

Oldham County Fiscal Court  
Grant Application

Date of Application: December 18, 2024

Official Name of Organization: Hope Health Clinic, Inc.

Address: 1023 Sanibel Way Suite C, LaGrange, Ky. 40031

EIN: 46-5509958

Date and Place of Incorporation: LaGrange, Kentucky April 2014. Note: HHC opened in September 2011 under the ownership of Oldham County Ministerial Association. In April 2014, it was determined due to the growth and future growth, Hope Health Clinic should obtain a separate 501C3.

Name, Complete Address, Email and Phone Number of Contact Person:

Janet Warren, Executive Director

Hope Health Clinic, Inc

1023 Sanibel Way, Suite C

LaGrange, Ky. 40031

Purpose of Organization or Mission Statement and Services Rendered: Hope Health Clinic (HHC) is a primary care clinic, located in LaGrange, serving those who are without insurance and those who have unaffordable deductibles and are without access to medical care.

- Primary Care is provided to patients by 3 part time nurse practitioners and two Medical Doctors. We provide services Monday – Thursday for a total of 40 hours per week. In 2024, the clinic saw a 60% in new patients (more than 500 – 71% of those individuals are Oldham County residents) over 2023 and delivered more than 4,000 patient visits. 68% of all patient visits are Oldham County residents seeking care.
- Hope Health Clinic has had a strong partnership with Baptist Health LaGrange since opening in 2011. They have provided the clinic with 3600 square feet for the clinic space. Additionally, specialty providers at the hospital see clinic patients at no cost when financial assistance is required. Patients are also referred from the Emergency Room to the clinic to ensure they have a medical home for future care and reduce the dependency on the hospital. We can also attribute the increase in patient visits to a more visible location to the community.
- The clinic is also partnering with local schools to ensure patients who are in need of physicals or urgent care can receive care in a timely manner.
- Hope Clinic also focuses on patient education for chronic disease conditions to reduce the dependency on care but more importantly improve basic health outcomes for patients. 97% of our patients are employed but are low wage earners. It is essential to the well-being of their families that they are able to go to work and/or remain in school. Dependency on other social services is reduced when patients can support their families and remain productive citizens.

## **Oldham County Fiscal Court Grant Application Guidelines**

Oldham County Fiscal Court accepts grant applications from non-profit, tax-exempt organizations which meet these criteria:

- Have a significant presence in Oldham County;
- Serve a public purpose in concert with the goals and activities of OCFC;
- Have the capacity to be accountable for use of donated funds;
- Show support from the majority of their clients/beneficiaries.

### **Funding categories**

Arts and Humanities - activities which meet any or all of the following qualifications:

- Contribute to tourism in Oldham County;
- Conduct activity (e.g., record keeping) on behalf of Fiscal Court;
- Support community-wide celebrations;
- Encourage arts activity on the part of Oldham Countians;
- Play an educational role for Oldham Countians, particularly students.

Social Services - agencies which meet any or all of the following qualifications:

- Provide a needed service to disadvantaged Oldham Countians;
- Provide an emergency social service to Oldham Countians;
- Provide a social service not otherwise available to Oldham Countians.

Recreation - activities which meet any or all of the following qualifications:

- Serve Oldham County residents in facilities within the County;
- Activities are largely financially supported by the participants

### **Timing and Process**

In order to process grant applications in a timely and efficient manner, OCFC has established the following schedule:

- Accept grant applications postmarked up to December 30 or the last work day of each year.
- In January, Committee members accept for review the compiled applications.
- In March, the Committee will convene to discuss their individual ratings.
- The Committee will make recommendations to the Fiscal Court for grant awards no later than the first Fiscal Court meeting in June.

### **Accountability**

Any agency or organization requesting funds will be held to a high standard for reporting its current financial situation and its specific intention for use of requested funds. Moreover, any agency or organization requesting funds, and which has previously received a grant from OCFC, will be asked to report in detail on the use to which those funds were put.

- With access to medications, we are seeing drastic improvements in health outcomes. Particularly for diabetics. In 2021, 42% of our diabetic patients were considered to have uncontrolled diabetes. At the end of 2023, that number was reduced to 18% of diabetic patients who were identified as having uncontrolled diabetes. Again, this has a tremendous impact on the community as a whole.

#### STATEMENT OF NEED:

According to Federal Poverty Statistics for Oldham County, at the end of 2023 Oldham County those who were living at or below the poverty level was 4.4% of the population. With a population of 70,183, 3088 individuals were below the poverty level. These numbers correlate with the increase in individuals seeking care at the clinic. The majority of these individuals are uninsured and in many cases unable to afford insurance or be eligible for insurance. These statistics correlate with the numbers of Oldham County residents who are seeking care at Hope Health Clinic. Additionally, we see increased numbers of residents who previously had access to Medicaid but are no longer eligible due to increases in income. Yet, their salaries are not sufficient to afford policies that provide adequate coverage.

#### PROPOSAL FOR FUNDING

Amount Requested: \$7500

We are requesting \$7500 to be used in the annual subscription fee for medications. This fee covers shipping for medications (including cold-chain medicines such as insulins). While we are not charged for the actual medications, this processing/shipping fee is a part of our expenses in providing medications. To demonstrate the value of these medications – in 2023 Hope Clinic dispensed a retail value of \$3 million to our patients at no cost. Not only are we able to provide medications, but patients are also able to receive some of the very best medications available. For instance, diabetics are able to receive Trulicity which is a once-a-week injection. Without the subscription where we can access this medication, patients would be required to have at the very least once a day injection and in some instances multiple injections. This medication has proven its value with the increased improved health outcomes of diabetics.

This represents a substantial investment in the well-being of Oldham County residents.

Hope Health Clinic is deeply appreciative of the support provided by Oldham County Fiscal Court over the last thirteen years. We look forward to continuing a strong relationship for many years to come!

#### PROJECT BUDGET

Our pharmacy budget is as follows:

Dispensary of Hope Fees	\$7,500
Medications Purchased from other Vendors	\$5,000
Medication Vials and other supplies	\$3,700
Pharmacist Salary	\$0
Pharmacy Technician (2)	\$0
Total	\$16,200



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 23 2016

HOPE HEALTH CLINIC INC  
1025 SANIBEL WAY STE E  
LAGRANGE, KY 40031

Employer Identification Number:

46-5509958

DLN:

17053329355004

Contact Person:

JOSEPH R KENNEDY

ID# 31647

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b) (1) (A) (vi)

Form 990 Required:

Yes

Effective Date of Exemption:

April 22, 2014

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.



HOPE HEALTH CLINIC INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Director, Exempt Organizations





deming malone  
livesay + ostroff

October 2, 2024

Ms. Beth Overbey  
Hope Health Clinic, Inc.  
1025 Sanibel Way Ste E  
LaGrange, KY 40031

Dear Ms. Overbey:

Re: Public Disclosure of Exempt Organization Income Tax Return(s)

The attached copy of your organization's Exempt Organization Income Tax Return(s) is to be used as your Public Disclosure Copy. As you may be aware, the income tax law now requires tax exempt organizations to provide and/or make available copies of their income tax returns for the most recent three years to any person requesting them. In addition, the organization must provide and/or make available a copy of its Application for Recognition of Tax Exempt Status (Form 1023) if the organization had a copy in its files in July 1987 or later.

All information in the Exempt Organization Income Tax Return(s) and Form 1023 must be provided, except donors' names may be masked on Schedule B, if applicable.

We have prepared the attached "Public Disclosure" copy of the Exempt Organization Income Tax Return(s) for your organization to use in making copies when requested, and we recommend that you assign someone on your staff to establish a procedure for addressing requests for copies. The IRS may impose significant penalties when organizations do not provide copies of their Exempt Organization Income Tax Return(s) and Form 1023.

Should you have questions regarding the public disclosure requirements, please feel free to call us.

Yours very truly,

Enclosures

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301 E. Elm Street  
New Albany, Indiana 47150  
T: 812.945.5236  
F: 812.949.4095

9300 Shelbyville Road  
Suite 1100  
Louisville, Kentucky 40222  
T: 502.426.9660  
F: 502.425.0883

131 E. Chestnut Street  
Corydon, Indiana 47112  
T: 812.738.3516  
F: 812.738.3519

Form 990

\*\* PUBLIC DISCLOSURE COPY \*\*  
Return of Organization Exempt From Income TaxDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

A For the 2023 calendar year, or tax year beginning		and ending	
B Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization  HOPE HEALTH CLINIC, INC.		D Employer identification number  46-5509958
	Doing business as		E Telephone number 502-225-6711
	Number and street (or P.O. box if mail is not delivered to street address) 1025 SANIBEL WAY		Room/suite STE E
	City or town, state or province, country, and ZIP or foreign postal code LAGRANGE, KY 40031		
	F Name and address of principal officer: BETH OVERBEY SAME AS C ABOVE		
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.)		4947(a)(1) or 527
	J Website: HOPEHEALTHCLINICKY.COM		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L Year of formation: 2014		M State of legal domicile: KY	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>DELIVERING AND COORDINATING QUALITY MEDICAL CARE TO THOSE WHO LACK ACCESS TO HEALTHCARE.</b>	
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 9
	6 Total number of volunteers (estimate if necessary)	6 13
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 914,389. Current Year 1,173,644.
	9 Program service revenue (Part VIII, line 2g)	98,772. 86,902.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	422. -8,093.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,516. 111.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,015,099. 1,252,564.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	309,300. 333,474.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	64,043.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	582,951. 950,081.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	892,251. 1,283,555.
	19 Revenue less expenses. Subtract line 18 from line 12	122,848. -30,991.
	20 Total assets (Part X, line 16)	Beginning of Current Year 743,296. End of Year 766,418.
21 Total liabilities (Part X, line 26)	125,227. 1,140.	
22 Net assets or fund balances. Subtract line 21 from line 20	618,069. 765,278.	

## Part II Signature Block

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

Sign Here	Signature of officer		Date
	<b>BETH OVERBEY, BOARD CHAIR</b>		
Type or print name and title			
Paid Preparer	Print/Type preparer's name <b>CHRISTINE N KOENIG</b>	Preparer's signature <b>CHRISTINE N KOENIG</b>	Date 10/02/24
Use Only	Firm's name <b>DEMING MALONE LIVESAY &amp; OSTROFF PSC</b>	Check if self-employed <input type="checkbox"/> P01022180	
	Firm's address <b>9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187</b>	Firm's EIN 61-1064249	
		Phone no. (502) 426-9660	

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form 990 (2023)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:

**A COMMUNITY-WIDE MINISTRY DELIVERING AND COORDINATING QUALITY MEDICAL CARE IN A CHRIST-HONORING ENVIRONMENT TO THOSE WHO LACK ACCESS TO HEALTHCARE.**

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a (Code: \_\_\_\_\_) (Expenses \$ 1,184,323. including grants of \$ \_\_\_\_\_) (Revenue \$ 87,392.)**

**HOPE HEALTH CLINIC IS A COMMUNITY-WIDE MINISTRY DELIVERING AND COORDINATING QUALITY MEDICAL CARE IN A CHRIST-HONORING ENVIRONMENT TO THOSE WHO LACK ACCESS TO HEALTHCARE. DURING 2023, HOPE HEALTH CLINIC PROVIDED 3,237 PATIENT VISITS. SERVICES INCLUDED MEDICAL CARE, LAB WORK AND COUNSELING. VOLUNTEERS PROVIDED OVER 3,000 HOURS OF SERVICE.**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

**4e Total program service expenses 1,184,323.**

Form 990 (2023)

## 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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c	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	X
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	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M .....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	38	X

Note: All Form 990 filers are required to complete Schedule O .....

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

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

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

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

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

### Section A. Governing Body and Management

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

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

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

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	<b>ORGANIZATION - 502-225-6711</b>	
	<b>1025 SANIBEL WAY, SUITE E, LA GRANGE, KY 40031</b>	

**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.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$10,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

\_\_\_\_\_ | Yes | No |

3. Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on

6. Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a-2, if "Yes," complete Schedule 1 for each individual. 3 X

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1-2 of "Key Employees/Officers/Trustees" in Part II?

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1-2 of "Key Employees of Corporation for the last 12 months?"

For each individual listed on Line 1, is the sum of reportable compensation and other compensation from the organization line fair? If "Yes," complete Schedule J for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person. 5 X

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONTRACTING SOLUTIONS 111 S 11TH STREET, LOUISVILLE, KY 40203	CONSTRUCTION	130,049.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

1

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Form 990 (2023)

## Part VIII

## Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns .....	1a	22,000.			
	b Membership dues .....	1b				
	c Fundraising events .....	1c	2,523.			
	d Related organizations .....	1d				
	e Government grants (contributions) .....	1e				
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	1,149,121.			
	g Noncash contributions included in lines 1a-1f .....	1g	\$ 702,331.			
	h Total. Add lines 1a-1f .....		1,173,644.			
Program Service Revenue	2 a NET PATIENT SERVICES		Business Code 621400	86,902.	86,902.	
	b					
	c					
	d					
	e					
	f All other program service revenue .....					
	g Total. Add lines 2a-2f .....		86,902.			
	3 Investment income (including dividends, interest, and other similar amounts) .....			642.		642.
	4 Income from investment of tax-exempt bond proceeds .....					
	5 Royalties .....					
	6 a Gross rents .....	6a	(i) Real	(ii) Personal		
	b Less: rental expenses .....	6b				
	c Rental income or (loss) .....	6c				
	d Net rental income or (loss) .....					
	7 a Gross amount from sales of assets other than inventory .....	7a	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses .....	7b		8,735.		
	c Gain or (loss) .....	7c		-8,735.		
	d Net gain or (loss) .....			-8,735.		-8,735.
	8 a Gross income from fundraising events (not including \$ 2,523. of contributions reported on line 1c). See Part IV, line 18 .....	8a	0.			
	b Less: direct expenses .....	8b	379.			
	c Net income or (loss) from fundraising events .....			-379.		-379.
	9 a Gross income from gaming activities. See Part IV, line 19 .....	9a				
	b Less: direct expenses .....	9b				
	c Net income or (loss) from gaming activities .....					
	10 a Gross sales of inventory, less returns and allowances .....	10a				
	b Less: cost of goods sold .....	10b				
	c Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	11 a OTHER INCOME		Business Code 900099	490.	490.	
	b					
	c					
	d All other revenue .....					
	e Total. Add lines 11a-11d .....		490.			
	12 Total revenue. See instructions .....		1,252,564.	87,392.	0.	-8,472.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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 .....	70,278.	56,222.	7,028.	7,028.
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 .....	239,361.	201,960.		37,401.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	23,835.	19,740.	538.	3,557.
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	9,400.	720.	7,740.	940.
d Lobbying .....				
e 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 Sch O.)	2,597.	2,153.	209.	235.
12 Advertising and promotion .....	3,080.	192.	74.	2,814.
13 Office expenses .....	12,401.	9,224.	991.	2,186.
14 Information technology .....	10,691.	8,765.	983.	943.
15 Royalties .....				
16 Occupancy .....	12,209.	9,645.	1,347.	1,217.
17 Travel .....	141.			141.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	2,335.	1,500.	835.	
20 Interest .....	8,322.		8,322.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	63,576.	51,895.	5,795.	5,886.
23 Insurance .....	8,519.	6,815.	852.	852.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICATIONS, PRODUCTS &	744,543.	744,543.		
b LAB CHARGES	46,530.	46,530.		
c PATIENT CARE SUPPLIES	12,694.	12,694.		
d MEMBERSHIPS AND DUES	12,384.	11,725.	307.	352.
e All other expenses .....	659.		168.	491.
25 Total functional expenses. Add lines 1 through 24e	1,283,555.	1,184,323.	35,189.	64,043.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	369,399.	1	203,118.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	15,947.	3	190,147.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	210,237.	8	161,362.
	9 Prepaid expenses and deferred charges	4,520.	9	4,541.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	338,513.		
	b Less: accumulated depreciation	131,263.	10c	207,250.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 33)	743,296.	16	766,418.
Liabilities	17 Accounts payable and accrued expenses	1,998.	17	1,140.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	123,229.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	125,227.	26	1,140.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	467,690.	27	584,718.
	28 Net assets with donor restrictions	150,379.	28	180,560.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	618,069.	32	765,278.
	33 Total liabilities and net assets/fund balances	743,296.	33	766,418.

Form 990 (2023)

**Part 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	1,252,564.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	1,283,555.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	-30,991.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	618,069.
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	178,200.
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	765,278.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other .....		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	

Form 990 (2023)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	465,032.	609,237.	630,649.	914,389.	1173644.	3792951.
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 .....	465,032.	609,237.	630,649.	914,389.	1173644.	3792951.
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) .....						131,089.
6 <b>Public support.</b> Subtract line 5 from line 4.						3661862.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4 .....	465,032.	609,237.	630,649.	914,389.	1173644.	3792951.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,400.	1,146.	164.	422.	642.	4,774.
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.) .....	387.	11,768.	27.	8.	490.	12,680.
11 <b>Total support.</b> Add lines 7 through 10						3810405.
12 Gross receipts from related activities, etc. (see instructions) .....				12		352,583.

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

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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	96.10	%
15 Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	95.29	%
16a <b>33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

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

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

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I** of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I** of Schedule L (Form 990).

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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined on 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 line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

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).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section 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 instructions).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

**2 Activities Test. Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

**3 Parent of Supported Organizations. Answer lines 3a and 3b below.**

a 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? If "Yes" or "No" provide details in Part VI.

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

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
e Discount claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

## **Part VI**

## Supplemental Information.

**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.)

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule B

**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

**Employer identification number**

HOPE HEALTH CLINIC, INC.

46-5509958

**Organization type (check one):**

Filters of: **Section:**

Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization

- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

### General Rule

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

## Special Rules

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

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

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

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

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

**Schedule B (Form 990) (2023)**

Name of organization

Employer identification number

HOPE HEALTH CLINIC, INC.

46-5509958

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 101,298.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2		\$ 50,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3		\$ 548,633.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4		\$ 111,861.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HOPE HEALTH CLINIC, INC.

46-5509958

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	MEDICATIONS AND PRODUCTS	\$ 548,633.	12/31/23
4	MEDICATIONS AND PRODUCTS	\$ 111,861.	12/31/23
		\$	
		\$	
		\$	
		\$	

Name of organization

**Employer identification number**

## HOPE HEALTH CLINIC, INC.

46-5509958

## Part I

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>	
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>	
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>	
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

Name of the organization

HOPE HEALTH CLINIC, INC.

Employer identification number  
46-5509958

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

Schedule D (Form 990) 2023

332051 09-28-23

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2023.04030 HOPE HEALTH CLINIC, INC. 07278021

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No  
 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

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

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

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

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

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

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....	261,721.	61,646.	200,075.	
d Equipment .....	76,792.	69,617.	7,175.	
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>207,250.</b>

Schedule D (Form 990) 2023

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

1 Total revenue, gains, and other support per audited financial statements .....	1	1,677,420.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments .....	2a	
b Donated services and use of facilities .....	2b	424,477.
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	424,477.
3 Subtract line 2e from line 1 .....	3	1,252,943.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	-379.
c Add lines 4a and 4b .....	4c	-379.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	1,252,564.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

1 Total expenses and losses per audited financial statements .....	1	1,530,211.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	246,277.
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	246,277.
3 Subtract line 2e from line 1 .....	3	1,283,934.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	-379.
c Add lines 4a and 4b .....	4c	-379.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	1,283,555.

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION FILES AN INFORMATIONAL RETURN IN THE U.S. FEDERAL JURISDICTION. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022.

AS OF DECEMBER 31, 2023, AND 2022, THE ORGANIZATION DID NOT HAVE ANY

ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO

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

INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN  
ENDED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS -379.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS -379.

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Attach to Form 990.

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

Name of the organization

HOPE HEALTH CLINIC, INC.

Employer identification number

46-5509958

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....	X	8	668,074.	COST
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( <u>NON-MEDICAL SUP</u> )	X	32	26,825.	COST
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

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

29

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2023

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

## CONTRIBUTIONS OF MEDICATIONS, MEDICAL PRODUCTS, AND NON-MEDICAL

SUPPLIES ARE RECEIVED FROM MULTIPLE DONORS SEVERAL TIMES THROUGHOUT THE YEAR.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

Name of the organization

HOPE HEALTH CLINIC, INC.

Employer identification number  
46-5509958

**FORM 990, PART VI, SECTION B, LINE 11B:**

HOPE HEALTH CLINIC ENGAGES ITS CPA FIRM TO PREPARE THE IRS FORM 990, USING INFORMATION GATHERED FROM THE REVIEW AS WELL AS SUPPLEMENTAL INFORMATION PROVIDED BY HOPE HEALTH CLINIC'S CLINIC ADMINISTRATOR. THE CLINIC ADMINISTRATOR, THE FINANCE COMMITTEE, AND BOARD PRESIDENT REVIEW THE DRAFT AND MAKE CHANGES, IF NECESSARY.

THE COMMITTEE APPROVES THE FINAL DRAFT OF THE FORM AND PRESENTS TO THE BOARD CHAIR FOR SIGNATURE. A COPY OF THE FINAL FORM IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS AS SOON AS POSSIBLE. MEMBERS ARE AFFORDED AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE FORM AT THE FIRST MEETING AFTER THE FORM IS DISTRIBUTED, USUALLY WITHIN TWO MONTHS OF ITS DISTRIBUTION.

**FORM 990, PART VI, SECTION B, LINE 12C:**

EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST STATEMENT UPON INITIAL APPOINTMENT TO THE BOARD AND ANNUALLY THEREAFTER. SIGNED STATEMENTS ARE KEPT IN THE OFFICE OF THE CLINIC ADMINISTRATOR.

**FORM 990, PART VI, SECTION B, LINE 15A:**

THE BOARD OF DIRECTORS PERFORMS A REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION PERIODICALLY. THE BOARD RESEARCHES COMPENSATION LEVELS FOR ORGANIZATIONS OF SIMILAR SIZE, REVENUE AND MISSION, BOTH LOCALLY AND NATIONALLY. THE RESEARCH AND THE PROCESS ARE DOCUMENTED AT THE TIME IT IS PERFORMED; THE PROCESS TAKES APPROXIMATELY TWO MONTHS TO COMPLETE. THE ORGANIZATION DOES NOT COMPENSATE OTHER BOARD OFFICERS AND HAS NO KEY EMPLOYEES AS DEFINED BY THE IRS.

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

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Name of the organization

HOPE HEALTH CLINIC, INC.

Employer identification number  
46-5509958FORM 990, PART VI, SECTION C, LINE 19:

HOPE HEALTH CLINIC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 6

DONATED PHYSICIAN SERVICES AND USE OF FACILITIES INCLUDED IN FINANCIAL  
STATEMENT REVENUE AND EXPENSE BUT EXCLUDED FROM FORM 990 TOTAL \$424,477  
FOR 2023 AND CONSISTS OF \$175,560 IN DONATED PHYSICIAN SERVICES AND  
\$248,917 OF DONATED CURRENT AND FUTURE USE OF FACILITIES.

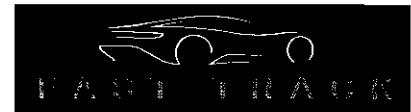
PCL XL error

Subsystem: KERNEL  
Error: IllegalTag  
Operator: 0x40  
Position: 984329





# Kentucky Secretary of State Michael G. Adams



## HOPE HEALTH CLINIC, INC.

File Amended Annual Report	Change Address or Registered Agent	
File Certificate of Assumed Name (DBA)	File Dissolution	Upload a filing
File Registered Agent Resignation		
Print & Mail	Subscribe to changes made to this entity	Certificate of Good Standing

### General Information

Organization Number	0885350
Name	HOPE HEALTH CLINIC, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Industry	Health Services
Number of Employees	Small (0-19)
Primary County	Oldham
Status	A - Active
Standing	G - Good
State	KY
File Date	4/22/2014
Organization Date	4/22/2014
Last Annual Report	3/26/2024
Principal Office	1023 SANIBEL WAY, SUITE C LAGRANGE, KY 40031
Registered Agent	BETH OVERBEY 1023 Sanibel Way Suite C LAGRANGE, KY 40031

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Kentucky Unbridled Spirit

## HHC QB 2015 Version files thru 4-2-2018

## Balance Sheet

As of December 23, 2024

Dec 23, 24

ASSETS	
Current Assets	
Checking/Savings	
00500 · Cash on Hand for Change	400.00
1015 · SYB Money Market Account	150,064.63
	<hr/>
Total Checking/Savings	150,464.63
Other Current Assets	
1030 · CD - United Bank	51,242.69
1200 · Contributions Receivable	947.15
1300 · Prepaid Expenses	
1305 · Workmen's Compensation Prepaid	115.45
1310 · Director's GL Prepaid	373.90
1315 · Mal Practice Prepaid	4,085.31
1330 · Website Support	61.20
1335 · Phone Support	127.00
	<hr/>
Total 1300 · Prepaid Expenses	4,762.86
1337 · HHC Pharmacy Inventory	313,275.74
	<hr/>
Total Other Current Assets	370,228.44
	<hr/>
Total Current Assets	520,693.07
Fixed Assets	
1500 · Furniture and Equipment	
1505 · Accum. Dep. Furniture & Equip	-40,372.92
1500 · Furniture and Equipment - Other	42,627.40
	<hr/>
Total 1500 · Furniture and Equipment	2,254.48
1600 · Medical Equipment	
1605 · Accum. Dep. Medical Equip.	-32,920.49
1600 · Medical Equipment - Other	35,663.01
	<hr/>
Total 1600 · Medical Equipment	2,742.52
1700 · Leasehold Improvements	
1705 · Accum. Dep. Leasehold Improve	-70,835.95
1700 · Leasehold Improvements - Other	275,505.17
	<hr/>
Total 1700 · Leasehold Improvements	204,669.22
	<hr/>
Total Fixed Assets	209,666.22
TOTAL ASSETS	<hr/> <b>730,359.29</b>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
2602 · SYB Credit Card	1,372.11
	<hr/>
Total Credit Cards	1,372.11
	<hr/>
Total Current Liabilities	1,372.11
	<hr/>
Total Liabilities	1,372.11
Equity	
3000 · Temp. Restricted Net Assets	69,970.77
3100 · Unrestricted Net Assets	308,311.16
3200 · Retained Earnings	462,306.82
Net Income	-111,601.57
	<hr/>
Total Equity	728,987.18
TOTAL LIABILITIES & EQUITY	<hr/> <b>730,359.29</b>



Hope Health Clinic received a Grant from Oldham County Fiscal Court which allowed us to purchase tables and chairs for our meeting room. This room has provided necessary space to deliver patient education as a part of our care plans to improve patient health.

Additionally, we are able to host other groups for meetings assisting in creating an awareness of the services and benefits Hope Health Clinic provides to the community.

Janet Warren





Hope Health Clinic Sample of pictures from Pharmacy.





Hope Health Clinic Sample of pictures from Pharmacy.



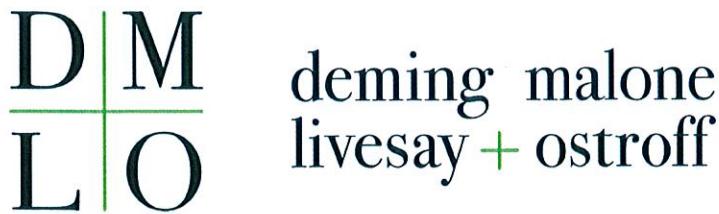
**HOPE HEALTH CLINIC, INC.**

**FINANCIAL STATEMENTS**

**Years Ended December 31, 2023 (Audited) and 2022 (Reviewed)**

## **Table of Contents**

	Page
<b>Independent Auditors' Report</b>	1 - 3
<b>Financial Statements</b>	
Statements of financial position	4
Statements of operations and changes in net assets	5
Statements of functional expenses	6
Statements of cash flows	7
Notes to financial statements	8-14



### Independent Auditors' Report

To the Board of Directors  
Hope Health Clinic, Inc.  
LaGrange, Kentucky

#### **Opinion**

We have audited the accompanying financial statements of Hope Health Clinic, Inc. (a nonprofit organizations), which comprise the statement of financial position as of December 31, 2023, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

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

#### **Prior Period Financial Statements**

The 2022 financial statements were reviewed by us and our report thereon, dated August 14, 2023, stated we were not aware of any material modifications that should be made to those financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. However, a review is substantially less in scope than an audit and does not provide a basis for the expression of an opinion on the financial statements as a whole.

## **Responsibilities of Management for the Financial Statements**

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

*Deming, Malone, Lindsay & Detwiler*

Louisville, Kentucky

September 4, 2024

**HOPE HEALTH CLINIC, INC.**

**STATEMENTS OF FINANCIAL POSITION**  
December 31, 2023 (Audited) and 2022 (Reviewed)

	2023 <u>(Audited)</u>	2022 <u>(Reviewed)</u>
<b>Assets</b>		
<b>Current Assets</b>		
Cash	\$ 203,118	\$ 258,899
Contributions and grants receivable	11,947	15,947
Contributions receivable - future use of facilities	79,200	
Inventory	161,362	210,237
Prepaid expenses	<u>4,541</u>	<u>4,520</u>
<b>Total current assets</b>	<b><u>460,168</u></b>	<b><u>489,603</u></b>
<b>Property and Equipment</b>		
Furniture and equipment	76,792	78,290
Leasehold improvements	261,721	30,457
Construction in progress	<u>115,000</u>	
	338,513	223,747
Less accumulated depreciation	<u>131,263</u>	<u>80,554</u>
	<u>207,250</u>	<u>143,193</u>
Cash designated for property and equipment acquisitions		110,500
Contributions receivable - future use of facilities	<u>99,000</u>	
<b>Total assets</b>	<b><u>\$ 766,418</u></b>	<b><u>\$ 743,296</u></b>
<b>Current Liabilities</b>		
Accounts payable	\$ 1,140	\$ 1,998
Current maturities of note payable	<u>21,930</u>	
<b>Total current liabilities</b>	<b>1,140</b>	23,928
<b>Long-Term Liabilities</b>		
Note payable, less current maturities	<u>101,299</u>	
<b>Total liabilities</b>	<b><u>1,140</u></b>	<b><u>125,227</u></b>
<b>Net Assets</b>		
Without donor restrictions	584,718	467,690
With donor restrictions	<u>180,560</u>	<u>150,379</u>
<b>Total net assets</b>	<b><u>765,278</u></b>	<b><u>618,069</u></b>
<b>Total liabilities and net assets</b>	<b><u>\$ 766,418</u></b>	<b><u>\$ 743,296</u></b>

See Notes to Financial Statements.

**HOPE HEALTH CLINIC, INC.**

**STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS**

Years Ended December 31, 2023 (Audited) and 2022 (Reviewed)

	2023 (Audited)		
	Without Donor Restrictions	With Donor Restrictions	Total
<b>Operating Support</b>			
Patient visits	\$ 39,931		\$ 39,931
Lab visits	46,971		46,971
Service revenues	86,902		86,902
Donated medications and products	668,074		668,074
Donated medical services	175,560		175,560
Donated rent and utilities	78,149	\$ 178,200	256,349
Other	490		490
Net assets released from restrictions for program services	9,640	(9,640)	
<b>Total operating support</b>	<u>1,018,815</u>	<u>168,560</u>	<u>1,187,375</u>
<b>Operating Expenses</b>			
Program services	1,416,497		1,416,497
Management and general	42,276		42,276
<b>Total operating expenses</b>	<u>1,458,773</u>		<u>1,458,773</u>
<b>Loss from operations</b>	<u>(439,958)</u>	<u>168,560</u>	<u>(271,398)</u>
<b>Nonoperating Support</b>			
Contributions and grants	270,239	198,551	468,790
Donated property and equipment and non-medical supplies	26,825		26,825
Special events	2,523		2,523
Net assets released from restrictions for debt services	101,298	(101,298)	
Net assets released from restrictions for capital assets	235,632	(235,632)	
Interest income	642		642
Loss on disposal of property and equipment	(8,735)		(8,735)
Fund-raising expenses	(71,438)		(71,438)
<b>Total nonoperating income</b>	<u>556,986</u>	<u>(138,379)</u>	<u>418,607</u>
<b>Change in net assets</b>	<u>117,028</u>	<u>30,181</u>	<u>147,209</u>
Net assets, beginning of year	<u>467,690</u>	<u>150,379</u>	<u>618,069</u>
Net assets, end of year	<u>\$ 584,718</u>	<u>\$ 180,560</u>	<u>\$ 765,278</u>

See Notes to Financial Statements.

	2022 (Reviewed)		
	Without Donor Restrictions	With Donor Restrictions	Total
<b>Operating Support</b>			
Patient visits	\$ 41,569		\$ 41,569
Lab visits	<u>57,203</u>		<u>57,203</u>
Service revenues	98,772		98,772
Donated medications and products	510,882		510,882
Donated medical services	141,660		141,660
Donated rent and utilities	51,177		51,177
Other	8		8
Net assets released from restrictions for program services	<u>24,276</u>	\$ (24,276)	<u>24,276</u>
<b>Total operating support</b>	<b>826,775</b>	<b>(24,276)</b>	<b>802,499</b>
<b>Operating Expenses</b>			
Program services	996,314		996,314
Management and general	<u>24,983</u>		<u>24,983</u>
<b>Total operating expenses</b>	<b>1,021,297</b>		<b>1,021,297</b>
<b>Loss from operations</b>	<b>(194,522)</b>	<b>(24,276)</b>	<b>(218,798)</b>
<b>Nonoperating Support</b>			
Contributions and grants	271,295	113,489	384,784
Donated property and equipment and non-medical supplies	16,542		16,542
Special events	4,117		4,117
Net assets released from restrictions for debt services			
Net assets released from restrictions for capital assets			
Interest income	422		422
Loss on disposal of property and equipment			
Fund-raising expenses	<u>(64,219)</u>		<u>(64,219)</u>
<b>Total nonoperating income</b>	<b>228,157</b>	<b>113,489</b>	<b>341,646</b>
<b>Change in net assets</b>	<b>33,635</b>	<b>89,213</b>	<b>122,848</b>
Net assets, beginning of year	<u>434,055</u>	<u>61,166</u>	<u>495,221</u>
Net assets, end of year	<b>\$ 467,690</b>	<b>\$ 150,379</b>	<b>\$ 618,069</b>

**HOPE HEALTH CLINIC, INC.**

**STATEMENTS OF FUNCTIONAL EXPENSES**  
 Years Ended December 31, 2023 (Audited) and 2022 (Reviewed)

	2023 (Audited)			Total
	Program	Management and General	Fund- raising	
Payroll and related expenses	\$ 277,922	\$ 7,574	\$ 47,978	\$ 333,474
Medical services, in-kind	175,560			175,560
Lab charges	46,530			46,530
Cost of medication dispensed	597,507			597,507
Medications and products, in-kind	120,211			120,211
Patient care supplies and services	12,694			12,694
Rent, inclusive of in-kind	56,614	7,053	7,050	70,717
Utilities, inclusive of in-kind	8,505	1,126	1,126	10,757
Repairs and maintenance	1,140	221	91	1,452
Depreciation	51,895	5,795	5,886	63,576
Office supplies	4,941	395	853	6,189
Supplies, in-kind	26,825			26,825
Technology	8,765	983	943	10,691
Printing	1,935	301	738	2,974
Postage	823	133	433	1,389
Professional and processing fees	2,873	7,975	1,149	11,997
Marketing and advertising	192	74	2,814	3,080
Special events			623	623
Insurance	6,815	852	852	8,519
Refund adjustment				
Memberships and dues	11,725	307	352	12,384
Conference and training	1,500	835		2,335
Travel and meals			141	141
Bank service charges	1,525	162	162	1,849
Miscellaneous		168	247	415
Interest expense	<u>                  </u>	<u>8,322</u>	<u>                  </u>	<u>8,322</u>
	<u>                  </u>	<u>                  </u>	<u>                  </u>	<u>                  </u>
	<u>\$ 1,416,497</u>	<u>\$ 42,276</u>	<u>\$ 71,438</u>	<u>\$ 1,530,211</u>

See Notes to Financial Statements.

	2022 (Reviewed)		
	Management Program	Fund- raising	Total
	and General		
Payroll and related expenses	\$ 247,847	\$ 7,536	\$ 309,300
Medical services, in-kind	141,660		141,660
Lab charges	51,754		51,754
Cost of medication dispensed	385,130		385,130
Medications and products, in-kind	38,738		38,738
Patient care supplies	4,011		4,011
Rent, inclusive of in-kind	36,162	4,440	45,042
Utilities, inclusive of in-kind	7,787	1,004	9,765
Repairs and maintenance	577	310	910
Depreciation	11,714	521	12,756
Office supplies	10,802	285	11,354
Supplies, in-kind	12,694		12,694
Technology	2,738	286	3,310
Printing	1,550	157	1,959
Postage	785	141	1,021
Professional and processing fees	2,420	7,725	11,270
Advertising	1,789		1,819
Special events			703
Insurance	6,722	840	8,402
Refund adjustment	11,300		11,300
Memberships and dues	8,627	102	8,996
Conference and training	2,587	782	3,525
Travel and meals			164
Bank service charges	1,277	157	1,590
Miscellaneous	7,643	2	7,648
Interest expense		695	695
	<u>\$ 996,314</u>	<u>\$ 24,983</u>	<u>\$ 64,219</u>
			<u>\$ 1,085,516</u>

**HOPE HEALTH CLINIC, INC.**

**STATEMENTS OF CASH FLOWS**

Years Ended December 31, 2023 (Audited) and 2022 (Reviewed)

	2023 <u>(Audited)</u>	2022 <u>(Reviewed)</u>
<b>Cash Flows from Operating Activities</b>		
Cash received from services	\$ 86,902	\$ 98,772
Cash paid to suppliers and employees	(461,219)	(432,027)
Contributions and grants received	390,059	289,450
Interest received	642	422
Interest paid	<u>(8,322)</u>	<u>(695)</u>
<b>Net cash provided by (used in) operating activities</b>	<b>8,062</b>	<b>(44,078)</b>
<b>Cash Flows Used in Investing Activities</b>		
Expenditures for property and equipment	<u>(136,368)</u>	<u>(115,000)</u>
<b>Cash Flows from Financing Activities</b>		
Contributions restricted for property and equipment	85,254	96,379
Proceeds from note payable	125,000	
Principal payments on note payable	<u>(123,229)</u>	<u>(1,771)</u>
<b>Net cash (used in) provided by financing activities</b>	<b>(37,975)</b>	<b>219,608</b>
<b>Net change in cash</b>	<b>(166,281)</b>	<b>60,530</b>
Cash and designated cash, beginning of year	<u>369,399</u>	<u>308,869</u>
Cash and designated cash, end of year	<u>\$ 203,118</u>	<u>\$ 369,399</u>

See Notes to Financial Statements.

	2023 <u>(Audited)</u>	2022 <u>(Reviewed)</u>
<b>Reconciliation of Change in Net Assets to Net Cash Provided by (Used in) Operating Activities</b>		
<b>Change in net assets</b> <span style="float: right;">\$ <u>147,209</u>    \$ <u>122,848</u></span>		
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	63,576	12,756
Contributions restricted for property and equipment	(85,254)	(96,379)
Donated furniture and equipment		(3,848)
Loss on disposal of property and equipment	8,735	
Changes in assets and liabilities:		
(Increase) decrease in:		
Contributions and grants receivable	(174,200)	(3,072)
Insurance refund receivable		11,300
Inventory	48,875	(87,015)
Prepaid expenses	(21)	454
Decrease in:		
Accounts payable	<u>(858)</u>	<u>(1,122)</u>
Total adjustments	<u>(139,147)</u>	<u>(166,926)</u>
<b>Net cash provided by (used in) operating activities</b>	<u>\$ 8,062</u>	<u>\$ (44,078)</u>
<b>Supplementary Noncash Investing Transaction</b>		
Donated medical equipment	<u>\$ 3,848</u>	

## **HOPE HEALTH CLINIC, INC.**

### **NOTES TO FINANCIAL STATEMENTS**

#### **Note 1. Nature of Activities and Summary of Significant Accounting Policies**

##### **Nature of activities:**

Hope Health Clinic, Inc. (Organization) is a not-for-profit organization providing access to basic health services to under-served persons and families in Oldham, Henry, Trimble, Carroll and Eastern Jefferson counties in Kentucky. The Organization offers patients an opportunity to experience and enjoy physical as well as spiritual health.

The clinic was established in 2011 as a division of the Oldham County Ministerial Association (OCMA). OCMA operated the clinic as well as a Samaritan Fund to provide healthcare, lodging, fuel and food to those in need. The clinic operated independently and separately from the OCMA. On April 22, 2014, the clinic incorporated and began operations independent of OCMA.

Revenues are derived from operating support for services, along with contributions and grants to the Organization.

##### **Summary of significant accounting policies:**

This summary of significant accounting policies of Hope Health Clinic, Inc. is presented to assist in understanding the Organization's financial statements. The financial statements are representations of Hope Health Clinic, Inc.'s management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

##### **Estimates:**

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

##### **Cash and cash equivalents:**

For purposes of the statements of cash flows, the Organization considers only unrestricted cash and investments with original maturities of three months or less to be cash and cash equivalents.

## NOTES TO FINANCIAL STATEMENTS

The following provides a reconciliation of cash and designated cash reported on the statements of financial position to the amount reported on the statements of cash flows:

	<u>2023</u>	<u>2022</u>
Cash	\$203,118	\$258,899
Cash designated for property and equipment acquisitions	_____	110,500
	<u>\$203,118</u>	<u>\$369,399</u>

### **Contributions and grants receivable:**

The valuation of contributions and grants receivable is based upon an analysis of past due accounts and the history of collections. The Organization periodically reviews grants and contributions receivable to determine if write-offs are necessary. Currently, the Organization considers contributions and grants receivable to be fully collectible within one year; accordingly, no allowance for doubtful accounts has been made at December 31, 2023 and 2022. Based on an analysis of accounts, if amounts become uncollectible, they will be charged to an allowance established in the year when that determination is made.

### **Inventory:**

Inventory consists of medications that are dispensed at no cost to patients through a pharmacy on site at the Organization, which opened in November 2020. Inventory is carried at the lower of cost, using wholesale acquisition cost (WAC), or net realizable value.

### **Property and equipment:**

The Organization capitalizes asset purchases in excess of \$1,000. Property and equipment are recorded at cost if purchased, or at fair value as of the date of donation, if donated, and are depreciated on a straight-line method over their estimated useful lives ranging from 3 to 15 years.

### **Net assets:**

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor- or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net assets without donor restrictions* – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

## NOTES TO FINANCIAL STATEMENTS

*Net assets with donor restrictions* – Net assets subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Gifts of long-lived assets and gifts of cash restricted for the acquisition of long-lived assets are recognized as revenue when the assets are placed in service. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

### **Revenue and revenue recognition:**

The Organization provides care to all clients who do not have sufficient health insurance or who do not have the ability to pay costs for adequate healthcare even if they have some form of health insurance. A minimal service fee is requested upon services rendered. Lab fees are also collected prior to lab charges being incurred. The Organization files no insurance claims. Payments received from clients for healthcare services are not commensurate with the value of services provided to the client, and do not represent an exchange transaction with clients. Patient service revenues are recognized at the point in time when the service is rendered. Net patient service revenue is reported at the estimated net realizable amounts from clients because there is no pursuit of collection for the charges in excess of ability to pay. The nonpayment of service fees is considered bad debt at the time of service. Patient service revenues are directly related to the number of patient visits which is impacted by the economy, access to insurance and healthcare, as well as the overall health of the community.

The Organization recognizes contributions when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are met.

Special events revenue is recorded equal to the cost of direct benefits to donors and the related contribution from the donor. Special events are presented net of the costs of direct benefit to donors on the statement of operations and changes in net assets.

### **Contributions other than cash:**

Contributions other than cash are recorded at their fair value as of the date of donation and reported as expenses when utilized. Contributed services must meet the specific expertise requirements and would normally have been purchased before they are recorded.

## NOTES TO FINANCIAL STATEMENTS

A summary of in-kind donations for the years ended December 31, 2023 and 2022 are as follows:

	<u>2023</u>	<u>2022</u>
<b>Services and space:</b>		
Medical services	\$ 175,560	\$141,660
Rent and utilities	78,149	51,177
Rent – future years	178,200	
<b>Other:</b>		
Medications and products	668,074	510,882
Non-medical and fundraising supplies	26,825	12,694
Medical equipment	<u>3,848</u>	
	<u><u>\$1,126,808</u></u>	<u><u>\$720,261</u></u>

### **Services and space:**

The Organization leases 3600 square feet of office space at a rate of \$1 annually from Baptist Health LaGrange (Baptist). The lease ends March 27, 2026. Prior to March 2023, the Organization leased 1200 square feet of office space from Baptist, also for \$1 annually. The difference between the amount paid and the fair value of the lease as determined by market rate per square foot is recorded both as a contribution and expense on the statement of operations and changes in net assets. In-kind rent expense was \$70,500 and \$44,400 for the years ended December 31, 2023 and 2022, respectively.

Contributed services include 2,354 and 1,556 hours of medical services provided in the clinic by physicians, nurses, and other medical professionals during the years ended December 31, 2023 and 2022, respectively. Estimated hourly rates for these professionals are utilized to determine fair value of these services.

In addition, approximately 3,016 and 5,088 volunteer hours were provided to the Organization during the years ended December 31, 2023 and 2022, respectively, for which no value has been assigned because these services do not meet the criteria for recognition in the financial statements.

### **Other:**

Donated medications, products, supplies, and equipment are utilized directly in clinic operations. Non-medical donated supplies are utilized in the administrative areas of the clinic. Fair value is determined based on information provided by the donor regarding the value of goods received or estimated retail price of the products and supplies.

The Organization utilizes and did not monetize any in-kind contributions for the years ended December 31, 2023 and 2022. There were no donor restrictions on in-kind contributions for the years ended December 31, 2023 and 2022.

## NOTES TO FINANCIAL STATEMENTS

### **Medical malpractice:**

The Organization carries professional and workplace liability insurance with limits of \$1,000,000 on each claim and \$3,000,000 aggregate coverage for both years 2023 and 2022.

### **Advertising:**

The costs of advertising and public relations are expensed as they are incurred.

### **Functional expenses:**

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Occupancy and depreciation are allocated on a square footage basis, while salaries and wages, benefits, payroll taxes, professional services, office expenses, information technology, insurance, and other expenses are allocated on the basis of estimates of time and effort.

### **Income taxes:**

The Organization is exempt from federal, state and local income taxes as a not-for-profit organization as described under Section 501(c)(3) of the Internal Revenue Code. The Organization files an informational return in the U.S. federal jurisdiction. However, income from certain activities not directly related to the Organization's tax-exempt purpose may be subject to taxation as unrelated business income. Management does not believe that the Organization has unrelated business income for the years ended December 31, 2023 and 2022.

As of December 31, 2023 and 2022, the Organization did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

### **Performance indicator:**

The statement of operations and changes in net assets includes income (loss) from operations as the Organization's performance indicator. Changes in net assets that are excluded from loss from operations, consistent with industry practice, include: contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for acquiring such assets) and contributions and grants.

### **Subsequent events:**

Subsequent events have been evaluated through September 4, 2024, which is the date that the financial statements were available to be issued.

## NOTES TO FINANCIAL STATEMENTS

### Note 2. Liquidity and Availability

Financial assets available for general expenditure, without donor or other restrictions limiting their use, within one year of the December 31, 2023 and 2022 statements of financial position dates, comprise the following:

	<u>2023</u>	<u>2022</u>
Cash	\$203,118	\$258,899
Contributions and grants receivable	11,947	15,947
Less: Amounts with purpose restrictions	<u>(2,360)</u>	<u>(39,879)</u>
	<u><u>\$212,705</u></u>	<u><u>\$234,967</u></u>

The Organization manages its liquidity and reserves following two guiding principles: operating within a prudent range of financial soundness and stability and maintaining adequate liquid assets to fund near-term operating needs. The Organization has a goal to maintain cash on hand to meet six months of normal operating expenses, which average approximately \$231,000.

### Note 3. Contributions Receivable – Future Use of Facilities

The contribution receivable – future use of facilities is a receivable from Baptist for the office space lease expiring in March 2026 – see Note 1. Contributions receivable – future use of facilities is as follows at December 31, 2023:

	<u>2023</u>
Amounts to be utilized in:	
Less than one year	\$ 79,200
One to five years	<u>99,000</u>
	<u><u>\$178,200</u></u>

### Note 4. Construction in Progress

During 2022, the Organization began construction on expansion of its clinic space. Construction in progress consisted of deposits on construction activities. The leasehold improvements related to clinic expansion were completed on May 1, 2023 with a total cost of \$247,546.

## NOTES TO FINANCIAL STATEMENTS

### Note 5. Note Payable

The note payable consisted of the following as of December 31, 2022.

Note payable to United Citizens Bank & Trust Company, payable in monthly installments of \$2,466 beginning in December 2022, including interest of 6.75% through November 2027. The note was unsecured.	\$123,229
Less current maturities	<u>21,930</u>
	<u><u>\$101,299</u></u>

During the year ending December 31, 2023, the Organization paid the debt in full. Therefore, there was no outstanding balance at December 31, 2023.

### Note 6. Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes or periods:

	<u>2023</u>	<u>2022</u>
Subject to the passage of time:		
Future use of facilities	\$178,200	
Subject to expenditure for a specified purpose:		
Property and equipment	\$150,379	
Medical services and programs	<u>2,360</u>	<u>_____</u>
	<u><u>\$180,560</u></u>	<u><u>\$150,379</u></u>

### Note 7. Concentrations of Revenue

During the years ending December 31, 2023 and 2022, approximately 37% and 44% of the organization's cash contributions and grants were derived from two donors.



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**HOPE HEALTH CLINIC BOARD OF DIRECTORS AND OFFICERS**

<u>INDIVIDUAL</u>	<u>POSITION</u>	<u>ADDRESS</u>	<u>OCCUPATION &amp; EMPLOYMENT</u>	<u>COMPENSATION</u>
Beth Overbey	Board Chair	10180 Linn Station Rd Louisville, Ky. 40223 <a href="mailto:beth@baldwincpas.com">beth@baldwincpas.com</a> 502-736-9161	Baldwin CPA	None
Joyce Fletcher	Vice Chair	1600 Goshen Ln Goshen, Ky. 40026 (502) 533-6848 <a href="mailto:mamafletcher@gmail.com">mamafletcher@gmail.com</a>	Retired Nurse	None
Andrea Dewey	Secretary	<a href="mailto:andrea.dewey@bhsi.com">andrea.dewey@bhsi.com</a> 859-835-3774	Manager, Engagement and Strategic Initiatives Baptist Health LaGrange	None
Mary VandenBark	Treasurer	3508 W Hwy 146 Crestwood, Ky. 40014 502-222-4078 <a href="mailto:Mary@accountingservicesoldhamcounty.com">Mary@accountingservicesoldhamcounty.com</a>	Accountability, LLC	None
Janet Warren	Clinic Director	10821 Hobbs Station Rd Louisville, Ky. 40223 502-417-3840 <a href="mailto:jwarren@hopehealthclinicky.com">jwarren@hopehealthclinicky.com</a>	HHC Clinic Ex. Director	\$63,000
Keerthi Kemparajurs	LaGrange Family Practice	Medical Director		None
	501 Parker Place Suite 200 LaGrange, Ky. 40031			

## HOPE HEALTH CLINIC BOARD OF DIRECTORS AND OFFICERS

<u>INDIVIDUAL</u>	<u>POSITION</u>	<u>ADDRESS</u>	<u>OCCUPATION &amp; EMPLOYMENT</u>	<u>COMPENSATION</u>
Matt Rhodes	Director	Oldham County Health Dept. 1786 Commerce Parkway LaGrange, Ky. 40031 <a href="mailto:MatthewT.Rhodes@ky.gov">MatthewT.Rhodes@ky.gov</a> 502-222-3516		None
Tim Gladney	Director of IT	Fastline Publications 4801 Fox Run Road Buckner, Ky 40010 <a href="mailto:T.gladney@fastline.com">T.gladney@fastline.com</a> 502-222-0146		None
Ernie Harris	Former Ky. Senator	4306 S Hwy 1694 Prospect, Ky 40059 502-241-2821 <a href="mailto:elh8307@bellsouth.net">elh8307@bellsouth.net</a>		None
Anthony Johnson	Attorney	Goldberg & Simpson 9301 Dayflower Street Prospect, Ky. 40059 502-589-4440 <a href="mailto:anthonyrjohnson123@gmail.com">anthonyrjohnson123@gmail.com</a>		None
Brett Gregory	Branch Lending Specialist	First National Bank 7201 Highway 329 Crestwood Ky 40031 502-741-1872 <a href="mailto:bgregory@fnbkentucky.com">bgregory@fnbkentucky.com</a>		None
Magaly Del Valle			<a href="mailto:magaly0330@gmail.com">magaly0330@gmail.com</a> 502-802-6542	

HOPE HEALTH CLINIC BOARD OF DIRECTORS AND OFFICERS

Development & Marketing Staff

Don Shaw

[dshaw@hopehealthclimicky.com](mailto:dshaw@hopehealthclimicky.com)

502-641-9891



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Oldham County Fiscal Court  
Grant Application

Date of Application: December 18, 2024

Official Name of Organization: Hope Health Clinic, Inc.

Address: 1023 Sanibel Way Suite C, LaGrange, Ky. 40031

EIN: 46-5509958

Date and Place of Incorporation: LaGrange, Kentucky April 2014. Note: HHC opened in September 2011 under the ownership of Oldham County Ministerial Association. In April 2014, it was determined due to the growth and future growth, Hope Health Clinic should obtain a separate 501C3.

Name, Complete Address, Email and Phone Number of Contact Person:

Janet Warren, Executive Director

Hope Health Clinic, Inc

1023 Sanibel Way, Suite C

LaGrange, Ky. 40031

Purpose of Organization or Mission Statement and Services Rendered: Hope Health Clinic (HHC) is a primary care clinic, located in LaGrange, serving those who are without insurance and those who have unaffordable deductibles and are without access to medical care.

- Primary Care is provided to patients by 3 part time nurse practitioners and two Medical Doctors. We provide services Monday – Thursday for a total of 40 hours per week. In 2024, the clinic saw a 60% in new patients (more than 500 – 71% of those individuals are Oldham County residents) over 2023 and delivered more than 4,000 patient visits. 68% of all patient visits are Oldham County residents seeking care.
- Hope Health Clinic has had a strong partnership with Baptist Health LaGrange since opening in 2011. They have provided the clinic with 3600 square feet for the clinic space. Additionally, specialty providers at the hospital see clinic patients at no cost when financial assistance is required. Patients are also referred from the Emergency Room to the clinic to ensure they have a medical home for future care and reduce the dependency on the hospital. We can also attribute the increase in patient visits to a more visible location to the community.
- The clinic is also partnering with local schools to ensure patients who are in need of physicals or urgent care can receive care in a timely manner.
- Hope Clinic also focuses on patient education for chronic disease conditions to reduce the dependency on care but more importantly improve basic health outcomes for patients. 97% of our patients are employed but are low wage earners. It is essential to the well-being of their families that they are able to go to work and/or remain in school. Dependency on other social services is reduced when patients can support their families and remain productive citizens.

## **Oldham County Fiscal Court Grant Application Guidelines**

Oldham County Fiscal Court accepts grant applications from non-profit, tax-exempt organizations which meet these criteria:

- Have a significant presence in Oldham County;
- Serve a public purpose in concert with the goals and activities of OCFC;
- Have the capacity to be accountable for use of donated funds;
- Show support from the majority of their clients/beneficiaries.

### **Funding categories**

Arts and Humanities - activities which meet any or all of the following qualifications:

- Contribute to tourism in Oldham County;
- Conduct activity (e.g., record keeping) on behalf of Fiscal Court;
- Support community-wide celebrations;
- Encourage arts activity on the part of Oldham Countians;
- Play an educational role for Oldham Countians, particularly students.

Social Services - agencies which meet any or all of the following qualifications:

- Provide a needed service to disadvantaged Oldham Countians;
- Provide an emergency social service to Oldham Countians;
- Provide a social service not otherwise available to Oldham Countians.

Recreation - activities which meet any or all of the following qualifications:

- Serve Oldham County residents in facilities within the County;
- Activities are largely financially supported by the participants

### **Timing and Process**

In order to process grant applications in a timely and efficient manner, OCFC has established the following schedule:

- Accept grant applications postmarked up to December 30 or the last work day of each year.
- In January, Committee members accept for review the compiled applications.
- In March, the Committee will convene to discuss their individual ratings.
- The Committee will make recommendations to the Fiscal Court for grant awards no later than the first Fiscal Court meeting in June.

### **Accountability**

Any agency or organization requesting funds will be held to a high standard for reporting its current financial situation and its specific intention for use of requested funds. Moreover, any agency or organization requesting funds, and which has previously received a grant from OCFC, will be asked to report in detail on the use to which those funds were put.

- With access to medications, we are seeing drastic improvements in health outcomes. Particularly for diabetics. In 2021, 42% of our diabetic patients were considered to have uncontrolled diabetes. At the end of 2023, that number was reduced to 18% of diabetic patients who were identified as having uncontrolled diabetes. Again, this has a tremendous impact on the community as a whole.

#### **STATEMENT OF NEED:**

According to Federal Poverty Statistics for Oldham County, at the end of 2023 Oldham County those who were living at or below the poverty level was 4.4% of the population. With a population of 70,183, 3088 individuals were below the poverty level. These numbers correlate with the increase in individuals seeking care at the clinic. The majority of these individuals are uninsured and in many cases unable to afford insurance or be eligible for insurance. These statistics correlate with the numbers of Oldham County residents who are seeking care at Hope Health Clinic. Additionally, we see increased numbers of residents who previously had access to Medicaid but are no longer eligible due to increases in income. Yet, their salaries are not sufficient to afford policies that provide adequate coverage.

#### **PROPOSAL FOR FUNDING**

**Amount Requested: \$7500**

We are requesting \$7500 to be used in the annual subscription fee for medications. This fee covers shipping for medications (including cold-chain medicines such as insulins). While we are not charged for the actual medications, this processing/shipping fee is a part of our expenses in providing medications. To demonstrate the value of these medications – in 2023 Hope Clinic dispensed a retail value of \$3 million to our patients at no cost. Not only are we able to provide medications, but patients are also able to receive some of the very best medications available. For instance, diabetics are able to receive Trulicity which is a once-a-week injection. Without the subscription where we can access this medication, patients would be required to have at the very least once a day injection and in some instances multiple injections. This medication has proven its value with the increased improved health outcomes of diabetics.

This represents a substantial investment in the well-being of Oldham County residents.

Hope Health Clinic is deeply appreciative of the support provided by Oldham County Fiscal Court over the last thirteen years. We look forward to continuing a strong relationship for many years to come!

#### **PROJECT BUDGET**

Our pharmacy budget is as follows:

<b>Dispensary of Hope Fees</b>	<b>\$7,500</b>
Medications Purchased from other Vendors	\$5,000
Medication Vials and other supplies	\$3,700
Pharmacist Salary	\$0
Pharmacy Technician (2)	\$0
<b>Total</b>	<b>\$16,200</b>

**Not reflected in the budget is we receive approximately \$900,000 wholesale value of medications at no cost. The budget only includes what is required to obtain and dispense medications.**

**Again, with limited expenditures we are making an impressive difference in the health of patients who are seeking care at Hope Health Clinic.**

**Attachments:**

List of Officers and Directors – Name, Office, Address, Business Affiliation, Compensation from Organization.

- Copy of 501c(3) tax-exempt status letter from IRS;
- Documentation for most recent form 990;
- Documentation for most recent filing with KY Secretary of State;
- Most recent Organization/Agency budget **summary**, or balance sheet, or income/expense statement (Please, no complete budgets!);
- If a recipient of funds for the prior year, a statement of the use of those funds;
- Photographs, videos, letters of support.

**Submission Guidelines:**

**Email complete applications to:** Becky Zocklein [rzocklein@oldhamcountyky.gov](mailto:rzocklein@oldhamcountyky.gov) no later than 12/30/2024.

**Proposed Project**

Hope Health Clinic has opened a pharmacy within the clinic to provide medications to our patients at no cost. This includes diabetic medications, blood pressure, cardiac, respiratory and other needed medications. This pharmacy is staffed by a volunteer pharmacist and pharmacy technicians.