



Organization Information

Legal Name

Hope Clinic for Women

DBA (if Applicable)

NA

Organization’s Mission Statement

Hope Clinic for Women provides safe, confidential, supportive medical care that promotes sexual health and well-being.

Organization’s Vision Statement

Hope Clinic for Women comes along side women and men to offer them no cost medical care, education, and resources regardless of race, ethnicity, age, gender, religion, disability and economic status.

Organization History & Accomplishments

In 1999 our founder, Amy Putnam, took action to support her friend facing the uncertainty of an unplanned pregnancy. Dr. Michael Forrester, a local physician, offered an office in his practice.

In 2006 HCW was registered a 501c3 charitable organization in California.

Over the years HCW rented various locations as the organization grew. 2014 the HCW Board of Directors determined that HCW required ownership of a building to proceed with the process of medical conversion with enough space and resources to offer medical center services and pregnancy support.

In October 2018 we purchased and renovated the historical Police Station at 125 E Hawthorne into what we call “Our Home on Hawthorne,” which provides ample room for our current programs and room to grow future programs. Adjacent to our center, we own a small building that serves as our Learning Center, where we offer a free GED program and a space for our new fatherhood program. In 2020 we received our license to be a free primary care medical clinic from the State of California Department of Public Health.

Since 2018, there have been 180 babies born to moms in our programs, At 4.881 client visits moms and dads received over 19,261 support services, 434 women received pregnancy tests, and 376 received free ultrasounds. Our Demographic: 90% have an annual income of less than \$15,000, 53% are single, and 54% of our clients are under 24 years old.

Program Name/Title

Free and Easy STI Testing and Treatment

Brief Program Description

<span style="font-size:12.0pt;line-height:107%;

font-family:"Times New Roman"; serif;mso-fareast-font-family:"Times New Roman"; letter-spacing:.3pt;mso-font-kering:0pt;mso-ligatures:none;mso-ansi-language: EN-US;mso-fareast-language:EN-US;mso-bidi-language:AR-SA">With current high-risk STI rates for HCWs demographic of pregnant moms, teens and young men and women 17 – 24 years old, we believe there is a need and a direct public benefit for HCW to add no-cost STI/STD testing and treatment services at times currently not available to them.

Is this a new initiative/service or established program within your organization?

New Initiative/Service

Funding Amount Being Requested

21329

Program Information - Type

Ongoing

Projected number of residents that will directly benefit (participant/client) from this program.

300

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)	0	0
Young Adults (13-17)	10	30
Adults (18-60)	90	270
Seniors (60+)	0	0
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

NA

Target Population - Gender

	Percent of program participants
Female	70
Male	25
Non-binary	
Unknown*	5

***Target Population - Gender**

NA

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	92

	Percent of program participants
Very Low (50%) Income Limits, ceiling of \$53,500	8
Low (80%) Income Limits, ceiling of \$85,600	0
Higher Than Listed Limits	0
We do not collect this data (indicate with 100%)*	

***Target Population - Income Level**

NA

What language(s) can this program accommodate:

English

Spanish

What demographic group does this program predominately serve:

Community - Health & Fitness

Social Determinants of Health (SDOH)

The Fallbrook Regional Health District has identified several Social Determinants of Health that demonstrate a significant impact on the long term health and well being of our community. The following questions address how your program and/or services address these concerns.

Program/Services Description - Social Determinants of Health

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

Social Determinants of Health - Healthcare Access and Quality

As a local Free Primary Care Medical Clinic licensed by the State of California serving a high risk population of 17-24 year olds in Bonsall, De Luz, Fallbrook and Rainbow, HCW seeks to include no cost STI Testing and Treatment to the quality no-cost healthcare services we already provide with access for it in the evening and on the weekend, times not currently available in our community.

Statement of Need/Problem

The San Diego Union Tribune states that STDs have been on the rise in San Diego. So much so that in 2018 San Diego was described as America’s Finest City with the No. 1 chlamydia rate among cities in the American West. COVID19 reduced the availability and utilization of sexual health services. Local government and the private sector must invest in San Diego County’s sexual health services. Education and testing services are a vital investment both because they enhance individual well-being and they have far-reaching benefits for societies and for future generations. In the last decade, San Diego and the state have seen significant cuts in STD prevention efforts, all while infections continue to rise at distressing rates. It’s not difficult to see how this divestment is preventing us from winning the fight against STDs and HIV.

Adolescents, young adults, and those pregnant are top priority populations for STI prevention. The CDC recommends that all sexually active women younger than 25 should be tested for gonorrhea and chlamydia yearly. Everyone pregnant should be tested for syphilis, HIV, hepatitis B, and hepatitis C starting early in pregnancy. Those at risk for infection should also be tested for

chlamydia and gonorrhea starting early in pregnancy. According to HHS.GOV, the current rise of STIs is a serious public health concern that requires immediate attention. If left untreated, STIs can lead to severe health complications, including pelvic inflammatory disease (PID), increased risk of getting HIV, certain cancers, and even infertility. Mother-to-child transmission of STIs can result in stillbirth, neonatal death, low-birth weight and prematurity, sepsis, neonatal conjunctivitis, and congenital deformities according to the Pan American Health Organization.

BMC Public Health shares that sexually transmitted infections (STI) rates continue to rise in the U.S. with disproportionately high rates among those ages 15-24. **With current high-risk STI rates for those in Hope Clinic for Women's (HCW) focus demographic of pregnant moms, teens and young men and women 17 – 24 years old, we believe there is a need and a direct public benefit for HCW to add no-cost evening and weekend STI/STD testing and treatment, times best for the patients.** Our STI testing and treatment program would be free, quick, easy, confidential, and available in the evening and on weekends when teens and young adults in Fallbrook, Bonsall, DeLuz, Rainbow, Valley Center and Camp Pendleton would most likely seek these services. These services are not available at these times with any other local STI testing providers. In addition some STI testing locations do not include treatment. Most patients come to HCW because they had no access to healthcare, their healthcare would not cover the testing, or they could not afford the testing even with the help of their insurance. For those who might have insurance through parents, the stigma of going to a family doctor or local public clinic where there is a lack of privacy and greater exposure keeps them from getting tested and treated.

How are other organizations addressing this need in the community?

In our community other than private medical practitioners, Quest Diagnostics and Labcorp provide testing at a cost but no treatment. *Community Health Systems* offers both testing and treatment but does not offer the clinic at no cost. HCW currently partners with the Community Health System when referring clients for care that is outside of our capabilities, and through opening this clinic we can be a partner with them acting as a safety net ensuring fewer residents go untested and untreated, and we can help prevent the spread of STIs in our community.

Program/Services Description - Program Entry & Follow Up

The STI Testing and Treatment Clinic will be new to HCW. We are currently surveying local high school students and our pregnancy care clients to determine where they feel most comfortable in receiving STI testing and treatment and why? We have developed a marketing strategy to educate the community about the STI clinic. HCW already has a good partnership with Fallbrook High School, the Fallbrook Chamber of Commerce, and would appreciate the support of the Fallbrook Regional Health District who already assists in providing space for some of our programming for moms and dads in our programs. To access the clinic, patients must set up an appointment on the phone with one of our staff members, there will also be some availability for walk-ins. From that point, the medical staff member or volunteer will call the patient to confirm their appointment and give them an introduction explaining what they should expect once they arrive at the clinic. At the office, the patient will be required to fill out some preliminary questions to help our medical staff get a better feel for their situation. Their information is kept completely confidential. Once completed they will be brought back to the exam room for STI testing. Before being tested the medical staff will educate them on the different STIs and their impacts and treatment options. Some results will be available to them directly after the visit, but some might require a waiting period determined by what is being tested for. For positive results, there could be a required follow-up depending on the treatment.

Program/Services Description - Program Activities

HCW STI testing and treatment will benefit residents of Fallbrook, Bonsall, De Luz, and Rainbow. The clinic will have the capability of offering testing results and treatment for the following STIs: Chlamydia, Gonorrhea, Bacterial Vaginosis, and Trichomoniasis. Testing and treatment prevent the spread of STIs in the community and prevent further harm to the patient if left untreated.

Untreated STIs have the potential to lead to pelvic inflammatory disease (PID), increased risk of getting HIV, certain cancers, and even infertility. According to the World Health Organization, "Information, education, and counseling can improve people's ability to recognize the symptoms of STIs and increase the likelihood that they will seek care and encourage a sexual partner to do so." To address health literacy, we will continue offering education through materials provided at our facility as well as the survey that is sent out to high school students about their knowledge of STIs. Educating the at-risk population is essential to a healthy community.

Program Goal

The goal of the STI testing and treatment program at HCW is to provide free access to 300 teens and young adults in Fallbrook, Bonsall, De Luz and Rainbow, for evening and weekend STI testing/treatments and to destigmatize the fear surrounding it with education and support to prevent future infections.

Program Objectives & Measurable Outcomes

Our three main program objectives are: 1 – To provide 2 medical staff and 1 admin staff for evening and weekend no-cost STI testing and treatment clinic at HCW making it accessible when other clinics in our area are closed and when our demographic is most likely to seek it. 2 – To prevent new STIs through providing no-cost, on-site testing, treatment, and providing health literacy for 300 teens and young adults, 3 – To increase the visibility of sexual health, STIs, and evidence-based screening guidelines at Fallbrook Union High School and at public and private events, surveying for their awareness of the STI issue. HCW will measure the success of the clinic's interventions and services in various ways. 1- Quantitative data will primarily be found in the number of people who receive testing and the required treatment. STI prevention will be measured by gathering data about the number of clients served. 2 - Qualitative data will be gained through a survey sent out to high-school-aged students in our community asking about the benefits of location, availability, and accessibility, and by offering optional surveys to those who receive testing and/or treatment at our clinic as part of our regular services to them.

Organization Collaborations

We have an ongoing non financial partnership with Fallbrook High School that provides ten hours of community service for students who complete a 5 week survey of educational materials that cover high risk concerns sexual health, STIs, unintended pregnancy, abortion, emotional health, etc. Parents of students under 18 must have parental permission to participate. We have established connection with the students making it more likely that they would come to us for STI testing before going elsewhere.

Anticipated Acknowledgment

Please describe how the Fallbrook Regional Health District's investment in this program will be acknowledged. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the funded program.

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Anticipated Acknowledgment

Social Media Postings - Facebook, Twitter, Instagram, Signage at Service Sites. Print Materials to Service Recipients and Website Display. Hope Clinic for Women will be sure to use the FRHD logo in accordance to the guidelines provided, on marketing materials specific to this program that will be distributed via social media(Facebook, Instagram, and Twitter), brochures/ informational materials in the office given to service recipients, and signage at

the office. We will also link your website on the *STI/STD* page that are going to be developed.

Financial Reporting & Budget

Funding History

NO

Terms and Conditions

Accepted

Authorized Signature

A handwritten signature in black ink that reads "Fanny Koob". The signature is written in a cursive style with a large initial 'F' and 'K'.

Title	LastName	FirstName	Email
Board Member	Brotherton	Christi	brothertonfamily@sbcglobal.net
Board Chair	DuMont	Tom	tvdumont@sbcglobal.net
Board Member	Follis	Ken	kenfollisrealtor@gmail.com
Board Member	Gonzalez	Gracie	lil_grace62@yahoo.com
Board Member (Non-Vote)	Koole	Carolyn	carolyn@hopefallbrook.com
Board Vice Chair	Sabragia	Dean	dean@Medicalfitsolutions.com
Board Member	Saunders	Bill	billandjudysaunders@gmail.com
Board Treasurer	Sharp	Ron	rrrsharp@aol.com
Board Member	Tukua	Phil	ptukua54@gmail.com
Board Secretary	Vanderlaan	Miriam	mimivan@cox.net



Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **2022**, and ending **20**

B Check if applicable:	C	D Employer identification number	
<input type="checkbox"/> Address change	HOPE CLINIC FOR WOMEN P.O.BOX 1588 FALLBROOK, CA 92088	20-3550588	
<input type="checkbox"/> Name change		E Telephone number	
<input type="checkbox"/> Initial return		(760) 728-4105	
<input type="checkbox"/> Final return/terminated		G Gross receipts \$	420,443.
<input type="checkbox"/> Amended return		F Name and address of principal officer: THOMAS DU MONT 2133 BROOKE RD FALLBROOK, CA 92028	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number	
J Website:	HOPEFALLBROOK.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: 2005	M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>HOPE CLINIC FOR WOMEN PROVIDES SAFE, CONFIDENTIAL, SUPPORTIVE MEDICAL CARE THAT PROMOTES SEXUAL HEALTH AND WELL-BEING.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> 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 2022 (Part V, line 2a)	5		11
	6 Total number of volunteers (estimate if necessary)	6		30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	454,712.	224,968.	
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13.	3,293.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,986.	149,461.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	568,711.	377,722.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	103,570.	185,425.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	674.	1,669.	
	b Total fundraising expenses (Part IX, column (D), line 25)	32,088.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	170,271.	174,536.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	274,515.	361,630.	
19 Revenue less expenses. Subtract line 18 from line 12	294,196.	16,092.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,590,711.	1,582,439.	
	21 Total liabilities (Part X, line 26)	420,740.	396,376.	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,169,971.	1,186,063.	

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	
	THOMAS DU MONT Type or print name and title	CHAIRMAN	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	CHAD WAUSCHEK, CPA	CHAD WAUSCHEK, CPA	
	Firm's name	PATHWAY CONSULTING GROUP	
	Firm's address	1595 S MISSION RD FALLBROOK, CA 92028	
	Check <input type="checkbox"/> if self-employed	PTIN	
		P00695411	
	Firm's EIN	90-0781364	
	Phone no.	(760) 723-7724	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HOPE CLINIC FOR WOMEN PROVIDES SAFE, CONFIDENTIAL, SUPPORTIVE MEDICAL CARE THAT PROMOTES SEXUAL HEALTH AND WELL-BEING.

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 [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 111,035. including grants of \$) (Revenue \$)

BRIGHTCOURSE TO EARN WHILE YOU LEARN - OBJECTIVE: TO PROVIDE PREGNANT WOMEN PRENATAL INFORMATION AND TO TEACH THEM PARENTING SKILLS. 807 EARNED POINTS THROUGH PEER COUNSELING TO BE REDEEMED FOR MATERNITY CLOTHES, BABY CLOTHES AND SUPPLIES.

4b (Code:) (Expenses \$ 85,489. including grants of \$) (Revenue \$)

MEDICAL SERVICES - OBJECTIVE: WE OFFER PREGNANCY TESTS, ULTRASOUNDS, FIRST TRIMESTER PREGNANCY SUPPORT AND ABORTION PILL REVERSAL.

4c (Code:) (Expenses \$ 24,155. including grants of \$) (Revenue \$)

ABORTION PREVENTION - OBEJECTIVE: TO DISCUSS OPTIONS FOR WOMEN IN UNPLANNED PREGNANCIES. 69 CLIENTS RECEIVED FREE PREGNANCY TESTS AND PREGNANCY OPTIONS

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

(Expenses \$ 820. including grants of \$) (Revenue \$)

4e Total program service expenses 221,499.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	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? If "Yes," complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.		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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.		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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		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? If "Yes," complete Schedule F, Parts I and IV.		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? If "Yes," complete Schedule F, Parts II and IV.		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? If "Yes," complete Schedule F, Parts III and IV.		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? If "Yes," complete Schedule G, Part I. See instructions.		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? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		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? If "Yes," complete Schedule I, Parts I and II.		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>		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? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.....		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. 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	
11	Section 501(c)(12) organizations. 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	
12a	Section 4947(a)(1) non-exempt charitable trusts. 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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand	13c	
14a	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	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. 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. X

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. 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.	10	
b	Enter the number of voting members included on line 1a, above, who are independent.	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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.		X
b	Other officers or key employees of the organization.		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 MELINDA ZIMMERMAN 125 E HAWTHORNE ST FALLBROOK CA 92028 (760) 728-4105

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS DU MONT CHAIRMAN	1 0	X		X				0.	0.	0.
(2) PHIL TUKUA BOARD MEMBER	1 0	X						0.	0.	0.
(3) MIRIAM VANDERLAAN SECRETARY	0.5 0	X		X				0.	0.	0.
(4) KEN FOLLIS BOARD MEMBER	0.5 0	X						0.	0.	0.
(5) CHRISTI BROTHERTON BOARD MEMBER	0.5 0	X						0.	0.	0.
(6) BILL SAUNDERS BOARD MEMBER	0.3 0	X						0.	0.	0.
(7) RON SHARP FINANCE CHAIR	1 0	X		X				0.	0.	0.
(8) DEAN SBARGIA VICE CHAIRMAN	1 0	X		X				0.	0.	0.
(9) VIOLET HULIT BOARD MEMBER	0.12 0	X						0.	0.	0.
(10) GRACIE GONZALES BOARD MEMBER	0.5 0	X						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1b Subtotal	0.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	0.	0.

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	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

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 **0**

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	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events	15,555.				
	1d Related organizations					
	1e Government grants (contributions)	25,000.				
	1f All other contributions, gifts, grants, and similar amounts not included above	184,413.				
	1g Noncash contributions included in lines 1a-1f	15,555.				
	h Total. Add lines 1a-1f	224,968.				
Program Service Revenue	2a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	3,293.	3,293.			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 15,555. of contributions reported on line 1c). See Part IV, line 18	192,182.				
	b Less: direct expenses	42,721.				
c Net income or (loss) from fundraising events	149,461.			149,461.		
9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a -----					
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions	377,722.	3,293.	0.	149,461.	

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.	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	170,367.	75,746.	67,587.	27,034.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	15,058.	6,695.	5,974.	2,389.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	1,669.			1,669.
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	7,210.	2,789.	3,425.	996.
12 Advertising and promotion.	2,865.	2,066.	799.	
13 Office expenses.	36,722.	30,695.	6,027.	
14 Information technology.	10,611.	7,248.	3,363.	
15 Royalties.				
16 Occupancy.	45,933.	36,292.	9,641.	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,992.	2,715.	1,277.	
20 Interest.				
21 Payments to affiliates.	1,145.	779.	366.	
22 Depreciation, depletion, and amortization.	29,949.	20,365.	9,584.	
23 Insurance.	15,104.	15,104.		
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 <u>PROGRAM SERVICES</u>	21,005.	21,005.		
b _____				
c _____				
d _____				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	361,630.	221,499.	108,043.	32,088.
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	186,205.	1	288,131.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5.	3	5.
	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		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,549,864.		
	b	Less: accumulated depreciation	10b 255,561.	1,324,252.	10c 1,294,303.
	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	80,249.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,590,711.	16	1,582,439.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	420,740.	23	396,375.
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	1.	
26	Total liabilities. Add lines 17 through 25	420,740.	26	396,376.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions	1,169,971.	27	1,186,063.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>				
	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	1,169,971.	32	1,186,063.
33	Total liabilities and net assets/fund balances	1,590,711.	33	1,582,439.	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HOPE CLINIC FOR WOMEN PROVIDES SAFE, CONFIDENTIAL, SUPPORTIVE MEDICAL CARE THAT PROMOTES SEXUAL HEALTH AND WELL-BEING.

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 [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 111,035. including grants of \$) (Revenue \$)

BRIGHTCOURSE TO EARN WHILE YOU LEARN - OBJECTIVE: TO PROVIDE PREGNANT WOMEN PRENATAL INFORMATION AND TO TEACH THEM PARENTING SKILLS. 807 EARNED POINTS THROUGH PEER COUNSELING TO BE REDEEMED FOR MATERNITY CLOTHES, BABY CLOTHES AND SUPPLIES.

4b (Code:) (Expenses \$ 85,489. including grants of \$) (Revenue \$)

MEDICAL SERVICES - OBJECTIVE: WE OFFER PREGNANCY TESTS, ULTRASOUNDS, FIRST TRIMESTER PREGNANCY SUPPORT AND ABORTION PILL REVERSAL.

4c (Code:) (Expenses \$ 24,155. including grants of \$) (Revenue \$)

ABORTION PREVENTION - OBEJECTIVE: TO DISCUSS OPTIONS FOR WOMEN IN UNPLANNED PREGNANCIES. 69 CLIENTS RECEIVED FREE PREGNANCY TESTS AND PREGNANCY OPTIONS

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

(Expenses \$ 820. including grants of \$) (Revenue \$)

4e Total program service expenses 221,499.

Hope Clinic for Women
Balance Sheet
 As of December 31, 2022

	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings	
1011 · PACIFIC WESTERN BANK	
1012 · PWB Unrestricted	275,353.69
1013 · PWB Restricted	9,807.03
1017 · PWB-FUND-A-NEED/TEAM HOPE	1,050.00
Total 1011 · PACIFIC WESTERN BANK	286,210.72
1040 · Petty cash	100.00
Total Checking/Savings	286,310.72
Accounts Receivable	
1210 · Pledges receivable-Banquet	5.00
Total Accounts Receivable	5.00
Other Current Assets	
1299 · Undeposited Funds	1,820.00
Total Other Current Assets	1,820.00
Total Current Assets	288,135.72
Fixed Assets	
1611 · Land-121-129 E Hawthorne	333,912.53
1621 · Building-121-129 E Hawthorne	
1622 · Building-E Hawthorne - Cost	312,390.74
1623 · Building-E Hawthorne - AccumDep	-61,824.13
1625 · Building Remodel	794,791.37
1626 · Remodel Accum. Depreciation	-86,300.00
Total 1621 · Building-121-129 E Hawthorne	959,057.98
1630 · Leasehold improvements	
1632 · Leasehold Improvements - Cost	42,534.32
1634 · Leasehold Imprvmts - AccumDepr	-42,534.32
Total 1630 · Leasehold improvements	0.00
1640 · Furniture, fixtures, & equip	
1642 · Furn,Fixt,Equip - Cost	56,357.06
1643 · Donated Furniture, Fixtures, Eq	11,776.61
1644 · Furn,Fixt,Equip - AccumDepr	-66,801.36
Total 1640 · Furniture, fixtures, & equip	1,332.31
Total Fixed Assets	1,294,302.82
TOTAL ASSETS	1,582,438.54
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities	
2731 · Mortgage Duppy Inv. Hawthorne	396,374.59
Total Long Term Liabilities	396,374.59
Total Liabilities	396,374.59
Equity	
3010 · Unrestrict (retained earnings)	1,169,971.10
Net Income	16,092.85
Total Equity	1,186,063.95
TOTAL LIABILITIES & EQUITY	1,582,438.54

Hope Clinic for Women
Profit & Loss
 January through December 2022

	Jan - Dec 22
Ordinary Income/Expense	
Income	
4 · Contributions	
4010 · Individual	133,922.75
4020 · Church	10,294.85
4030 · Corporate	3,777.62
4205 · Government grants	25,000.00
4230 · Foundation/trust grants	14,500.00
4250 · Nonprofit organization grants	3,525.00
	191,020.22
Total 4 · Contributions	
5 · Earned revenues	
5310 · Interest-savings/short-term inv	3,293.21
	3,293.21
Total 5 · Earned revenues	
5800 · Special events	
5810 · Special events - non-gift rev	
5813 · Tea Luncheon Income	7,290.27
5815 · Silent Auction Income	13,590.00
5816 · Gifts in Kind Auction	15,554.99
5817 · Gifts in Kind Auction Expense	-15,554.99
	20,880.27
Total 5810 · Special events - non-gift rev	
5820 · Special events - gift revenue	
5821 · Silent Auction Income	
5822 · Silent Auction Revenue	2,743.00
	2,743.00
Total 5821 · Silent Auction Income	
5827 · Banquet Income	
5828 · Banquet Revenue	115,942.50
5829 · Banquet Expense	-11,887.26
	104,055.24
Total 5827 · Banquet Income	
5837 · Walk Income	
5838 · Walk Revenue	12,866.85
5839 · Walk Expense	-4,387.73
	8,479.12
Total 5837 · Walk Income	
5841 · Tea Income	
5842 · Tea Revenue	6,359.51
5844 · Tea Expense	-9,971.42
	-3,611.91
Total 5841 · Tea Income	
Total 5820 · Special events - gift revenue	111,665.45
Total 5800 · Special events	132,545.72
5891 · Bottle/SOHL Income	
5892 · Bottle Revenue	24,838.09
5893 · Bottle Expense	-311.05
	24,527.04
Total 5891 · Bottle/SOHL Income	
5910 · Letter Income	
5911 · Letter Revenue	7,495.00
5912 · Letter Expense	-609.31
	6,885.69
Total 5910 · Letter Income	

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 Cash Basis

Hope Clinic for Women
Profit & Loss
 January through December 2022

	Jan - Dec 22
5915 · Fund-a-Need	
5916 · Ultrasound Machine	1,057.20
Total 5915 · Fund-a-Need	1,057.20
Total Income	359,329.08
Gross Profit	359,329.08
Expense	
6100 · Fundraising Expense-Other	1,669.00
6110 · Merchant Account Fees	2,950.56
6200 · Program Services	
6205 · Volunteer Development-PgmSvcs	544.65
6220 · Parenting Education	
6222 · GED	810.00
6223 · EWYL	
6224 · EWYL-Expenses	9,249.31
6225 · Donated materials & supplies	17,556.69
Total 6223 · EWYL	26,806.00
Total 6220 · Parenting Education	27,616.00
6230 · Abortion Prevention	282.94
6250 · Abortion Recovery	167.65
6261 · Pregnancy & Postpartum	73.56
6275 · Fatherhood Studies	828.50
6280 · Medical Services	
6282 · Medical Maintenance	1,050.00
6283 · Medical Hospitality	20.45
6284 · Medical Lab Fees	34.49
6285 · Medical Licensing	2,864.00
6287 · Medical Insurance	7,167.75
6288 · Medical Supplies-Office	590.13
6289 · Medical Supplies-General	2,052.69
6290 · Medications	294.96
6291 · Medical Ultrasound Readings	2,376.00
Total 6280 · Medical Services	16,450.47
Total 6200 · Program Services	45,963.77
7200 · Salaries & related expenses	
7220 · Salaries & wages - medical	34,879.20
7225 · Salaries & wages - admin	132,671.75
7226 · Severance Pay	2,816.00
7250 · Payroll taxes	15,057.54
7290 · Payroll Expenses	6,275.49
Total 7200 · Salaries & related expenses	191,699.98
7500 · Other personnel expenses	
7540 · Professional fees - other	935.00
Total 7500 · Other personnel expenses	935.00
8100 · General & Administrative Exp	
8110 · Supplies-Office	5,876.93
8111 · Supplies-General	2,574.72
8120 · Donated materials & supplies	798.00
8160 · Computer maintenance	200.00
8170 · Printing & copying	125.00
8190 · Computer subscriptions	1,945.00
Total 8100 · General & Administrative Exp	11,519.65
8130 · Telephone & telecommunications	5,423.11
8140 · Postage, shipping, delivery	1,277.62

Hope Clinic for Women
Profit & Loss
 January through December 2022

	Jan - Dec 22
8200 · Occupancy expenses	
8230 · Repairs and Maintenance	11,327.21
8235 · Real Estate Taxes	38.74
8250 · Mortgage interest	20,483.64
Total 8200 · Occupancy expenses	31,849.59
8220 · Utilities	14,083.71
8300 · Professional Ed & Training	
8320 · Conference, convention, meeting	416.73
8330 · Staff Development	3,197.36
8350 · Board Training	128.20
Total 8300 · Professional Ed & Training	3,742.29
8400 · Insurance	
8415 · Cyber Coverage	2,755.15
8425 · Employment Practices Liability	460.00
8430 · Directors & Officers Insurance	950.00
8435 · Worker's Compensation Insurance	3,770.75
Total 8400 · Insurance	7,935.90
8440 · Depreciation & amortization exp	
8450 · Deprec & amort - allowable	29,949.00
Total 8440 · Depreciation & amortization exp	29,949.00
8500 · Misc expenses	
8530 · Membership dues - organization	1,145.00
8586 · Bank Service Charge	39.00
8587 · Reimbursable CC Charge	0.00
Total 8500 · Misc expenses	1,184.00
8600 · Business expenses	
8670 · Organizational (corp) expenses	100.00
Total 8600 · Business expenses	100.00
8800 · Marketing	
8810 · Client Marketing	497.17
8812 · Print Ads	580.00
8814 · Web Marketing	8,481.67
8817 · Billboard Advertising	590.00
8850 · Public Relations	
8852 · Donor/Outreach	534.38
8854 · Community Outreach	663.46
Total 8850 · Public Relations	1,197.84
Total 8800 · Marketing	11,346.68
Total Expense	361,629.86
Net Ordinary Income	-2,300.78
Other Income/Expense	
Other Income	
4130 · Gifts in kind - goods	18,393.63
9700 · Other Income	0.00
9701 · Misc Contributions and Grants	0.00
Total 9700 · Other Income	0.00
Total Other Income	18,393.63
Net Other Income	18,393.63
Net Income	16,092.85

Hope Clinic for Women
Balance Sheet
As of December 31, 2023

	<u>Dec 31, 23</u>
ASSETS	
Current Assets	
Checking/Savings	
1011 · PACIFIC WESTERN BANK	
1012 · PWB Unrestricted	50,367.84
1013 · PWB Restricted	67,793.71
1017 · PWB-FUND-A-NEED/TEAM HOPE	<u>1,300.00</u>
Total 1011 · PACIFIC WESTERN BANK	<u>119,461.55</u>
Total Checking/Savings	119,461.55
Accounts Receivable	
1210 · Pledges receivable-Banquet	5.00
Total Accounts Receivable	<u>5.00</u>
Other Current Assets	
1199 · Certificate of Deposit	206,668.53
1299 · Undeposited Funds	<u>4,589.17</u>
Total Other Current Assets	<u>211,257.70</u>
Total Current Assets	330,724.25
Fixed Assets	
1611 · Land-121-129 E Hawthorne	333,912.53
1621 · Building-121-129 E Hawthorne	
1622 · Building-E Hawthorne - Cost	312,390.74
1623 · Building-E Hawthorne - AccumDep	-61,824.13
1625 · Building Remodel	794,791.37
1626 · Remodel Accum. Depreciation	<u>-86,300.00</u>
Total 1621 · Building-121-129 E Hawthorne	<u>959,057.98</u>
1630 · Leasehold improvements	
1632 · Leasehold Improvements - Cost	42,534.32
1634 · Leasehold Imprvmts - AccumDepr	<u>-42,534.32</u>
Total 1630 · Leasehold improvements	0.00
1640 · Furniture, fixtures, & equip	
1642 · Furn,Fixt,Equip - Cost	56,357.06
1643 · Donated Furniture, Fixtures, Eq	11,776.61
1644 · Furn,Fixt,Equip - AccumDepr	<u>-66,801.36</u>
Total 1640 · Furniture, fixtures, & equip	<u>1,332.31</u>
Total Fixed Assets	<u>1,294,302.82</u>
TOTAL ASSETS	<u><u>1,625,027.07</u></u>
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities	
2731 · Mortgage Duppy Inv. Hawthorne	370,762.99
Total Long Term Liabilities	<u>370,762.99</u>
Total Liabilities	370,762.99
Equity	
3010 · Unrestrict (retained earnings)	1,186,063.95
Net Income	<u>68,200.13</u>
Total Equity	<u>1,254,264.08</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,625,027.07</u></u>

Hope Clinic for Women
Profit & Loss
 January through December 2023

	Jan - Dec 23
Ordinary Income/Expense	
Income	
4 · Contributions	
4010 · Individual	136,900.32
4020 · Church	21,160.26
4030 · Corporate	13,452.62
4230 · Foundation/trust grants	2,025.00
4250 · Nonprofit organization grants	104,448.40
Total 4 · Contributions	277,986.60
5 · Earned revenues	
5310 · Interest-savings/short-term inv	7,259.59
Total 5 · Earned revenues	7,259.59
5800 · Special events	
5810 · Special events - non-gift rev	
5813 · Tea Luncheon Income	10,457.96
5814 · Gift in Kind Christmas/OpenHous	6,155.00
5815 · Silent Auction Income	10,111.45
5816 · Gifts in Kind Auction	15,908.81
5817 · Gifts in Kind Auction Expense	-15,908.81
5818 · Christmas Shoppe Income	2,015.00
5819 · Gift in Kind C-Shoppe Expense	-6,155.00
Total 5810 · Special events - non-gift rev	22,584.41
5820 · Special events - gift revenue	
5821 · Silent Auction Income	
5822 · Silent Auction Revenue	498.00
Total 5821 · Silent Auction Income	498.00
5824 · Christmas Shoppe Income	
5825 · Christmas Shoppe Revenue	705.00
5826 · Christmas Shoppe Expense	-232.15
Total 5824 · Christmas Shoppe Income	472.85
5827 · Banquet Income	
5828 · Banquet Revenue	190,271.00
5829 · Banquet Expense	-19,254.51
Total 5827 · Banquet Income	171,016.49
5837 · Walk Income	
5838 · Walk Revenue	15,337.09
5839 · Walk Expense	-3,713.83
Total 5837 · Walk Income	11,623.26
5841 · Tea Income	
5842 · Tea Revenue	9,413.59
5844 · Tea Expense	-15,670.75
Total 5841 · Tea Income	-6,257.16
Total 5820 · Special events - gift revenue	177,353.44
Total 5800 · Special events	199,937.85
5891 · Bottle/SOHL Income	
5892 · Bottle Revenue	28,248.69
5893 · Bottle Expense	-874.07
Total 5891 · Bottle/SOHL Income	27,374.62

Hope Clinic for Women
Profit & Loss
 January through December 2023

	Jan - Dec 23
5910 · Letter Income	
5911 · Letter Revenue	5,890.00
5912 · Letter Expense	-375.83
Total 5910 · Letter Income	5,514.17
5915 · Fund-a-Need	
5916 · Ultrasound Machine	733.00
Total 5915 · Fund-a-Need	733.00
Total Income	518,805.83
Gross Profit	518,805.83
Expense	
6100 · Fundraising Expense-Other	1,540.20
6110 · Merchant Account Fees	4,605.39
6200 · Program Services	
6205 · Volunteer Development-PgmSvcs	810.71
6215 · Special Events	102.04
6220 · Parenting Education	
6222 · GED	810.00
6223 · EWYL	
6224 · EWYL-Expenses	12,992.60
6225 · Donated materials & supplies	20,286.33
Total 6223 · EWYL	33,278.93
Total 6220 · Parenting Education	34,088.93
6230 · Abortion Prevention	653.47
6250 · Abortion Recovery	356.35
6260 · Body of Worth-Life Skills	385.57
6261 · Pregnancy & Postpartum	165.61
6275 · Fatherhood Studies	7,622.39
6280 · Medical Services	
6281 · Medical Equipment	39,256.53
6282 · Medical Maintenance	505.00
6285 · Medical Licensing	2,679.00
6286 · Medical Training	882.30
6287 · Medical Insurance	8,494.08
6288 · Medical Supplies-Office	1,387.42
6289 · Medical Supplies-General	1,329.21
6290 · Medications	463.24
6291 · Medical Ultrasound Readings	1,561.00
Total 6280 · Medical Services	56,557.78
Total 6200 · Program Services	100,742.85
7200 · Salaries & related expenses	
7220 · Salaries & wages - medical	36,576.71
7225 · Salaries & wages - admin	155,907.56
7227 · Staff Retention Bonus	6,000.00
7250 · Payroll taxes	17,135.19
7290 · Payroll Expenses	5,145.88
Total 7200 · Salaries & related expenses	220,765.34
7500 · Other personnel expenses	
7540 · Professional fees - other	1,700.00
Total 7500 · Other personnel expenses	1,700.00

Hope Clinic for Women
Profit & Loss
 January through December 2023

	Jan - Dec 23
8100 · General & Administrative Exp	
8110 · Supplies-Office	10,803.74
8111 · Supplies-General	4,550.63
8120 · Donated materials & supplies	1,371.96
8170 · Printing & copying	4,269.56
8190 · Computer subscriptions	2,439.57
	23,435.46
Total 8100 · General & Administrative Exp	23,435.46
8130 · Telephone & telecommunications	5,125.14
8140 · Postage, shipping, delivery	970.47
8200 · Occupancy expenses	
8230 · Repairs and Maintenance	31,145.59
8235 · Real Estate Taxes	42.88
8245 · Mortgage Principal	0.00
8250 · Mortgage interest	19,237.08
	50,425.55
Total 8200 · Occupancy expenses	50,425.55
8220 · Utilities	16,241.33
8300 · Professional Ed & Training	
8310 · Travel	345.32
8320 · Conference, convention, meeting	4,461.21
8330 · Staff Development	2,846.47
8340 · Volunteer development- Admin	29.99
8350 · Board Training	150.00
	7,832.99
Total 8300 · Professional Ed & Training	7,832.99
8400 · Insurance	
8405 · Hired & Non Owned/Policy fee	515.00
8410 · Gen/ Professional Liability In	2,021.00
8415 · Cyber Coverage	2,765.48
8420 · Property Insurance	2,154.00
8430 · Directors & Officers Insurance	720.20
8435 · Worker's Compensation Insurance	2,348.87
	10,524.55
Total 8400 · Insurance	10,524.55
8500 · Misc expenses	
8530 · Membership dues - organization	1,115.00
8586 · Bank Service Charge	20.00
8587 · Reimbursable CC Charge	0.00
	1,135.00
Total 8500 · Misc expenses	1,135.00
8600 · Business expenses	
8670 · Organizational (corp) expenses	135.00
	135.00
Total 8600 · Business expenses	135.00
8800 · Marketing	
8812 · Print Ads	435.00
8814 · Web Marketing	9,993.38
8850 · Public Relations	
8854 · Community Outreach	2,806.34
	2,806.34
Total 8850 · Public Relations	2,806.34
Total 8800 · Marketing	13,234.72
Total Expense	458,413.99
Net Ordinary Income	60,391.84
Other Income/Expense	
Other Income	
4130 · Gifts in kind - goods	21,658.29
	21,658.29
Total Other Income	21,658.29

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Cash Basis

Hope Clinic for Women
Profit & Loss
January through December 2023

	<u>Jan - Dec 23</u>
Other Expense	
9800 · Fixed asset purchases	
9830 · Capital purchases - equipment	13,850.00
Total 9800 · Fixed asset purchases	<u>13,850.00</u>
Total Other Expense	<u>13,850.00</u>
Net Other Income	<u>7,808.29</u>
Net Income	<u><u>68,200.13</u></u>

Hope Clinic for Women
Profit & Loss
 January through December 2023

	Jan - Dec 23
Ordinary Income/Expense	
Income	
4 · Contributions	
4010 · Individual	136,900.32
4020 · Church	21,160.26
4030 · Corporate	13,452.62
4230 · Foundation/trust grants	2,025.00
4250 · Nonprofit organization grants	104,448.40
Total 4 · Contributions	277,986.60
5 · Earned revenues	
5310 · Interest-savings/short-term inv	7,259.59
Total 5 · Earned revenues	7,259.59
5800 · Special events	
5810 · Special events - non-gift rev	
5813 · Tea Luncheon Income	10,457.96
5814 · Gift in Kind Christmas/OpenHous	6,155.00
5815 · Silent Auction Income	10,111.45
5816 · Gifts in Kind Auction	15,908.81
5817 · Gifts in Kind Auction Expense	-15,908.81
5818 · Christmas Shoppe Income	2,015.00
5819 · Gift in Kind C-Shoppe Expense	-6,155.00
Total 5810 · Special events - non-gift rev	22,584.41
5820 · Special events - gift revenue	
5821 · Silent Auction Income	
5822 · Silent Auction Revenue	498.00
Total 5821 · Silent Auction Income	498.00
5824 · Christmas Shoppe Income	
5825 · Christmas Shoppe Revenue	705.00
5826 · Christmas Shoppe Expense	-232.15
Total 5824 · Christmas Shoppe Income	472.85
5827 · Banquet Income	
5828 · Banquet Revenue	190,271.00
5829 · Banquet Expense	-19,254.51
Total 5827 · Banquet Income	171,016.49
5837 · Walk Income	
5838 · Walk Revenue	15,337.09
5839 · Walk Expense	-3,713.83
Total 5837 · Walk Income	11,623.26
5841 · Tea Income	
5842 · Tea Revenue	9,413.59
5844 · Tea Expense	-15,670.75
Total 5841 · Tea Income	-6,257.16
Total 5820 · Special events - gift revenue	177,353.44
Total 5800 · Special events	199,937.85
5891 · Bottle/SOHL Income	
5892 · Bottle Revenue	28,248.69
5893 · Bottle Expense	-874.07
Total 5891 · Bottle/SOHL Income	27,374.62

Hope Clinic for Women
Profit & Loss
 January through December 2023

	Jan - Dec 23
5910 · Letter Income	
5911 · Letter Revenue	5,890.00
5912 · Letter Expense	-375.83
Total 5910 · Letter Income	5,514.17
5915 · Fund-a-Need	
5916 · Ultrasound Machine	733.00
Total 5915 · Fund-a-Need	733.00
Total Income	518,805.83
Gross Profit	518,805.83
Expense	
6100 · Fundraising Expense-Other	1,540.20
6110 · Merchant Account Fees	4,605.39
6200 · Program Services	
6205 · Volunteer Development-PgmSvcs	810.71
6215 · Special Events	102.04
6220 · Parenting Education	
6222 · GED	810.00
6223 · EWYL	
6224 · EWYL-Expenses	12,992.60
6225 · Donated materials & supplies	20,286.33
Total 6223 · EWYL	33,278.93
Total 6220 · Parenting Education	34,088.93
6230 · Abortion Prevention	653.47
6250 · Abortion Recovery	356.35
6260 · Body of Worth-Life Skills	385.57
6261 · Pregnancy & Postpartum	165.61
6275 · Fatherhood Studies	7,622.39
6280 · Medical Services	
6281 · Medical Equipment	39,256.53
6282 · Medical Maintenance	505.00
6285 · Medical Licensing	2,679.00
6286 · Medical Training	882.30
6287 · Medical Insurance	8,494.08
6288 · Medical Supplies-Office	1,387.42
6289 · Medical Supplies-General	1,329.21
6290 · Medications	463.24
6291 · Medical Ultrasound Readings	1,561.00
Total 6280 · Medical Services	56,557.78
Total 6200 · Program Services	100,742.85
7200 · Salaries & related expenses	
7220 · Salaries & wages - medical	36,576.71
7225 · Salaries & wages - admin	155,907.56
7227 · Staff Retention Bonus	6,000.00
7250 · Payroll taxes	17,135.19
7290 · Payroll Expenses	5,145.88
Total 7200 · Salaries & related expenses	220,765.34
7500 · Other personnel expenses	
7540 · Professional fees - other	1,700.00
Total 7500 · Other personnel expenses	1,700.00

Hope Clinic for Women
Profit & Loss
January through December 2023

	Jan - Dec 23
8100 · General & Administrative Exp	
8110 · Supplies-Office	10,803.74
8111 · Supplies-General	4,550.63
8120 · Donated materials & supplies	1,371.96
8170 · Printing & copying	4,269.56
8190 · Computer subscriptions	2,439.57
	23,435.46
Total 8100 · General & Administrative Exp	23,435.46
8130 · Telephone & telecommunications	5,125.14
8140 · Postage, shipping, delivery	970.47
8200 · Occupancy expenses	
8230 · Repairs and Maintenance	31,145.59
8235 · Real Estate Taxes	42.88
8245 · Mortgage Principal	0.00
8250 · Mortgage interest	19,237.08
	50,425.55
Total 8200 · Occupancy expenses	50,425.55
8220 · Utilities	16,241.33
8300 · Professional Ed & Training	
8310 · Travel	345.32
8320 · Conference, convention, meeting	4,461.21
8330 · Staff Development	2,846.47
8340 · Volunteer development- Admin	29.99
8350 · Board Training	150.00
	7,832.99
Total 8300 · Professional Ed & Training	7,832.99
8400 · Insurance	
8405 · Hired & Non Owned/Policy fee	515.00
8410 · Gen/ Professional Liability In	2,021.00
8415 · Cyber Coverage	2,765.48
8420 · Property Insurance	2,154.00
8430 · Directors & Officers Insurance	720.20
8435 · Worker's Compensation Insurance	2,348.87
	10,524.55
Total 8400 · Insurance	10,524.55
8500 · Misc expenses	
8530 · Membership dues - organization	1,115.00
8586 · Bank Service Charge	20.00
8587 · Reimbursable CC Charge	0.00
	1,135.00
Total 8500 · Misc expenses	1,135.00
8600 · Business expenses	
8670 · Organizational (corp) expenses	135.00
	135.00
Total 8600 · Business expenses	135.00
8800 · Marketing	
8812 · Print Ads	435.00
8814 · Web Marketing	9,993.38
8850 · Public Relations	
8854 · Community Outreach	2,806.34
	2,806.34
Total 8850 · Public Relations	2,806.34
Total 8800 · Marketing	13,234.72
Total Expense	458,413.99
Net Ordinary Income	60,391.84
Other Income/Expense	
Other Income	
4130 · Gifts in kind - goods	21,658.29
	21,658.29
Total Other Income	21,658.29

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Cash Basis

Hope Clinic for Women
Profit & Loss
January through December 2023

	<u>Jan - Dec 23</u>
Other Expense	
9800 · Fixed asset purchases	
9830 · Capital purchases - equipment	13,850.00
Total 9800 · Fixed asset purchases	<u>13,850.00</u>
Total Other Expense	<u>13,850.00</u>
Net Other Income	<u>7,808.29</u>
Net Income	<u><u>68,200.13</u></u>

Hope Clinic for Women
Balance Sheet
 As of December 31, 2023

	<u>Dec 31, 23</u>
ASSETS	
Current Assets	
Checking/Savings	
1011 · PACIFIC WESTERN BANK	
1012 · PWB Unrestricted	50,367.84
1013 · PWB Restricted	67,793.71
1017 · PWB-FUND-A-NEED/TEAM HOPE	1,300.00
Total 1011 · PACIFIC WESTERN BANK	<u>119,461.55</u>
Total Checking/Savings	119,461.55
Accounts Receivable	
1210 · Pledges receivable-Banquet	5.00
Total Accounts Receivable	<u>5.00</u>
Other Current Assets	
1199 · Certificate of Deposit	206,668.53
1299 · Undeposited Funds	4,589.17
Total Other Current Assets	<u>211,257.70</u>
Total Current Assets	330,724.25
Fixed Assets	
1611 · Land-121-129 E Hawthorne	333,912.53
1621 · Building-121-129 E Hawthorne	
1622 · Building-E Hawthorne - Cost	312,390.74
1623 · Building-E Hawthorne - AccumDep	-61,824.13
1625 · Building Remodel	794,791.37
1626 · Remodel Accum. Depreciation	-86,300.00
Total 1621 · Building-121-129 E Hawthorne	<u>959,057.98</u>
1630 · Leasehold improvements	
1632 · Leasehold Improvements - Cost	42,534.32
1634 · Leasehold Imprvmts - AccumDepr	-42,534.32
Total 1630 · Leasehold improvements	<u>0.00</u>
1640 · Furniture, fixtures, & equip	
1642 · Furn,Fixt,Equip - Cost	56,357.06
1643 · Donated Furniture, Fixtures, Eq	11,776.61
1644 · Furn,Fixt,Equip - AccumDepr	-66,801.36
Total 1640 · Furniture, fixtures, & equip	<u>1,332.31</u>
Total Fixed Assets	<u>1,294,302.82</u>
TOTAL ASSETS	<u><u>1,625,027.07</u></u>
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities	
2731 · Mortgage Duppy Inv. Hawthorne	370,762.99
Total Long Term Liabilities	<u>370,762.99</u>
Total Liabilities	370,762.99
Equity	
3010 · Unrestrict (retained earnings)	1,186,063.95
Net Income	68,200.13
Total Equity	<u>1,254,264.08</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,625,027.07</u></u>

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Funding History
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1 page.

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program. This is the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.

> OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.

> REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.

> The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, printing, program related insurance (e.g., vehicle), trainings and certifications.

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

3 Funding History

- List other grant funders that have been approached by your organization for this program in the
- > past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending.

4 Budget Narrative

- There are headers that align with the Budget Form. These items should be explained (narrative) if
- > they are unusual or have a specific project impact. Explanations regarding utility expenses are generally understood, but expenses relating to training or for a specialty insurance could be expressed here.

5 Budget Reporting Form

- This form will be used for those grantees who are awarded contracts. This form must be submitted
- > with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

FRHD CHC GRANT BUDGET FORM

Agency Name:	Hope Clinic for Women	PROGRAM NAME:	Free and Easy STI Testing and Treatment
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Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1		Administrative Support	20,242.58	20,242.58		
A2		General Insurance (no program specific)	4,277.10	4,277.10		
A3		Accounting & audit expenses	4,650.00	4,650.00		
A4		Consultant/Contractor Fees	-	-		
A5		Physical Assets (Rent, Facility Costs)	22,424.34	22,424.34		
A6		Utilities	7,470.76	7,470.76		
A7		IT & Internet	1,781.24	1,781.24		
A8		Marketing & Communications	4,826.92	2,826.92		2,000.00
A9		Office Supplies	1,503.00	1,503.00		
A10		Training & Education	5,680.00	5,680.00		
A11		Other: specify	-	-		
TOTAL INDIRECT EXPENSE			72,855.94	70,855.94	-	2,000.00
B	PERSONNEL EXPENSES - PROGRAM SPECIFIC		PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1		Salary Nurse Manager	30,118.40	25,118.40		5,000.00
B2		Salary Nurse	12,480.00	10,480.00		2,000.00
B3		Salary Nurse	10,400.00	9,400.00		1,000.00
B4		Other	-	-		
B5		Payroll Expenses (WC, taxes)	5,336.52	5,336.52		
B6		Benefits	-	-		
B7		Other: specify	-	-		
TOTAL PERSONNEL EXPENSE			58,334.92	50,334.92	-	8,000.00
C	DIRECT PROGRAM EXPENSES		PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1		Equipment	100.00			100.00
C2		Program/Project Supplies	1,500.00			1,500.00
C3		Printing/Duplicating/Advertising	1,000.00		1,000.00	
C4		Travel/Mileage	-			-
C5		Program Specific Insurance	7,999.00	7,999.00		-
C6		Lab Fees, STI related	7,250.00			7,250.00
C7		Medications, STI related	1,595.00			1,595.00
C8		State Licensing	-			-
C9		Training & Ed for Nurses in STI	2,000.00		2,000.00	
C10		Clinic Supplies, STI related	794.00			794.00
C11		Bio Waste Management	90.00			90.00
C12						
C13						
C14						
C15						
TOTAL OTHER EXPENSES			22,328.00	7,999.00	3,000.00	11,329.00

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 153,518.86	14%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X	129,189.86
E2	OTHER FUNDERS	Y	3,000.00
E3	REQUESTED FROM FRHD	Z	21,329.00
TOTAL FUNDING SOURCES			\$ 153,518.86

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 535,837.50	\$ 153,518.86	29%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

** Agency budget is your agency's entire budget for the year. Fill in the amount.

Agency Name:	Hope Clinic for Women
Program Name:	Free and Easy STI Testing and Treatment

INSTRUCTIONS:

List other funders that have been approached by your organization for this program in the past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending. Please include all major sources of funding - this includes agencies fundraisers, annual community support and grantmakers.

Funder Name	Date Submitted	Amount Requested	Status
None			

Agency Name: **Hope Clinic for Women**

Program Name: **Free and Easy STI Testing and Treatment**

INSTRUCTIONS:

- List items from your PROJECT BUDGET FORM (Sections A and B) that you are seeking FRHD support, and that requires explanation.
- Your narrative should explain why this expense is necessary to the project and why or how FRHD funding would make an impact.

A. INDIRECT EXPENSES: Please indicate by the Line Number and Item Name

#	Name	Narrative:
A1	Administrative Support	NA
A2	General Insurance (no program specific)	NA
A3	Accounting & audit expenses	NA
A4	Consultant/Contractor Fees	NA
A5	Physical Assets (Rent, Facility Costs)	NA
A6	Utilities	NA
A7	IT & Internet	NA
A8	Marketing & Communications	We will be updating marketing materials to include STD testing and treatment and have a new campaign for it. The FHCD is a perfect source for marketing health.
A9	Office Supplies	NA
A10	Training & Education	NA
A11	Other: specify	

B. PERSONNEL EXPENSES -PROGRAM SPECIFIC

#	Name	Narrative:
B1	Salary Nurse Manager	As a mid level medical provider the Nurse Manager oversees the STI testing and the quality of healthcare at HCW. As a healthcare district this is worthy of funding
B2	Salary Nurse	A trained RN provides STI testing that relates to availability of healthcare in Fallbrook.. As a healthcare district this is worthy of funding
B3	Salary Nurse	A trained RN provides STI testing.that relates to availability of healthcare in Fallbrook. As a healthcare district this is worthy of funding.
B5	Payroll Expenses (WC, taxes)	NA

C. DIRECT PROGRAM EXPENSES

#	Name	Narrative:
C1	Equipment	Label Printer. FHCD should fund because it is required for providing this service.
C2	Program/Project Supplies	STI brochues and education materials and promotional items will encourage more involvement in STI testing and treatment. FHCD is all about awarness..
C3	Printing/Duplicating	NA
C4	Travel/Mileage	NA
C5	Program Specific Insurance	NA
C6	Lab Fees, Stl related	Since we provide all of our services at no cost so there is no barrier to care it is highly impactful for FHCD to be a key provider for first year funding.
C7	Medications, STI related	Since we provide all of our services at no cost so there is no barrier to care it is highly impactful for FHCD to be a key provider for first year funding.
C8	State Licensing	NA
C9	Training & Ed for Nurses in STI	NA
C10	Clinic Supplies, STI related	Resourcing a lab for first time STI testing and treatment for expanded healthcare services is a natural funding opportunity for FHCD.
C11	Bio Waste Management	This is a first year program vital expense that is impactful for FHCD to fund.

FRHD CHC GRANT BUDGET REPORTING FORM

 Agency Name: **Hope Clinic for Women** PROGRAM NAME: **Free and Easy STI Testing and Treatment**

The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL INDIRECT EXPENSE	\$72,855.94	\$2,000.00				
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL PERSONNEL EXPENSE	\$58,334.92	\$8,000.00				
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	\$22,328.00	\$11,329.00				
	D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
			\$153,518.86	\$0.14	\$0.00	\$0.00	\$0.00	\$0.00

 Total funds expended to date: **\$0.00**