

Application for Recognition of Exemption (99) Under Section 501(c)(3) of the Internal Revenue Code

(Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold items**. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document) HOPE AND HEALING AFRICA, INC		2 c/o Name (if applicable) HENDRIK SMIDDERKS, PRES
3 Mailing address (Number and street) (see instructions) 3224 TYLER RD	Room/Suite	4 Employer Identification Number (EIN) 46-2630190
City or town, state or country, and ZIP + 4 WICHITA, KS 67205		5 Month the annual accounting period ends (01-12) 12
6 Primary contact (officer, director, trustee, or authorized representative) a Name: JAMES BLACKBURN, TREASURER		b Phone: 217 638-0491 c Fax: (optional)
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a Organization's website: HOPEANDHEALINGAFRICA.ORG		
b Organization's email: (optional)		
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) 4 / 26 / 2013		
12 Were you formed under the laws of a foreign country? If "Yes," state the country. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part II Organizational Structure

You must be a corporation (including a limited liability corporation), an unincorporated association, or a trust to be tax exempt. (See instructions). **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. ☒ **Yes** ☐ **No**
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. ☐ **Yes** ☒ **No**
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. ☐ **Yes** ☒ **No**
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. ☐ **Yes** ☒ **No**
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. ☐ **Yes** ☐ **No**
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. ☒ **Yes** ☐ **No**

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under Section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): **INITIAL PARAGRAPH** ☒
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c. ☒
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. **ARTICLE VII**
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: ☐

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
HENDRIK SMIDDERKS	PRESIDENT	11706 WEST 18TH NORTH WICHITA, KS 67205	NONE
RANDY CLAASSEN MD	VICE PRESIDENT	10657 SW 21st TERRACE TOWANDA, KS 67144	NONE
JAMES BLACKBURN RN	SECRETARY/TREASURER	1500 CHERRY ROAD SPRINGFIELD, IL 62704	NONE
GREG COX	DIRECTOR	46 CRAVENS ROAD SPRINGFIELD, IL 62712	NONE
RICHARD SPANN MD	DIRECTOR	542 LONGFORD LANE WICHITA, KS 67206	NONE

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
NONE			

- c** List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
NONE			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family** or **business relationships**? ☐ Yes ☒ No
If "Yes," identify the individuals and explain the relationship.

- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. ☐ Yes ☒ No

- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No

- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. ☐ Yes ☒ No

- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? ☒ Yes ☐ No
b Do you or will you approve compensation arrangements in advance of paying compensation? ☒ Yes ☐ No
c Do you or will you document in writing the date and terms of approved compensation arrangements? ☒ Yes ☐ No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☒ Yes ☐ No
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☒ Yes ☐ No
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? ☒ Yes ☐ No
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. ☐ Yes ☒ No
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
- Note:** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ Yes ☒ No

- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ Yes ☒ No

- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. ☐ Yes ☒ No

- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. ☐ Yes ☒ No

- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. ☐ Yes ☒ No

- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at **arm's length**.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. ☐ Yes ☒ No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? ☒ Yes ☐ No
If "Yes," describe each program that provides goods, services, or funds to individuals.
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? ☒ Yes ☐ No
If "Yes," describe each program that provides goods, services, or funds to organizations.
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. ☒ Yes ☐ No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. ☐ Yes ☒ No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. ☐ Yes ☒ No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. ☐ Yes ☒ No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. ☐ Yes ☒ No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. ☐ Yes ☒ No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. ☐ Yes ☒ No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. ☐ Yes ☒ No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such arrangements. ☐ Yes ☒ No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. ☒ **Yes** ☐ **No**
(See instructions.)

- | | |
|---|--|
| <input checked="" type="checkbox"/> mail solicitations | <input checked="" type="checkbox"/> phone solicitations |
| <input checked="" type="checkbox"/> email solicitations | <input type="checkbox"/> accept donations on your website |
| <input checked="" type="checkbox"/> personal solicitations | <input type="checkbox"/> receive donations from another organization's website |
| <input type="checkbox"/> vehicle, boat, plane, or similar donations | <input type="checkbox"/> government grant solicitations |
| <input checked="" type="checkbox"/> foundation grant solicitations | <input type="checkbox"/> Other |

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. ☐ **Yes** ☒ **No**

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. ☐ **Yes** ☒ **No**

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. ☒ **Yes** ☐ **No**

5 Are you **affiliated** with a governmental unit? If "Yes," explain. ☐ **Yes** ☒ **No**

6a Do you or will you engage in **economic development**? If "Yes," describe your program. ☐ **Yes** ☒ **No**

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. ☐ **Yes** ☒ **No**

b Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. ☐ **Yes** ☒ **No**

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. ☐ **Yes** ☒ **No**

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. ☐ **Yes** ☒ **No**

b Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. ☐ **Yes** ☒ **No**

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. ☐ Yes ☒ No
-
- 12a** Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. ☒ Yes ☐ No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. ☐ Yes ☒ No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. ☐ Yes ☐ No
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i) Do you require an application form? If "Yes," attach a copy of the form. ☐ Yes ☐ No
- (ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. ☐ Yes ☐ No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. ☐ Yes ☒ No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. ☐ Yes ☐ No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. ☐ Yes ☐ No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. ☐ Yes ☐ No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. ☐ Yes ☐ No

Part VIII Your Specific Activities *(Continued)*

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|-----------|--|--|---|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Note: **Private foundations** may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		(a) From 4/26/13 To 12/31/13	(b) From 1/1/14 To 12/31/14	(c) From 1/1/15 To 12/31/15	(d) From To		
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	15,597	30,000	53,040		98,637	
	2 Membership fees received						
	3 Gross investment income						
	4 Net unrelated business income						
	5 Taxes levied for your benefit						
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)						
	7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)						
	8 Total of lines 1 through 7	15,597	30,000	53,040		98,637	
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)						
	10 Total of lines 8 and 9	15,597	30,000	53,040		98,637	
Expenses	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)						
	12 Unusual grants	4,700				4,700	
	13 Total Revenue Add lines 10 through 12	20,297	30,000	53,040		103,337	
	14 Fundraising expenses						
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)						
	16 Disbursements to or for the benefit of members (attach an itemized list)						
	17 Compensation of officers, directors, and trustees						
	18 Other salaries and wages						
	19 Interest expense						
	20 Occupancy (rent, utilities, etc.)	1,000	1,200	2,100			
	21 Depreciation and depletion						
	22 Professional fees	6,739	4,450	5,050			
	23 Any expense not otherwise classified, such as program services (attach itemized list)	680	15,220	38,055			
	24 Total Expenses Add lines 14 through 23	8,419	20,870	45,205			

Part IX Financial Data (Continued)**B. Balance Sheet (for your most recently completed tax year)**

Assets			
1	Cash	1	11,879
2	Accounts receivable, net	2	
3	Inventories	3	
4	Bonds and notes receivable (attach an itemized list)	4	
5	Corporate stocks (attach an itemized list)	5	
6	Loans receivable (attach an itemized list)	6	
7	Other investments (attach an itemized list)	7	
8	Depreciable and depletable assets (attach an itemized list)	8	
9	Land	9	
10	Other assets (attach an itemized list)	10	
11	Total Assets (add lines 1 through 10)	11	11,879
Liabilities			
12	Accounts payable	12	
13	Contributions, gifts, grants, etc. payable	13	
14	Mortgages and notes payable (attach an itemized list)	14	
15	Other liabilities (attach an itemized list)	15	
16	Total Liabilities (add lines 12 through 15)	16	
Fund Balances or Net Assets			
17	Total fund balances or net assets	17	11,879
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18	11,879
19 Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

1a	Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.	<input type="checkbox"/>	
2	Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box. The organization is not a private foundation because it is:		
a	509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.	<input type="checkbox"/>	
b	509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.	<input type="checkbox"/>	
c	509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.	<input type="checkbox"/>	
d	509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h.	<input type="checkbox"/>	

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety. ☐
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☐
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☒
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐
- 6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.
- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☐

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☒
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____ ☐
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☐
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box. ☐
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box. ☒
- 7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. ☒ Yes ☐ No

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? ☐ Yes ☒ No
If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).
If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change). ☐
- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change). ☒

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please
Sign
Here


(Signature of Officer, Director, Trustee, or other authorized official)

HENDRIK SMIDDERKS

(Type or print name of signer)

PRESIDENT

(Type or print title or authority of signer)

04/24/2014

(Date)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

Form **1023** (Rev. 12-2013)

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

THE PURPOSE OF HOPE AND HEALING AFRICA, INC. (HHA) IS TO PROVIDE FINANCIAL AND PERSONNEL SUPPORT TO A SMALL MEDICAL FACILITY THAT IS OWNED AND OPERATED BY THE FREE METHODIST CHURCH OF MOZAMBIQUE. THIS FACILITY IS LOCATED IN NHALOI WITHIN THE INHAMBANE PROVINCE NEAR THE TOWN OF MASSINGA. THE FOLLOWING ACTIVITIES ARE CURRENTLY BEING PROVIDED AND/OR ARE CONTEMPLATED WITHIN THE NEAR FUTURE.

A NEW WELL WAS DRILLED DURING 2013 WHICH IS PROVIDING RELIABLE POTABLE WATER FOR THE FACILITY.

THE ELECTRICAL GENERATION PLANT WILL BE REPAIRED AND/OR REPLACED TO PROVIDE RELIABLE ELECTRICAL POWER FOR THE FACILITY.

FINANCIAL FUNDING WILL BE PROVIDED TO AUGMENT THE SALARIES FOR 7-10 NATIVE NURSES, MIDWIVES, AND MAINTENANCE STAFF CURRENTLY WORKING AT THE FACILITY

A MISSIONARY PHYSICIAN HAS BEEN RECRUITED WHO WILL MOVE TO THE FACILITY AS SOON AS HIS FINANCIAL SUPPORT HAS BEEN SECURED AND HOUSING HAS BEEN PROVIDED.

SHORT TERM MISSION TEAMS (3-4 WEEKS) WILL BE RECRUITED, FUNDED, AND SENT TO THE FACILITY TO AUGMENT THE RESIDENT STAFF.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

3a. For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

PRESIDENT -	REV HENDRIK SMIDDERKS, SR PASTOR, NW F M CHURCH,	NO COMPENSATION
VICE-PRESIDENT -	RANDY CLAASSEN, MD, ER PHYSICIAN	NO COMPENSATION
SEC/TREAS -	JAMES BLACKBURN RN, CRITICAL CARE RN, ST JOHN'S HOSP	NO COMPENSATION
DIRECTOR -	GREG COX, PRESIDENT C&G CONSULTING	NO COMPENSATION
DIRECTOR -	RICHARD SPANN MD. RETIRED PULMONOLOGIST	NO COMPENSATION

SINCE THE CORPORATION IS STILL IN ITS INFANCY, THE AMOUNT OF TIME SPENT BY MEMBERS OF THE BOARD IS SOMEWHAT SKEWED AND MAY NOT BE REPRESENTATIVE OF WHAT WILL BE REQUIRED ONCE THE CORPORATION IS FIRMLY ESTABLISHED AND BECOMES AN ONGOING ENTITY. REV SMIDDERKS IS/WILL BE HEAVILY INVOLVED IN ORGANIZING AND COORDINATING THE CORPORATE ORGANIZATION AND INFRASTRUCTURE INCLUDING FUND RAISING AND INTER-ORGANIZATIONAL/GOVERNMENTAL COOPERATION. DR CLAASSEN IS/WILL BE DIRECTLY RESPONSIBLE FOR DEVELOPING THE MEDICAL PROGRAMMATIC ACTIVITIES ON-SITE AT NHALOI. MR BLACKBURN IS/WILL BE RESPONSIBLE FOR DEVELOPING THE FINANCIAL ACCOUNTABILITY PROCEDURES AND OBTAINING APPROVAL OF THE CORPORATION'S 501(C)(3) STATUS FROM THE INTERNAL REVENUE SERVICE. MR COX WILL BE INVOLVED IN CORPORATE FUND RAISING. DR SPANN WILL BE INVOLVED IN MEDICAL CONSULTATION AND DIRECTION OF HHA.

THE CORPORATION HAS NO PAID EMPLOYEES OR INDEPENDENT SUBCONTRACTORS. DR RANDY CLAASSEN, HHA VICE-PRESIDENT, HAS AGREED TO MOVE, WITH HIS FAMILY TO THE NHALOI SITE AND SERVE AS RESIDENT PHYSICIAN. AT THIS TIME, NO COMPENSATION LEVEL HAS BEEN DETERMINED NOR HAS HIS SUPPORT BEEN RAISED. HIS LEVEL OF COMPENSATION WILL BE COMPARABLE TO THAT PAID TO OTHER MEDICAL MISSIONARIES BY ENTITIES SUCH AS THE FREE METHODIST CHURCH USA.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

5b. What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?

AS PREVIOUSLY INDICATED, WE HAVE NO PAID EMPLOYEES OR INDEPENDENT SUBCONTRACTORS AT THIS TIME. BEFORE ANY EMPLOYEES OR SUBCONTRACTORS ARE HIRED, A CONFLICT OF INTEREST POLICY WILL BE DEVELOPED AND APPROVED. SUCH A POLICY WILL BE CONSISTANT WITH THE PROVISIONS OF APPENDIX A OF THE IRS INSTRUCTIONS FOR FORM 1023. IT IS ANTICIPATED THAT THIS POLICY WILL BE ADOPTED BY THE BOARD AT OUR 2014 ANNUAL MEETING.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

1a. In carrying out your exempt purposes, do you provide goods, services, or funds to individuals?

If "Yes," describe each program that provides goods, services, or funds to individuals.

AS A MEDICAL FACILITY, MEDICAL SERVICES WILL BE PROVIDED, FREE OF CHARGE, TO ALL INDIVIDUALS THAT REQUEST AND ARE IN NEED OF SUCH SERVICES.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

1b. In carrying out your exempt purposes, do you provide goods, services, or funds to organizations?

If "Yes," describe each program that provides goods, services, or funds to organizations.

SINCE THE NHALOI FACILITY IS OWNED BY THE FREE METHODIST CHURCH OF MOZAMBIQUE, ALL SUCH SERVICES RENDERED TO INDIVIDUALS AT THE FACILITY MUST ALSO BE CONSIDERED TO HAVE BEEN RENDERED TO THE FREE METHODIST CHURCH OF MOZAMBIQUE.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

2. Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.

ONE OF THE PROGRAMMATIC ACTIVITIES IS TO PROVIDE SUPPLEMENTAL FUNDING FOR THE NATIVE NURSES, MIDWIVES, AND MAINTENANCE STAFF AT THE NHALOI FACILITY. SINCE THIS FUNDING IS LIMITED TO SUCH INDIVIDUALS, IT MUST BE CONSIDERED TO BE "LIMITED TO THE EMPLOYEES OF A SPECIFIC EMPLOYER."

Part VIII Your Specific Activities

2b. Have you made or are you making an election to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.

NO ATTEMPTS WILL BE MADE TO INFLUENCE LEGISLATION

Part VIII Your Specific Activities

3c. List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

NONE

Part VIII Your Specific Activities

4a. Do you or will you undertake fundraising? Attach a description of each fundraising program.

Other (describe):

DURING 2013 A GRANT WAS SOLICITED FROM THE CLEAR BLUE GLOBAL WATER PROJECT FOR THE PURPOSE OF AUGMENTING PRIVATE DONATIONS NEEDED TO DRILL A NEW WELL TO SUPPLY POTABLE WATER TO THE FACILITY. THIS GRANT WAS APPROVED IN THE AMOUNT OF \$4700,

EACH TEAM MEMBER APPROVED TO PARTICIPATE IN ONE OF THE HHA SHORT TERM MISSION TEAMS WILL BE REQUIRED TO SECURE HIS OR HER OWN FUNDING FOR THE MISSION. OUR EXPERIENCE IS THAT THE COST

FOR A THREE WEEK MISSION TRIP RUNS APPROXIMATELY \$3750--\$4000 PER INDIVIDUAL. HHA WILL PROVIDE ASSISTANCE TO THESE INDIVIDUALS BY PROVIDING SAMPLE SUPPORT REQUEST LETTERS AND SIMILAR LITERATURE, AS WELL AS FINANCIAL ACCOUNTABILITY. IT IS ANTICIPATED THAT SIMILAR BUT FAR GREATER FUND RAISING ACTIVITIES WILL ALSO BE REQUIRED TO OBTAIN THE SUPPORT NEEDED TO SUPPORT THE ACTIVITIES OF DR CLAASSEN WHEN HE LEAVES FOR THE FIELD

Part VIII Your Specific Activities

4d. List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

AT THIS TIME, ALL TEAM MEMBERS HAVE COME FROM EITHER KANSAS, IOWA, OR ILLINOIS. AS SUCH, TO THE BEST OF OUR KNOWLEDGE, THESE ARE THE ONLY STATES WHERE FUND RAISING ACTIVITIES HAVE TAKEN PLACE. AS PREVIOUSLY STATED, EACH TEAM MEMBER RAISES THEIR OWN FUNDS TO SUPPORT THEIR MISSION ACTIVITIES. THIS FUND RAISING TYPICALLY INVOLVES RAISING FUNDS FROM FRIENDS AND FAMILY MEMBERS. ONE TEAM MEMBER HAS RAISED FUNDS THROUGH SPEAKING ENGAGEMENTS AT LOCAL CHURCHES AND CIVIC ORGANIZATIONS AS WELL AS THROUGH A "BAKE SALE" SUPPORTED AND SPONSORED BY HER EMPLOYER, A CATHOLIC HOSPITAL GROUP. NO FUND RAISING ACTIVITIES ARE CONDUCTED FOR OTHER ORGANIZATIONS NOR DO OTHER ORGANIZATIONS RAISE FUNDS FOR US EXCEPT TO THE EXTENT DETAILED ABOVE.

Part VIII Your Specific Activities

4e. Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.

AS PREVIOUSLY INDICATED, A GRANT WAS OBTAINED FROM CLEAR BLUE GLOBAL WATER PROJECT FOR THE SOLE PURPOSE OF DRILLING A NEW WATER WELL. THESE FUNDS WERE ISOLATED AND RESTRICTED FOR THIS SPECIFIC USE. ANY SIMILAR FUNDS RECEIVED FOR SPECIFIC, ITEMIZED PURPOSES WILL BE SIMILARLY ISOLATED AND RESTRICTED FOR USE IN ACCOMPLISHING THE PURPOSE FOR WHICH THE DONATION/GRANT WAS SOLICITED AND GRANTED.

SINCE EACH SHORT TERM MISSION TEAM MEMBER IS RESPONSIBLE FOR RAISING HIS OR HER OWN FUNDING, IT IS ANTICIPATED THAT FUNDS WILL BE RECEIVED THAT ARE EAR-MARKED FOR A SPECIFIC TEAM MEMBER'S SUPPORT. THESE EAR-MARKED FUNDS SO RECEIVED WILL BE HONORED TO THE EXTENT REQUIRED BY THAT SPECIFIC TEAM MEMBER. EXCESS FUNDING RECEIVED MAY BE DISTRIBUTED TO THE SUPPORT OF OTHER TEAM MEMBERS WHO HAVE NOT REACHED THEIR FULL SUPPORT. ALL FUNDS RECEIVED, HOWEVER, SHALL BECOME THE PROPERTY OF HHA AND WILL BE USED FOR THE EXEMPT PURPOSES OF HHA AND IN A MANNER BEST SUITED BY HHA, WITHIN ITS SOLE DETERMINATION AND DISCRETION.

Part VIII Your Specific Activities

12b. Name the foreign countries and regions within the countries in which you operate.

THE FACILITY THAT HHA WILL BE SUPPORTING IS LOCATED AT NHALAOI, WITHIN THE INHAMBANE PROVINCE, NEAR THE TOWN OF MASSINGA IN SOUTH EASTERN MOZAMBIQUE. THE ACTIVITIES THAT WILL BE UNDERTAKEN HAVE BEEN PREVIOUSLY DESCRIBED IN THE SUPPLEMENTAL INFORMATION FOR PART IV.

Part VIII Your Specific Activities

12c. Describe your operations in each country and region in which you operate.

SEE THE DESCRIPTION IN PART IV

Part VIII Your Specific Activities

12d. Describe how you operate in each country and region further your exempt purposes

SEE THE DESCRIPTION IN PART IV

Part VIII Your Specific Activities

15. Do you have a close connection with any organizations? If "Yes," explain.

HHA WILL MAINTAIN A CLOSE WORKING RELATIONSHIP WITH THE FREE METHODIST CHURCH OF MOZAMBIQUE SINCE THE NHALOI FACILITY IS OWNED AND OPERATED BY THAT ENTITY. HHA WILL ALSO MAINTAIN A CLOSE WORKING RELATIONSHIP WITH THE FREE METHODIST CHURCH USA, BOTH FOR FINANCIAL SUPPORT AND TO COORDINATE THE LOGISTICS REQUIRED FOR THE SHORT TERM MISSION TEAMS SUPPORTING THE NHALOI FACILITY.

Part X Public Charity Status

6b(i)(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.

Part X Public Charity Status

6b(ii)(a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box. ntributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.

2013

JAMES BLACKBURN RN \$4000

JUDY MCQUOWN RN \$3560

THESE INDIVIDUALS WILL BE MEMBERS OF THE 2014 SHORT TERM MISSION TRIP TO NHALOI, MOZAMBIQUE. THE FUNDS CONTRIBUTED DURING 2013 WILL BE EXPENDED IN SUPPORT OF THE HHA MISSION ACTIVITIES DURING 2014.

Part X Public Charity Status

6b. **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer both lines 6b(i) and (ii).

(i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses

(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.

(ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.

(b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

SEE ANSWER DIRECTLY ABOVE.

Part X Public Charity Status

7. Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.

DURING 2013, HHA RECEIVED A GRANT FROM THE CLEAR BLUE WATER GLOBAL PROJECT IN THE AMOUNT OF \$4700. THESE FUNDS WERE EARMARKED FOR THE PURPOSE OF DRILLING A WATER WELL AT THE NHALOI FACILITY IN MOZAMBIQUE. THIS WELL WAS DRILLED DURING 2013 AND THE GRANT WAS APPLIED TO THAT EXPENDITURE.

Schedule C. Hospitals and Medical Research Organizations

Check the box if you are a **hospital**. See the instructions for a definition of the term “hospital,” which includes an organization whose principal purpose or function is providing **hospital or medical care**. Complete Section I below. ☐

Check the box if you are a **medical research organization** operated in conjunction with a hospital. See the instructions for a definition of the term “medical research organization,” which refers to an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research in conjunction with a hospital. Complete Section II. ☐

Section I Hospitals

- | | |
|---|--|
| 1a Are all the doctors in the community eligible for staff privileges? If “No,” give the reasons why and explain how the medical staff is selected. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2a Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance? If “No,” explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Do you or will you provide medical services to all individuals in your community who participate in Medicare? If “No,” explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If “No,” explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3a Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If “Yes,” explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Does the same deposit requirement, if any, apply to all other patients? If “No,” explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a Do you or will you maintain a full-time emergency room? If “No,” explain why you do not maintain a full-time emergency room. Also, describe any emergency services that you provide. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Do you have a policy on providing emergency services to persons without apparent means to pay? If “Yes,” provide a copy of the policy. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c Do you have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? If “Yes,” describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5a Do you provide for a portion of your services and facilities to be used for charity patients? If “Yes,” answer 5b through 5e. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Explain your policy regarding charity cases, including how you distinguish between charity care and bad debts. Submit a copy of your written policy. | |
| c Provide data on your past experience in admitting charity patients, including amounts you expend for treating charity care patients and types of services you provide to charity care patients. | |
| d Describe any arrangements you have with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements. | |
| e Do you provide services on a sliding fee schedule depending on financial ability to pay? If “Yes,” submit your sliding fee schedule. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6a Do you or will you carry on a formal program of medical training or medical research? If “Yes,” describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Do you or will you carry on a formal program of community education? If “Yes,” describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 Do you or will you provide office space to physicians carrying on their own medical practices? If “Yes,” describe the criteria for who may use the space, explain the means used to determine that you are paid at least fair market value, and submit representative lease agreements. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 Is your board of directors comprised of a majority of individuals who are representative of the community you serve? Include a list of each board member’s name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 Do you participate in any joint ventures? If “Yes,” state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all agreements. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Note. Make sure your answer is consistent with the information provided in Part VIII, line 8.

Schedule C. Hospitals and Medical Research Organizations (Continued)**Section I** **Hospitals** (Continued)

- 10** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.
- Note.** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.
- ☐ **Yes** ☐ **No**
-
- 11** Do you or will you offer recruitment incentives to physicians? If "Yes," describe your recruitment incentives and attach copies of all written recruitment incentive policies.
- ☐ **Yes** ☐ **No**
-
- 12** Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If "Yes," explain how you establish a fair market value for the lease.
- ☐ **Yes** ☐ **No**
-
- 13** Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If "Yes," submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals.
- ☐ **Yes** ☐ **No**
-
- 14** Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," explain how you will avoid any conflicts of interest in your business dealings.
- ☐ **Yes** ☐ **No**

Section II **Medical Research Organizations**

- 1** Name the hospitals with which you have a relationship and describe the relationship. Attach copies of written agreements with each hospital that demonstrate continuing relationships between you and the hospital(s).
-
- 2** Attach a schedule describing your present and proposed activities for the direct conduct of medical research; describe the nature of the activities, and the amount of money that has been or will be spent in carrying them out.
-
- 3** Attach a schedule of assets showing their fair market value and the portion of your assets directly devoted to medical research.
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HOPE AND HEALING AFRICA, INC
FEIN 46-2630190
Schedule C

As previously mentioned in Part IV, the Narrative Description of our Activities, Hope and Healing Africa, Inc. (HHA) has been organized to assist the Nhaloi medical facility located near Massinga, within the Inhambane province of Mozambique. The current operations at that facility include a well-baby clinic and a labor/delivery program. These programs are staffed by native nurses and midwives. HHA is working to improve the infrastructure, and is recruiting, funding and sending short term mission teams to the facility. In addition, HHA is attempting to coordinate and assist the Free Methodist World Missions (FMWM) in identifying, securing funding for necessary support, and sending an American physician to reside to the site.

Since the medical facility is located in Mozambique, many of the questions in Schedule C are not relevant to our anticipated operations. For example, question 1 asks if all doctors in the community are eligible for staff privileges? At the present time, there are no doctors in the community. The closest doctor is in Massinga. Similarly, the concept of health insurance, Medicare, and Medicaid are functions of American health services, not Mozambique.

Additional comments for specific questions of Schedule C are included below if a simple yes or no answer may be misleading.

Q2. All individuals seeking and needed medical attention will be seen without cost, regardless of their situation.

Q3. No deposit will be required of any individual before, during, or after receiving medical services.

Q4. With only one physician, at most, at the facility, 24 hour coverage cannot be guaranteed. We will provide emergency services to all that need such services at all times the physician is available at the facility. There are no local fire or ambulance services in the area. The only police are the military, the closest of which are in Massinga.

Q5. As previously noted, all individuals seeking and needing medical services will be treated without cost. At this time, we have no arrangements with any governmental entities that would provide reimbursement for services rendered to any individuals.

Q8. At the present time, all individuals on the HHA Board of Directors are American citizens living in the United States. These directors include the following:

President	Rev Hendrik Smidderks,	Sr Pastor, NW Free Methodist Church
V Pres	Randy Claassen, MD	ER Physician, Docs who Care
Sec/Treas	James Blackburn, RN,	Critical Care Nurse, St John's Hospital
Director	Greg Cox	President, C&G Consulting
Director	Richard Spann, MD,	Retired Pulmonologist

None of these individuals have a business, financial or professional relationship to the Nhaloi facility at this time. Dr Claassen has agreed to become the resident medical missionary at the facility once appropriate support has been raised and appropriate arrangements have been made with the Free Methodist World Missions, The Free Methodist Church of Mozambique, and the Mozambique Ministry of Health.

Q14. At the present time, HHA does not have a conflict of interest policy since it has no employees. It is anticipated that such a policy will be adopted at the next annual meeting of the Board of Directors and will be substantially equivalent to Appendix A of the Form 1023 instructions.