone solicitations				draising events			
d In-person solicitations		9 🗆	opoolal rain	araioning over ite			
2a Did the organization have a written o	r oral agreement	with any indiv	idual (includ	ing officers, directors,	trustees,		
or key employees listed in Form 990,						□ Ye	es 🗌 No
b If "Yes," list the 10 highest paid indivi-	duals or entities (fundraisers) p	oursuant to a	greements under which	ch the fund	draiser is to b	е
compensated at least \$5,000 by the	organization.						
	T		1				T
(i) Name and address of individual	(II) A I		draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of utions?	from activity	fundrais	ser listed in	(or retained by) organization
-		Yes	No		C	ol. (i)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			•				
3 List all states in which the organization		icensed to so	licit contribu	tions or has been noti	fied it is ex	xempt from	
registration or licensing.	-						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

		gross receipts greater than	\$5,000			
		gross receipts greater than	(a) Event #1 FUNDRAISING	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	234,179			234,179
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	234,179			234,179
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ö	8	Entertainment				
	9	Other direct expenses	50,933			50,933
	10	Direct expense summary. Add line	s 4 through 9 in column (d)		. •	50,933
	11	Net income summary. Subtract line	e 10 from line 3, column (d)		. ▶	183,246
Pa	rt II			Yes" on Form 990, Part	IV, line 19, or reported r	nore
		than \$15,000 on Form 99	0-EZ, line 6a.			
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			(a) Bingo		(c) Other gaming	
Revenue	_1_	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	1 2	Gross revenue Cash prizes	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
rect Expenses	2	Cash prizes		bingo/progressive bingo		
rect Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
rect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	☐ Yes%	bingo/progressive bingo		
rect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No s 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % No	
rect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No s 2 through 5 in column (d) otract line 7 from line 1, column	bingo/progressive bingo Yes% No	☐ Yes % No	
ω Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes	Yes % No s 2 through 5 in column (d) otract line 7 from line 1, column ation conducts gaming activi	bingo/progressive bingo Yes % No mn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (d) otract line 7 from line 1, columation conducts gaming activities in each of	bingo/progressive bingo Yes % No mn (d)	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (d) otract line 7 from line 1, column ation conducts gaming activi	bingo/progressive bingo Yes % No mn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En ls ls lf "	Cash prizes	Yes % No s 2 through 5 in column (d) ctract line 7 from line 1, columation conducts gaming activities in each of	bingo/progressive bingo Yes	☐ Yes% No ▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is If "	Cash prizes	Yes % No s 2 through 5 in column (d) ctract line 7 from line 1, columation conducts gaming activities in each of	bingo/progressive bingo Yes	☐ Yes% No ▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is If "	Cash prizes	Yes % No s 2 through 5 in column (d) ctract line 7 from line 1, columation conducts gaming activities in each of	bingo/progressive bingo Yes	☐ Yes% No ▶	col. (a) through col. (c))

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

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.

	FOR YOUR RECO	RDS ONLY atements		PG01
Name(s) as shown on return HOPE CLINIC FOR WOME!	N		Tax ID Number 62	-1164825
FORM 99	00 - SCHEDULE D - PAI INVESTMENTS - C	RT VI - LINE 1E THER	STAT	EMENT #D1E
DESCRIPTION OF INVESTMENT FURNITURE AND FIXTURES	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER) 50,751	DEPR 20,509	BOOK VALUE 30,242
TOTAL	0	50,751	20,509	30,242

990 Name(s) as shown on return	Overflow Statement		FEIN	Page 1
HOPE CLINIC I	FOR WOMEN			62-1164825
TION E GENTION	OK WOMEN			02 1104020
ОТН	HER EXPENSES-PROGRAM SERVICES			
Description CONTINUING E POSTAGE AND TELEPHONE JANITORIAL SI EQUIPMENT REPAIRS AND LICENCES AND CLIENT MATER MISCELLANEC SECURITY HUMAN RESO CHURCH OUTI PREVENTION BHT GRANT ST	MAINTENANCE D DUES RIALS DUS URCES REACH	- - - - - - - - - -	\$	Amount 4,317 1,579 9,552 2,160 3,321 4,941 973 2,801 1,539 235 13,461 2,029 1,660 1,895
	Tot	al:		50,463
OTHER EXPENSES-MANAGEMENT AND GENERAL				
Description CONTINUING E POSTAGE AND TELEPHONE EQUIPMENT REPAIRS AND BANK FEES LICENSES AND JANITORIAL SI BOARD EXPEN MISCELLANEO SECURITY HUMAN RESO	MAINTENANCE D DUES ERVICES ISES DUS URCES	- - - - - - -	\$	Amount 1,151 614 3,715 1,292 1,921 765 259 840 149 410 91 5,235
	Tot	al:		16,442

990 **Overflow Statement** FEIN Name(s) as shown on return HOPE CLINIC FOR WOMEN 62-1164825 OTHER EXPENSES-FUNDRAISING Description **Amount** CONTINUING EDUCATION \$ 288 **DONOR RELATIONS** 5,854 DIRECT MAIL AND NEWSLETTER 2,167 LICENSES AND DUES 65 103 MISCELLANEOUS Total: 8,477