Form **990**

Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	For th	e 2020 calendar y	ear, or tax year begin	ning		, 2020, a	nd end	ing		, 20
_		applicable:	C Name of organizationC1	_	za Hope Clin				D Empl	loyer identification number
П		change	Doing business as							26-1714340
П	Name cl	ŭ	·	O. box if mail is not deliver	ed to street address)		Room/su	ıite	E Telen	phone number
П	Initial re	· ·	60 Valley St		,			104	,	
П		turn/terminated		rince, country, and ZIP or f	oreign postal code				G Gros	s receipts
Ħ		ed return	Providence, RI	•	oroigii pootai oodo				\$	1,624,279
Ħ		ion pending	F Name and address of prir					H(a) Is this a d		for subordinates? Yes X No
ш	, тррпоск	g	. Hame and address of pin	ioipai oilloon				H(b) Are all s		
	Tax-exe	empt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		1 ''		st. See instructions
	Website		placetobehealth	<u> </u>] +0+7(a)(1) 61	027		H(c) Group e		
		organization: X Corp		ociation Other		L Year of formati	ion: 20			gal domicile: RI
	art I	Summary	Trust	Sciation Carlot F		L real di lomat	<u>20</u>	0 7 III	nate or le	gai dominio.
	1		the organization's missi	on or most significar	nt activities: To	offer hig	rh oma	lity me	dical	care and
	'	•	•	· ·	-					or cannot afford
e			ose services.	ces co indivi	duals who do	noc nave	near	.cm m.	ance	Of Camiot afford
дu		co nave cho	be bervices.							
/eri	2	Check this hox	if the organization	discontinued its one	erations or disposed	of more than	25% of	its net asset	·s	
Governance	3		g members of the gove			· · · · · · ·			1 .	10
	4		endent voting members	• • •	•					10
Activities &	5		individuals employed in							18
Ę	6		volunteers (estimate if r	· ·	(1 art v, mic 2a)				6	10
Ac			ousiness revenue from I	• •					7a	0
			isiness taxable income	. ,					7b	0
		3 Not difficiated be	isiness taxable income	1101111 01111 000-1,11	art i, iiiic i i · · · ·	· · · · · · ·		Prior Year	10	Current Year
	8	Contributions and	d grants (Part VIII line	1h)					,366	1,582,424
Φ	9		and grants (Part VIII, line 1h)							40,000
ž	10	_	ce revenue (Part VIII, line 2g)							197
Revenue	11		Part VIII, column (A), lin	,, , , , ,					17	
œ	12	,	add lines 8 through 11 (i		,			966	665	1,658
	13		ar amounts paid (Part I		` '			000	,665	1,624,279
	14		or for members (Part IX							0
	15		ompensation, employee					160	,868	
S			draising fees (Part IX, o				_	400	,000	902,583
Expenses	100		expenses (Part IX, col			0				U
ğ	17	_	(Part IX, column (A), lin		-			220	,553	226 612
ш	18	•	Add lines 13-17 (must	•	•	 			,421	326,612 1,229,195
	19		penses. Subtract line						,244	395,084
		TOVETTUE 1033 CX	perises. Cubitact line	10 110111111111111111111111111111111111	<u> </u>	<u> </u>		inning of Curre		End of Year
ls or	ଞ୍ଚ ଞ୍ଚ 20	Total assets (Pa	rt X line 16)						,411	712,692
èssi	E 21	,	Part X, line 26)				· -		,943	117,016
Net Assets or	22	`	nd balances. Subtract						,468	595,676
_	rt II	Signature I					•		, 100	3337070
			that I have examined this retur	n, including accompanying	schedules and statemen	its, and to the best	of my kno	wledge and beli	ef, it is	
true	, correct	, and complete. Declarati	ion of preparer (other than offi	cer) is based on all informa	ation of which preparer ha	s any knowledge.				
		Dr Anni	e De Groot							
Sig	jn	Signature of o							Da	ate
He	re	Dr Anni	e De Groot, Ex	ecutive Direc	tor					
	-	Type or print i								
		Print/Type preparer	r's name	Preparer's signature		Date		Check	X if	PTIN
Pai	id	Lindsay So	orenson			11-15-20	21	self-emp		P02045547
	pare			t Bookkeeping				Firm's EIN	-,	· - · ·
	e On			Trailway Ln				Phone no.		
				WI 54913			[920-	659-0344
May	, tha IE	29 discuss this rotu	m with the preparer sh		etructions)				0	Ves X No

ı a	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	-
'	To offer high quality medical care and preventative health services to individuals who do not	
	have health insurance or cannot afford to have those services.	_
	nave hearth insurance of cannot arrord to have those services.	-
		-
2	Did the organization undertake any significant program services during the year which were not listed on the	-
-	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,183,701 including grants of \$) (Revenue \$\$	
	See Schedule O	
		_
		_
		-
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		_
		_
		-
		-
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		_
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 ► 1,183,701	_

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		Λ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Ia		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		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	16		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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
_	to defease any tax-exempt bonds?	24c		
d 250	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		•
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		_ X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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,	24		
250	or IV, and Part V, line 1	34		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		X
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	· ·		
	19? Note : All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

20) Clinica Esperanza Hope Clinic Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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

Dr Annie De Groot (401)408-0238, 60 Valley St, Providence, RI 02909

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26-17143	40
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

				((C)					
(A)	(B) Position			(D)	(E)	(F)				
Name and title	Average	(do not check more than one		Reportable	Reportable	Estimated amount				
Name and the	hours	box, unless person is both an officer and a director/trustee)				compensation	compensation	of other		
	per week					from the	from related	compensation		
	(list any	악			organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and			
	hours for related	dire	ă t	Officer	y en	ghes ploy	Former	(W-2/1099-WIGC)	(** = *********************************	related organizations
	organizations	tor tr	onal		Key employee	ee t cor				
	below	Individual trustee or director	Institutional trustee		/ee	nper				
	dotted line)	Ф	tee			Highest compensated employee				
						٩				
(1) Ed Quinlan	1.00									
Member		х						0	0	0
(2) Victoria Koenigsberger	1.00									
Student Representative		Х						0	0	0
(3) Pablo Rodriquez	1.00									
Member		Х						0	0	0
(4) Manuela Raposo	1.00									
Member		Х						0	0	0
(5) Alisha Zyer	<u> </u>									
PA Representative		Х						0	0	0
(6) Ellen Lynch, RN	<u> 1.0</u> 0									
Board Recruitment Assistant		Х						0	0	0
(7) Joseph Desrosiers III	1.00									
Chairperson		Х		х				0	0	0
(8) Karen Kent	<u> 1.0</u> 0									
Vice Chairperson		Х		х				0	0	0
(9) Susana Torres	1.00									
Secretary		Х		х				0	0	0
(10)Dr Annie De Groot	40.00									
Executive Director				х				0	0	0
<u>(11)</u>										
(12)										
(13)										
(14)										

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					(C)							
	(A) Name and title		box,	unles	eck m s per l a di	son is	nan one s both ar /trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	coi	(F) nated am of other mpensar	r tion
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nization d organi	and
(15)													
(16)													
<u>(17)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
<u>(23)</u>													
(24)													
(25)													
1b c d	Subtotal	ion A .						٠ ,	0	0			0
2	Total number of individuals (including but not limiter reportable compensation from the organization	ed to those I							ore than \$100,000	of			C
3	Did the organization list any former officer, direct		key em	ploy	ee,	or h	ighest	con	npensated			Yes	No
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re										3		х
•	organization and related organizations greater the	an \$150,000)? If "Y	es,"	con				le J for such				
5	individual	compensation	on from	any	unr		_		ation or individual		5		x
	on B. Independent Contractors Complete this table for your five highest compensate	to dia don on a	dont on	ntro o	+	that	t rooo!	d	mara than \$100.00	10 of			
1	compensation from the organization. Report comp												
	(A) Name and business addres	s							(B) Description of service	es	(C) Compens	sation	

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
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f f A b c c d	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f	1,107,970 474,454 349,851 > usiness Code	1,582,424	40,000		sections 512–514
Progra Re		All other program service revenue		40,000			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)		197	197		
	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss)	(ii) Personal				
	7a	Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities 7a	(ii) Other				
Revenue	С	Less: cost or other basis and sales expenses 7b Gain or (loss)					
Other Re	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	c 9a b	Gross income from gaming activities, See Part IV, line 19 9a Less: direct expenses 9b					
	b	Gross sales of inventory, less returns and allowances	•				
Miscellanous Revenue	b c	Refunds and discounts 621	usiness Code .400	1,658	1,658		
Misc	е	Total. Add lines 11a-11d		1,658 1,624,279	41.855	0	0

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 (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 807,314 21,128 828,442 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 19,645 19,645 10 54,496 53,106 1,390 11 Fees for services (nonemployees): b Legal...... Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 1,392 1,392 13 56,573 54,930 1,643 14 15 16 43,565 42,325 1,240 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,342 1,342 20 21 22 Depreciation, depletion, and amortization 1,956 1,956 23 200 10,762 10,562 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 Medical Records and Supplies 144,054 144,054 Continuing Education 14,985 14,985 22,071 22,071 C Program Expenses d Operational Expenses 9,149 9,149 е All other expenses 20,763 3,604 17,159 Total functional expenses. Add lines 1 through 24e. . 25 1,229,195 1,183,701 45,494 0 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

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,046	1	565,161
	2	Savings and temporary cash investments	171,738	2	
	3	Pledges and grants receivable, net	26,980	3	
	4	Accounts receivable, net		4	131,530
	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	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
•	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 162,426			
	b	Less: accumulated depreciation 10b 150,097		10c	12,329
	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	1,647	15	3,672
	16	Total assets. Add lines 1 through 15 (must equal line 33)	204,411	16	712,692
	17	Accounts payable and accrued expenses	5,943	17	117,016
	18	Grants payable	5,210	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,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ξ		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,943	26	117,016
		Organizations that follow FASB ASC 958, check here	3,543		117,010
		and complete lines 27, 28, 32, and 33.			
Ses	27	Net assets without donor restrictions	123,203	27	502,885
au	28	Net assets with donor restrictions	75,265	28	92,791
Ba	20	Organizations that do not follow FASB ASC 958, check here	73,203	20	32,731
밀		and complete lines 29 through 33.			
Ę	29	Capital stock or trust principal, or current funds		29	
S O	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
t As	32	Total net assets or fund balances	100 160	32	EQE 676
2	33	Total liabilities and net assets/fund balances	198,468	33	595,676
	აა	i otal liabilities atiu net assets/tunu balances	204,411	၁၁	712,692

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Paı	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	624,	279
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	229,	195
3	Revenue less expenses. Subtract line 2 from line 1	3			395,	084
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			198,	468
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			2,	124
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			595,	676
Paı	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🔲
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		💄	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		📙	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		• • • 🛓	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
EΑ				Form	990 (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Clinica Esperanza Hope Clinic 26-1714340						0		
Pa	ırt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instructions	3.
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)		
1		A church, convention of churches, or	association of chu	rches described in secti	ion 170(b)	(1)(A)(i).		
2	П	A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3	П	A hospital or a cooperative hospital s						
4	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the						
7	Ш	•	rated in conjunctio	ii wiiii a nospitai desemb	ca iii scci	ion 170(b)	(T)(A)(III). LIIIOI IIIO	
_		hospital's name, city, and state:	-Ct - C II				rational for all and a sufficient for	
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	jovernmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	•					
6	Ш	A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental/	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)				
9	П	An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant collec	ae
		or university or a non-land-grant colle				•	•	,
		university:	go or agricuitato (o		o, o	.,, a o	o or the comogo or	
10		An organization that normally receive	e: (1) more than 33	1/3% of its support from	contributi	one mamh	erchin fees and gross	
	Ш	•	. ,	• • •				
		receipts from activities related to its e	•			•		
		support from gross investment income		,			rom businesses	
		acquired by the organization after Ju	•	• , , , ,	•	,		
11	Ц	An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12	Ш	An organization organized and opera-	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	3
		of one or more publicly supported org	ganizations describ	oed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a)(3	3).
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 12	2g.
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by givir	ng
		the supported organization(s) the	power to regularly	appoint or elect a maior	itv of the c	lirectors or	trustees of the	
		supporting organization. You mu			,			
	b	Type II. A supporting organization	•		ith its sunr	orted oraș	nization(s) by having	
	J	control or management of the sur	•			•	. , , ,	
		•		•	150115 11101 1	JOHN OF 1	nanage the supported	
		organization(s). You must comp						at.
	С	Type III functionally integrated		·				itn,
		its supported organization(s) (se-	•	•				
	d		rated. A supporting	g organization operated i	n connecti	on with its	supported organizatio	n(s)
		that is not functionally integrated.	The organization g	jenerally must satisfy a d	istribution i	equiremer	it and an attentiveness	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Гуре II, Туре III	
		functionally integrated, or Type III	I non-functionally in	ntegrated supporting orga	anization.			
	f	Enter the number of supported organ	izations					
	g	Provide the following information about	ut the supported or	ganization(s).				
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	•	,	()	(described on lines 1-10	listed in you	-	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
					103	140		
(A)								
(B)								
(C)								
·-/								
(D)								
(D)								
/E\								
(E)								
Tota	 al							

26-1714340

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.)

	ction A. Public Support		1				
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	411,708	412,550	642,322	853,366	1,582,423	3,902,369
2							
	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	411,708	412,550	642,322	853,366	1,582,423	3,902,369
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)						537,584
	Public support. Subtract line 5 from line 4						3,364,785
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	411,708	412,550	642,322	853,366	1,582,423	3,902,369
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	11	8	10	17		46
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	9						
	loss from the sale of capital assets						
	(Explain in Part VI.)	31,080	28,942	33,068	14,282		107,372
	Total support. Add lines 7 through 10						4,009,787
	Gross receipts from related activities, etc. (se					12	. (0)
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						▶ ∐
	ction C. Computation of Public Suppor			l (f))		44	
	Public support percentage for 2020 (line 6, c	* *	-			14	83.91 %
	Public support percentage from 2019 Sched					15	95.84 %
102	a 33 1/3% support test - 2020. If the organization and step have The approximation qualified						
	box and stop here. The organization qualifie						
•	33 1/3% support test - 2019. If the organization of this box and stop here. The organization of the properties of the organization.						
17.		•		•			_
116	1 10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets to						
	Part VI how the organization meets the facts			-	-		
	organization						_
	o 10%-facts-and-circumstances test - 2019.	J					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac			-			_
10	organization						· · · · · • ⊔
10	instructions						. □
							

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

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

Sed	ction A. Public Support			-	-		
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	() 0040	4.) 0047	() 0040	(1) 0040	() 0000	(n = l
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
12	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for the orga	unization's first	second third	fourth or fifth	tay year as a se	ection 501(c)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor						· · · · · ·
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line			ine 13, column	n (f))	17	%
	Investment income percentage from 2019 Se		• •			18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-			-

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
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2		
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58	3	
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10	а	
10		
A (Form 99	90 or 990-E	Z) 2020

Par	: IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in 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.	3		L
-	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	/a.a. i.a		4: - ·-·
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in 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	26		
2	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
D	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.

(see instructions).

Sched	ule A (Form 990 or 990-EZ) 2020 Clinica Esperanza Hope Clinic		26-1714	1340 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiz	ations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 <i>(explair</i>	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	ization	s must complete Section	s A through E.
Sec	tion 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		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	etion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting	organization

EEA Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued	d)	
Sec	ction 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) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from			
Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020		Ontro	fule A (Form 990 or 990-E7) 2020

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

Clinica Esperanza Hope Clinic

Employer identification number
26-1714340

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	State of Rhode Island 1 Capital Hill Providence RI 02908	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	City of Providence 25 Dorrance St Providence RI 02903	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Rhode Island Dept of Health 3 Capital Hill Providence RI 02908	\$\$83,784	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Rhode Island Foundation 1 Union Station Providence RI 02903	\$	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DLT 1511 Pontiac Ave Cranston RI 02920	\$\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Tufts Associated 705 Mount Auburn St Watertown MA 02472	\$\$	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)

Employer identification number

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			
	Centerville Bank 1218 Main St West Warwick RI 02893	\$	Person 🗓 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8_	Textron Charitable Trust 40 Westminister St Providence RI 02903	\$	Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	United Way of Rhode Island 50 Valley St Providence RI 02909	\$25,539	Person 🕱 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	American Academy of Family Physicia 11400 Tomahawk Creek Parkway 440 Leawood KS 66211	\$25,000	Person X Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	Warren Alpert School of Medicine 222 Richmond St Providence MD 20903	\$20,000	Person 🗷 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	One Neighborhood Builders 66 Chaffee St Providence RI 02909	\$16,804	Person x Payroll			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributions		
13	June Rockwell Foundation 1 Union Station Providence RI 02903	\$15,000	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_14	Executive Office of Human and Healt 3 West Rd Cranston RI 02920	\$10,200	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_15	Episcopal Charities 275 N Main St Providence RI 02903	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_16	Bank Rhode Island PO Box 9488 Providence RI 02903	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17	FaceBook 1 Hacker Way Menlo Park CA 94025	\$	Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18	CVS Pharmacy 1 CVS Dr Woonsocket RI 02895	\$5,000	Person 🐹 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	

Employer identification number

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		
19	LifeSpan 70 E Lake St Ste 600 Chicago IL 60601	\$6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20_	Direct Relief 6100 Wallace Becknell Rd Goleta CA 93117	\$101,438	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	Rising Sun Mills LLC 334 Broadway Silver Spring MD 20908	\$26,800	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	Annie DeGroot 292 Morris Ave Providence RI 02906	\$6,78 <u>4</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	Raymond and Ann Mancini Fam Foundat 111 Plymouth St Mansfield MA 02048	\$25,000	Person Reproll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_24	Bill Struever 2400 Bonston St Ste 404 Baltimore MD 21224	\$5,000	Person Payroll Noncash Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Integra 300 Richmond St Providence RI 02909	\$\$	Person 🗓 Payroll 🗍 Noncash 🕱 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	WEND PO Box 1860 Bentonville AR 72712	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number 26-1714340

art 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
19	Software licenses	_	
		\$6,000	12-31-2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	Medical Supplies	_	
		\$\\$101,438	12-31-2020
(a) No. from Part I	(b) Description of noncash property given Services provided	(c) FMV (or estimate) (See instructions.)	(d) Date received
25_	Services provided	\$10,000	01-01-2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Internal Revenue Service Name of the organization

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

2020

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Cli	nica Esperanza Hope Clinic		26-1714340
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Accou	unts.
	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 w	riting that the assets held in donor advised	
·	funds are the organization's property, subject to the organizati		Yes No
6	Did the organization inform all grantees, donors, and donor ad	=	
Ü	only for charitable purposes and not for the benefit of the dono		
	• •		
Da	conferring impermissible private benefit?		
Га		n Form 000 Port IV line 7	
	Complete if the organization answered "Yes" o		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	· <u>=</u>	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	I conservation contribution in the form of a cor	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	. 2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a	
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	anization during the
	tax year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation ea	asements during the vear
	▶ \$,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	n(B)(i)
•			
a	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.	e to the organizations infancial statements the	at describes the
Da	rt III Organizations Maintaining Collections	of Art Historical Transuras or Of	thar Similar Assats
Га			the Sillia Assets.
	Complete if the organization answered "Yes" o		alanaa ahaat wanta
та	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		ance of public
_	service, provide, in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea-	sures, or other similar assets for financial gain	n, provide the
	following amounts required to be reported under FASB ASC 9	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		·

Page 2

Schedule D (Form 990) 2020

Part III Organ	nizations Maintaining (collections of	Art, Hi	stor	icai i	reasures,	, or Ot	ner Similar A	ssets (C	ontın	ued)
3 Using the organize	zation's acquisition, accession,	and other records	, check ar	ny of	the follo	wing that ma	ake signi	ficant use of its			
collection items (check all that apply):										
a Public exhibi	tion		d		Loan	or exchange	program	IS			
b Scholarly res	search		е		Other						
c Preservation	for future generations										
	otion of the organization's colle	ctions and explain	how they	furth	er the c	organization's	exemp	purpose in Part			
XIII.	-		•			•					
5 During the year, of	did the organization solicit or re	eceive donations o	f art, histo	rical t	reasure	es, or other s	imilar				
= -	to raise funds rather than to b									s	No
	w and Custodial Arran			<u> </u>							
Compl	ete if the organization a art X, line 21.		on For	n 99	90, Pa	art IV, line	9, or re	eported an am	ount on	Form	
	n an agent, trustee, custodian	or other intermedia	ry for con	tribut	ions or	other assets	not				
included on Form	_		-						□ Ye	s	No
	he arrangement in Part XIII ar										
ii roo, oxpiaiir	no anangomontum antrum a	.a complete inc ren	oming tab					An	nount		
c Beginning balance	e						. 10				
	he year										
•	ng the year										
0	ion include an amount on Forn								□ Vo	s	No
-	he arrangement in Part XIII. C						-				140
	ment Funds.	HECK HEIE II LIE EX	фанации	iias i	been pr	ovided on Fa	III AIII	· · · · · · · · ·		• _	
	ete if the organization a	newored "Vee"	on For	m 00	n Da	rt IV/ line	10				
Оотгр	ote ii tile organization al	(a) Current year		rior ye		(c) Two years		(d) Three years back	(a) Fau	r years b	a alı
1a Beginning of yea	r halanco	(a) Current year	(6) F	TIOI ye	al	(C) Two years	DACK	(u) Tillee years back	(e) F00	i years t	Jack
	arnings, gains, and										
d Grants or schola	· -										
·	es for facilities and										
. •											
	penses										
g End of year bala											
	ated percentage of the curren	-	(line 1g, d	colum	ın (a)) ł	neld as:					
a Board designated	d or quasi-endowment	%									
b Permanent endo	wment ▶ %										
c Term endowmen	t ▶ %										
, ,	on lines 2a, 2b, and 2c should	•									
3a Are there endow	ment funds not in the possess	ion of the organiza	ition that a	re he	ld and	administered	for the				ı
organization by:										Yes	No
(i) Unrelated or	ganizations								. 3a(i)		
(ii) Related orga	nizations								. 3a(ii)		
b If "Yes" on line 3:	a(ii), are the related organizati	ons listed as requir	red on Sch	nedul	e R?.				. 3b		
4 Describe in Part	XIII the intended uses of the o	rganization's endo	wment fur	nds.							
Part VI Land,	Buildings, and Equipn	nent.									
Compl	ete if the organization a	nswered "Yes"	on For	n 99	90, Pa	rt IV, line	11a. S	ee Form 990,	Part X, I	ine 10	ე.
Desc	cription of property	(a) Cost or oth	her basis	(k) Cost or	r other basis	(c)	Accumulated	(d) Boo	k value	
		(investm	nent)		(0	other)	d	epreciation			
1a Land											
b Buildings											
c Leasehold impro	vements				1	155,834		146,835		8,	999
						6,592		3,262			330
0.1						,		-,		/	
	ough 1e. (Column (d) must e		art X. colu	mn (E	3). line	10c.)				12,	329

rait vii	Complete if the organization answered	"Yes" on For	m 990, Part IV,	line 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: or end-of-year market value
(1) Financial of	lerivatives				
(2) Closely-he	ld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	>			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on For	m 990, Part IV,	line 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation: or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.).	≻			
Part IX	Other Assets.				
	Complete if the organization answered	"Yes" on For	m 990, Part IV,	line 11d. See Forn	n 990, Part X, line 15.
	(a) Desc	cription			(b) Book value
(1)Deposit	s				3,672
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.)				2 677
Part X	Other Liabilities.				3,672
I alt X	Complete if the organization answered	"Yes" on For	m 990, Part IV,	line 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book v	ralue		
(1) Federal i	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)	+				
(8)	+				
(9)	(h) must aqual Form 000 Part V and (D) (in - 05)				
	b) must equal Form 990, Part X, col. (B) line 25.) . uncertain tax positions. In Part XIII, provide the text	of the feetnets to	the organization's f	inancial statements the	t roports the
	uniocitalii tax positiolis. III Fatt XIII. DIOVIGE LIE LEXL		, wie organizalions i	manciai siatemenis liid	i ropulia iii o

	ule D (Form 990) 2020 Clinica Esperanza Hope Clinic		26-1714340	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Pa	t XII Reconciliation of Expenses per Audited Financial State			
	Complete if the organization answered "Yes" on Form 990,		•	
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		. 5	
Pa	t XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	ines 1b and 2b; Part V, line	e 4; Part X, line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			
•		•		

EEA Schedule D (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service

► 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 for instructions and the latest information.

Inspection

Name of the organization Employer identification number 26-1714340 Clinica Esperanza Hope Clinic Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 20 Drugs and medical supplies 12 101,438 Selling Price 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (Software Licens 12 6,000 Х 26 Other ► (eClinicaWeb Х 1 1,500 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 Yes No 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. 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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

Employer identification number

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Clinica Esperanza Hope Clinic 26-1714340

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

Form 990 is reviewed by the Clinics Operations Manager and Executive Director prior to filing.

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

The clinic makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

03. Part III, response or note to any other line in Part III

Form 990, Part III, Line 4a, Program Service Accomplishments: Diversion program provided in a walk-in setting whereby uninsured patients can access free, on-demand health care to treat top causes of potentially preventable emergency room visits under physician-approved protocols. This allows the uninsured, low-income, Spanish-speaking patients served by CE HC to use CEHC instaed of ER, accessing culturally-attuned, linguistically-appropriate care while reducing out-of-pocket healthcare costs; (3) Vida Sana Program (VSP)- VSP is a healthy lifestyle program specifically developed to engage and educate low-literacy, Spanish speaking immigrant populations. VSP is designed to prevent and treat Metabolic Syndrome and related diseases such as hypertension, diabetes, and heart disease by Form 990, Part III, Line 4a (cont): encouraging healthier behaviors surrounding diet and physcial activity. The purpose of the program is to assist participants to significantly reduce their weight, cholesterol, systolic blood pressure, waist circumference, and hemoglobin A1C; (4) Navigante Training Program (ANTP) CEHC deveoped ANTP with the goal of expanding the number of formally-trained Community Health Workers (CHW) in Rhode Island. These individuals are called Navegantes because they are trained to help low income non-English speaking immigrant community members to navigate the local healthcare system.

Schedule O (Form 990 or 990-EZ) (2020)

Page 2

Name of the organization

Clinica Esperanza Hope Clinic

Employer identification number

Theis program has engaged more than 70 individuals in CHW training, allowing bilingual and
bicultural, low-income residents of Rhode Island to enter the workforce with advanced
skills Form 990, Part III, Line 4a (cont): that enable them to obtain higher-paying jobs;
(5) Diabetes Prevention Program (DPP) Patients who have non-emergent healthcare needs can
come to the clinic without an appointment to receive free treatment without going to the
ER. While at CEHC, these paitents see volunteer medical providers who treat their acute
illness in addition to screening them for underlying chronic metabolic diseases by
offering point-of-care testing for cholesterol/lipids, hemoglobin, A1C (HbA1c) and fasting
blood glucose (FBG). This information is recorded in their electronic medical record along
with all laboratory and visit data. All patients with chronic diseases(including
prediabetes) who agree to enroll in care at CEHC are referred to DPP or the Vida Sada
Program and Form 990, Part III, Line 4a (cont): comprehensive follow-up care in Continuity
of Care Clinics (CCC) Using these methods, CEHC has enrolled more than 100 participants in
DPP over the last several years in eleven DPP programs, both on-site at CEHC and in the
community; and (6) CEHC Women's Health Clinic and Support Groups- CEHC organizes peer
discussion groups focused on birth spacing for female patients to encourage awareness
related to self-controlled bith spacing methods such as IUDs, Depo, birth control pills,
and the patch. Use of birth spacing methods that were self-controlled (IUD, Depo, Birth
Control Pills, Patch) have doubled within CEHC's patient populations after attending these
sessions.
bebbions.