



The
Community
Foundation

Strengthening Inland Southern California through Philanthropy

S.L. Gimbel Foundation Fund
Grant Application

Internal Use Only:
Grant <u>25,000</u>

Organization / Agency Information

Organization/Agency Name: Family Health Partnership Clinic		
Physical Address: 401 E. Congress Crystal Lake, IL 60014 City/State/Zip		
Mailing Address: 401 E. Congress Crystal Lake, IL 60014 City/State/Zip		
CEO or Director: Suzanne Hoban, Executive Director		Title:
Phone: 779 220 9315	Fax:	Email: shoban@hpclinic.org
Contact Person: Suzanne Hoban, Executive Director		Title:
Phone: 779 220 9315	Fax:	Email: shoban@hpclinic.org
Web Site Address: www.hpclinic.org		Tax ID: 36 427 7029

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

Program/Project Name: Health Coaching			Amount of Grant Requested: \$25,000
Total Organization Budget: \$1,668,265	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 82.4%	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 8.4%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 9.1%
Purpose of Grant Request (one sentence): This program will address health literacy by providing a bilingual culturally competent health coach to low income uninsured patients.			
Program Start Date (Month and Year): 7/3/2019		Program End Date (Month and Year): 7/2/2020	
Gimbel Grants Received: List Year(s) and Award Amount(s) None			

Signatures

Board President / Chair (print name and title): Christina Hueppe	
Signature:	Date: 6/5/19
Executive Director/President (print name and title): Suzanne Hoban	
Signature:	Date: 6/5/19



2019 S. L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant No: _____

Organization / Agency Information

Organization/Agency Name: Family Health Partnership Clinic		
Physical Address: 401 E. Congress Parkway Crystal Lake, IL 60014		
Mailing Address:		
CEO or Director & Title: Ms Suzanne Hoban, Executive Director		
Phone: (770) 229-9315	Fax:	Email: shoban@hpclinic.org
Contact Person & Title: Suzanne Hoban, Executive Director		
Phone: (770) 229-9315	Fax:	Email: shoban@hpclinic.org
Web Site Address: http://www.hpclinic.org		Tax ID: 364277029

Program / Grant Information

Program Area: Health

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2019 S.L. Gimbel Foundation Fund APPLICATION

Narrative

I. Organization Background

The Clinic opened in 1996 with a goal of providing health care services to the uninsured of McHenry County.

The Clinic provides primary medical care including internal medicine, women's health and family practice along with some specialty clinics such as podiatry and orthopedics. It also has an integrated mental health program, a dental clinic and a mobile health and homeless outreach program. Charges are based on a sliding fee scale, although no patient is ever turned away due to inability to pay. The Clinic does not take insurance of any kind, and does not receive state or federal funding.

All of the physicians and dentists at the clinic are volunteers, and the clinic has three part time staff nurse practitioners to ensure continuity of care. The clinic relies heavily on volunteers including some nurses, interpreters and dental hygienists.

The Clinic has many formal and informal partnerships throughout the community including collaborations with several homeless service providers, mental health organizations and domestic violence agencies. The Clinic is a founding member of the Illinois Association of Free and Charitable Clinics and sits on the board of directors and is a member of the National Association of Free and Charitable Clinics.

Organizational Accomplishments:

The organization has several accomplishments in the last three years, including clinically as well as financially.

Family Health Partnership Clinic (FHPC) has an active quality assurance program. Using data published by the National Committee for Quality Assurance (NCQA-2017) as a benchmark, patients at the clinic have consistently have better health outcomes for both diabetes and hypertension than people with private insurance. The high touch model results in these excellent clinical outcomes, particularly among a high risk, low income population.

Not only is the Clinic exceeding outcomes compared to Medicaid patients (the most similar in socioeconomic status), it is also exceeding outcomes for patients who have private insurance. This indicates the quality of care is high and outcomes are excellent.

Charity Navigator, the nation's largest charity 'rater' gave the Family Health Partnership Clinic a 4 star rating for the fourth year in a row. Less than 25% of the charities reviewed by them received this rating for transparency, fiscal soundness and accountability.

The clinic recently completed its opioid reduction program. Through changes in policy, protocol and practices, the clinic has reduced the number of patients on opioid pain medication from 70 to 2 within 18 months. This effort has drawn accolades from the county mental Health Board as well as the Substance Abuse Coalition.

Staff at the Clinic have won numerous awards for their work including the Athena Award, the Community Partner Award from Rush University and the Everyday Heroes award from Shaw newspapers.

Program Activities:

The Clinic provides high quality health care to the uninsured of MCHenry County, Illinois, in the northern portion of the state. The Clinic has several distinct programs. Through its primary care program, it provides a medical home to people in the community who do not have insurance. Family Health Partnership Clinic works like a regular doctor's office, except that besides the visit, patients get their lab tests on site, as well as their medication. The goal is to reduce barriers to care, as well as barriers to getting resources. By providing all of this in one spot, patients are more compliant with their medications, leading to better health outcomes.

FHPC has taken that barrier reduction model to other programs, including mental health. Rather than handing a patient a referral form to see a therapist, FHPC can provide bilingual therapy on site, reducing the stigma of mental health issues as well as increasing probability of follow through.

The dental clinic runs the same way. When patients are able to get the care and services they need without going from agency to agency, transportation problems are reduced and efficiency for the patient is increased.

The clinic runs its own dispensary so that patients have access to their medications immediately after their medical visits whenever possible.

In the last year, FHPC saw the gap in services for the homeless population in the county and developed a program to take onsite primary healthcare to two homeless shelters.

FHPC monitors all of its programs through a quality assurance program which consistently demonstrates that FHPC patients have better health outcomes than patients who have private insurance.

II. Project Information:

A) Statement of Need

The lack of health literacy in the country is having a significant impact on the health of individuals, as well as the collective health of the nation. A study by the Department of Health and Human Services found that only 12% of US adults were considered health literate, and over one third would have trouble following basic health recommendations such as taking medications at the correct time. Health literacy is unevenly distributed among the population. While 28% of white adults have basic or below basic health literacy, that gap widens to 65% of Hispanic adults.

This lack of health literacy results in patients missing valuable information at their medical visit. Many patients leave their primary care visit without fully understanding what the doctor told them, resulting in poor medication adherence and poor lifestyle changes. Health coaching is a relatively new intervention that is built around one on one health education, while integrating and understanding the patient's cultural background. Health coaching provides patients with information to help them better understand the consequences of their health behaviors. It provides individualized strategies to change behavior, and focuses on using the strengths of the patient to make healthy lifestyle changes. The American Academy of Family Practice embraces health coaching as a way to provide better and more cost effective care for patients, particularly those with chronic diseases.

In this project, bilingual medical assistants are used to provide extended education and literacy to patients who are having difficulties with their health, eg, A1cs consistently out of control, uncontrolled hypertension, poor dietary choices, etc. Patients and the health coaches help develop a care plan together, using motivational interviewing.

Health coaches can increase access to care by more efficiently using a health care team to deliver information and education. It decreases care fragmentation by providing continuity that many patients

need to achieve their goals. The health coach is the 'point person' who is available to talk, listen and reinforce health messages, while understanding of the patients' motivation, background and environment. Coaches can review directions from the doctor, and ensure that the patient fully understands, thus increasing health literacy.

Because health coaching has been shown to be effective in risk reduction for chronic diseases, the program will be open to all patients who have a chronic disease, or who have unhealthy lifestyle habits (smoking, obesity, etc) that could lead to chronic conditions. This project will prioritize 2 groups – 1) patients with diabetes, and 2) patients with hypertension. Diabetes and hypertension are among the top five diagnoses at the clinic. Because over 60% of the Clinic's patients are Hispanic, many come with undiagnosed diabetes and/or hypertension, or their illnesses are not under control. The Clinic has had good success with many of these patients because the Clinic is able to provide care in a culturally sensitive and appropriate way. Once patients more fully understand their disease process, the more likely it is that they will make better choices to take control of their health.

B) Project Description

The Health Coach is the fulcrum of care, acting as intermediaries and 'translators' between the patients and the providers. When patients are identified as suitable candidates by a nurse, the nurse will meet with the health coach to help outline some of the major areas of concern, and develop a framework of what specific health needs each patient has.

The health coach will then meet with the patient, begin to develop a care plan with the patient's input, and outline specific steps to meeting each goal. That plan is communicated back to the nurse for review, as well as guidance on resources and strategies.

The health coach will begin to implement the care plan, touching base with the patient by phone or in person, and providing supportive services such as appointment reminders, assistance with transportation, access to other resources, etc. When patients come in for a nurse visit or a medical visit, the coach can sit in on the visit if requested, but can also spend a little time post visit eliciting whether the patient understood what the provider was saying, or had any questions that were not answered during the visit. This allows for immediate feedback and reinforcement.

Most candidates will have an existing chronic condition like diabetes or hypertension, and the goal is on disease management and prevention of complications. In other cases, however, patients may be at high risk for developing a chronic condition, such as being pre-diabetic, being overweight, or having a family history that is significant for disease development. This is where the disease prevention enters, and is attained by focusing on goals that may be more behavior related, as opposed to clinical tracked. Exercise, smoking cessation, dietary changes can all be significant behavioral changes whose effects may not show up immediately, but almost certainly will decrease health risks.

Because health coaching has been shown to be effective in risk reduction for chronic diseases, health coaching will be open to all patients who have a chronic disease, or who have unhealthy lifestyle habits (smoking, obesity, etc) that could lead to chronic conditions.

C) Project Goal, Objectives, Activities & Expected Outcomes

Project Goal:

Provide high quality healthcare to all low income and uninsured patients at FHPC.

Project Objectives:

Reduce blood pressure (if hypertensive) or A1c levels (if diabetic) in 90 patients.

Program Activities:

The Clinic provides high quality health care to the uninsured of MCHenry County, Illinois, in the northern portion of the state. The Clinic has several distinct programs. Through its primary care program, it provides a medical home to people in the community who do not have insurance. Family Health Partnership Clinic works like a regular doctor's office, except that besides the visit, patients get their lab tests on site, as well as their medication. The goal is to reduce barriers to care, as well as barriers to getting resources. By providing all of this in one spot, patients are more compliant with their medications, leading to better health outcomes.

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In the last year, FHPC saw the gap in services for the homeless population in the county and developed a program to take onsite primary healthcare to two homeless shelters.

FHPC monitors all of its programs through a quality assurance program which consistently demonstrates that FHPC patients have better health outcomes than patients who have private insurance.

Expected Outcomes:

We expect we will reduce blood pressure (if hypertensive) or A1c levels (if diabetic) in 90 patients.

Evaluation:

5. Evaluation

Staff will use the clinic electronic medical record (Athenahealth) for 150 patients enrolled in the health coaching program. We will generate data showing the changes in blood pressure or A1c levels over the time enrolled in the program. Data will be compared to expected outcomes and goals, and adjustments will be made in the program if necessary.

D) Timeline

Provide a timeline for implementing the project. State the start date and ending date of the project, include timeframes for specific activities, as appropriate.

Month 1 – Review eligible patients, prioritize need with consultation from nurse, review text messaging programs to reinforce education, purchase appropriate health literacy materials

Month 2 – Begin making appointments for health coaching, begin taking referrals from nurses and clerks, utilize clerks to flag potential patients

Month 3 – Continue health coaching program, continuing to recruit

Month 4 – Begin looking at outcome measures and evaluate

Months 5-12 – Continue cycle above, and prepare final evaluation

E) Target Population

Who will this grant serve? How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.

The proposed target population are low-income, medically underserved and uninsured residents of McHenry County, Illinois, a formerly rural but increasingly more suburban county. Even

with the Affordable Care Act implementation, it is estimated that there are at least 20,000 people without insurance in the county. Particular emphasis is placed on providing comprehensive, culturally sensitive, and linguistically appropriate health care services for members of the county's Hispanic/Latino community. This is a population made up of new arrivals who are not yet able to navigate the health care system and the services available to them.

Though open to all patients at FHPC, the project will prioritize 2 groups – 1) patients with diabetes, 2) patients with hypertension.

F) Projects in the Community

How does this project relate to other existing projects in the community? Who else in the community is providing this service or has a similar project? Who are your community partners (if any)? How are you utilizing volunteers?

This program does not replicate any programs in the county, as there are no current health coaching programs designed at this low income and vulnerable population. This program is unique in that it provides these services and care in a linguistically and culturally competent way.

The Clinic has many formal and informal partnerships which may be useful when working intensively with clients to improve their health.

For example, FHPC has worked with the local YMCA to provide scholarships for exercise classes and use of the facilities.

The clinic has a volunteer dietician who can help provide more intensive nutrition teaching if needed.

The clinic relies heavily on volunteers, and all physicians are volunteers. This program also uses volunteers to help schedule patients, as well as to put together learning materials for them.

The Clinic is a strong participant in Network Council, the network of behavioral health providers. It also works closely with the Continuum of Care Council, who coordinate the spectrum of services needed by people experiencing housing problems.

All of these partnerships are critical in linking patients to services that they may need which are interfering with reaching their goals.

G) Use of Grant Funds

How will you use the grant funds?

FHPC is requesting \$25,000 to support this program. This will primarily be used for staff time for the health coach, and will also include a limited amount for low literacy educational materials and IT.

The entire project will cost approximately \$37,344, the remainder of the funds coming from general clinic operating dollars and in kind services such as support staff.

III. Project Future

A) Sustainability

The Clinic has a strong history of fundraising and community building. Though it relies primarily on grants for funding its programs, and despite the fact that the budget has grown from \$250,000/year to over \$1.5 million today, it has never had to lay off staff due to a grant expiration. This illustrates the fiscal responsibility of the Clinic's management team as well as its strong community support.

Revenue from events and appeals have increased over the past three years. The Clinic has grown both its donor base and its fundraising amount by over 10% each year. The Development Coordinator

has used methods such as Facebook, Twitter, an online newsletter and a print newsletter to foster donor loyalty and funding. It is expected that the additional charitable revenues will be able to sustain the project.

The Clinic is not a 'free' clinic. More than 80% of the patients do pay a portion of their 'bill' – the average charge for a visit with labs and prescription is between \$10-\$15. Patients are expected to bring proof of income .

This responsible financial position and transparency has earned FHPC a 4 star rating from Charity Navigator several years in a row.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

The FHPC Board is a Policy Board and has two standing committees – the Governance Committee and the Finance Committee. Both meet regularly. Other committees – like the Audit Committee – convene only when needed. Other committees may be developed on an as needed basis and then dissolved when the work is finished.

The Board makes its decisions based on a set of policies (including bylaws, finance, and legal) and compared with the Strategic Plan. Board members are continuously educated on the role of the board, and perform annual self evaluations both of themselves and of the board. There are term limits, and the board adheres to best practices as outlined in John Carver's Board Governance work.

B) Management

Describe the qualifications of key personnel/staff responsible for the project.

Suzanne Hoban is the Founder and Executive Director of the Family Health Partnership Clinic, and she will be the primary supervisor for the project. Ms. Hoban has an MPH, and has over 25 years leadership experience in program development, program evaluation, and financial management.

Stephany Rico will be the key staff lead in this project. She has been with the clinic for over 2 years, and has a MA in Health Literacy from Northwestern. She is bilingual and bi-cultural and is experienced in program operations, health literacy, and both outreach and inreach to existing patients. She is familiar with the patient population and their needs.

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Organization Name:

Family Health Partnership Clinic

V. Project Budget and Narrative (Do not delete these instructions on your completed form).

A) Budget Table: Provide a detailed line-item budget for your entire project by completing the table below.

Requested line items should be limited to Ten (10) line items. The less the better.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff compensation, benefits: **Do not use FTE percentages.**
 - a. Identify the position; for each position request, specify the hourly rate and the number of hours (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.

Line Item Request	Line Item Description (Maximum two lines)	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel/TCF	Line Item Total of Project
Personnel - Health Coach	\$18/hour x 20 Hrs/week x 52 weeks + .20 benefits = \$22,464			22,464	22,464
Personnel - Nurse	\$26/hr x 5 hr/week x 52 weeks + .20 benefit = \$8112		6750	1362	8112
Personnel - Clerical	\$12/hr x 5 hrs/wk x 52 wks + .20 benefit = \$3744	3744			3744
IT	Laptop and Office for Health Coach - \$1000		250	750	1000
Electronic Medical Record Seat License	\$50/month x 12 months = \$600	600			600
Educational Material	Health Literacy Material - = \$250			250	250
Office Supplies	Paper, Copying, Postage = \$1000	500	500		1000
Travel	Local travel @ .58/mi x 300 mi = \$174			174	174
TOTALS:		\$ 4844	\$ 7500	\$ 25,000	\$ 37,344

B) Narrative: The budget narrative is the justification of "how" and/or "why" a line item helps to meet the project deliverables. Provide a description for each line item request as necessary. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative

1. Personnel - The Health Coach is directly responsible for providing one on one health education to patients. $\$18/\text{hour} \times 20 \text{ Hrs}/\text{week} \times 52 \text{ weeks} + .20 \text{ benefits} = \$22,464$
The Nurse consults with the Health Coach to help direct and target health issues - $\$26/\text{hr} \times 5 \text{ hr}/\text{week} \times 52 \text{ weeks} + .20 \text{ benefit} = \8112
The Clerk tracks all documentation, registration and appointments $\$12/\text{hr} \times 5 \text{ hrs}/\text{wk} \times 52 \text{ wks} + .20 \text{ benefit} = \3744

2. IT - Laptop and Office for Health Coach - \$1000
Electronic Medical Record License - a new license must be added to accomodate another user on the EMR - $\$50/\text{month} \times 12 \text{ months} = \600

3. Office Supplies -Paper, Copying, Postage = \$1000

4. Educational Materials - These have not yet been selected and will be purchased according to patients' needs - \$250

5. Travel - Local travel to resource and networking meetings @ $.58/\text{mi} \times 300 \text{ mi} = \174

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VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
United Way	\$ 65,000
Prevent Cancer Foundation	\$ 35,000
VNA Foundation	\$ 50,000
Willow Springs	\$ 27,000
Sage Legacy Fund	\$ 21,594
Gavers Cancer Foundation	\$ 25,000
CVS	\$ 20,000
Mental Health Resource League	\$ 15,000

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Community Development Block Grant - Government	\$ 33,000	June
Blue Cross Blue Shield	\$ 50,000	August
Susan Komen Foundation	\$ 25,000	April
Telligen Fund	\$ 25,000	May
PERT Trust	\$ 15,000	March
Brach Foundation	\$ 10,000	May

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$ 497,818	31 %	Program Fees	\$ 258,832	16 %
Fundraising/Special Events	\$ 216,969	13 %	Interest Income	\$ 4266	<1 %
Corp/Foundation Grants	\$ 548,813	32 %	Other:	\$ 5163	<1 %
Government Grants	\$ 75,000	6 %	Other: insurance refund	\$ 24,497	2 %

Notes:

Does not include donated goods and services.

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VII. Financial Analysis

Agency Name: Family Health Partnership Clinic

Most Current Fiscal Year (Dates): From 7/1/2018 To: 6/30/2019

This section presents an overview of an applicant organization’s financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$ 1,615,249	\$ 1,332,200	\$ 135,894	\$ 147,155

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	82.4 %	8.4 %	9.1 %

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization’s Current Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
8 %	8 %	0 %

If the differential is above (+) or below (-) 10%, provide an explanation:

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Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$ 912,525	\$ 93,519	93,752	11

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$ 2103	\$ 85,363

Notes:

Family Health Partnership Clinic
Budget Comparison - Gimbel Grant Application
Prepared 2/26/19

	Actual 6/30/2018	Budget Projections 6/30/2019	Variance
Income			
Contributions	497,818	423,905	(73,913)
Grants	623,813	636,596	12,783
Program Service Fees	258,832	246,230	(12,602)
Donated Goods & Services	442,257	450,000	7,743
Special Events	216,969	209,308	(7,661)
Interest Income	4,266	6,893	2,627
Unrealized Gain on Investments	5,163	5,500	337
Miscellaneous	24,497	-	(24,497)
Total Income	2,073,615	1,978,432	(95,183)
Expenses			
Leased Employee Expenses	1,128,189	1,079,180	49,009
Accounting Fees	8,930	8,925	5
Professional Fees	399,909	384,232	15,677
Nurse Practitioner Fees	15,400	1,400	14,000
Clinical Expenses	174,632	164,912	9,720
Office and Computer Supplies	21,607	21,744	(137)
Internet	3,198	2,963	235
Telephone	7,355	6,812	543
Postage and Delivery	6,408	6,358	50
Equipment Rental & Maintenance	3,757	1,302	2,455
Printing & Copying	11,144	12,325	(1,181)
Books, Subscriptions & Reference	15,119	15,721	(602)
Office & Storage Rent	1,347	1,348	(1)
Janitorial	16,226	12,961	3,265
Utilities	9,355	8,266	1,089
Repairs & Maintenance	19,404	5,028	14,376
Association Fees	21,090	23,487	(2,397)
Travel & Meetings Expenses	6,980	5,807	1,173
Depreciation	71,629	74,410	(2,781)
Insurance Expense	35,476	31,018	4,458
Membership Dues	2,924	3,179	(255)
Staff Development	4,598	3,243	1,355
Advertising	10,487	12,279	(1,792)
Recognition, Awards & Gifts	3,417	2,462	955
Credit Card Fees	8,027	11,881	(3,854)
Bank Charges	48	-	48
Licenses & Permits	273	985	(712)
Miscellaneous Expense	35	2,919	(2,884)
Special Events	64,548	65,497	(949)
Total Expenses	2,071,512	1,970,644	100,869
Revenue Less Expense	2,103	7,789	

Part IX Statement of Functional Expenses

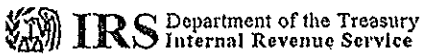
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 5b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,675	88,675		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,930	5,358	2,679	893
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	29,334	25,825	3,119	390
12 Advertising and promotion	646	567		79
13 Office expenses	21,371	17,063	3,238	1,070
14 Information technology				
15 Royalties				
16 Occupancy	1,319	1,319		
17 Travel	6,332	2,947	2,509	876
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,629	42,977	21,489	7,163
23 Insurance	35,476	29,818	5,209	449
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LEASED EMPLOYEE EXPENSE	1,039,514	835,664	81,486	122,364
b CLINICAL EXPENSES	174,632	174,632		
c ASSOCIATION FEES	21,090	17,926	2,109	1,055
d REPAIRS & MAINTENANCE	19,404	16,494	1,940	970
e All other expenses	96,897	72,935	12,116	11,846
25 Total functional expenses. Add lines 1 through 24e	1,615,249	1,332,200	135,894	147,155
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Family Health Partnership Clinic
FYE 2019 BUDGET
Approved 6/18/18

	FY 2018-19 Budget
Ordinary Income/Expense	
Income	
4010 · Indiv/business contribution	430,200
4020 · Indiv/business cont. restricted	2,500
4210 · Corporate/business grants	50,000
4230 · Foundation/trust grants	397,406
4240 · United Way Support	65,000
4250 · Nonprofit organization grants	20,500
4540 · Local government grants	76,500
5180 · Program service fees	236,000
5310 · Interest-savings/short-term inv	2,000
5320 · Dividends & interest-securities	800
5800 · Special events	217,000
Total Income	1,497,906
Expense	
7200 · Salaries & related expenses	1,218,770
7520 · Accounting fees	8,800
7530 · Legal fees	5,500
7540 · Professional fees	6,150
7550 · NP Fees	1,400
8000 · Clinical Expenses	133,920
8110 · Office & Computer Supplies	13,450
8120 · Internet Costs	3,200
8130 · Telephone & telecommunications	6,900
8140 · Postage, shipping, delivery	8,110
8160 · Equip rental & maintenance	2,000
8170 · Printing & copying	12,500
8180 · Books, subscriptions, reference	9,950
8210 · Rent Office/Storage	1,350
8215 · Janitorial Svc	15,500
8220 · Utilities	9,200
8225 · Repair & Maintenance	5,000
8240 · Association Fees	22,155
8300 · Travel & meetings expenses	8,000
8400 · Depreciation & amortization exp	70,000
8520 · Insurance - non-employee	35,250
8530 · Membership dues - organization	3,260
8540 · Staff development incl mtg, ed,	2,000
8570 · Advertising/Job Postings	4,500
8580 · Recognition, Award & Gifts	2,000
8591 · Credit Card Fees	9,000
8593 · Licenses and Permits	100
8700 · Special Events Exp. Exclusive	50,300
Total Expense	1,668,265
Net Ordinary Income	(170,359)
Released from reserves and restricted funds	170,359
Net Ordinary Income	-



P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752258385
Apr. 09, 2014 LTR 4168C 0
36-4277029 000000 00
00029999
BODC: TE

FAMILY HEALTH PARTNERSHIP CLINIC
% SUZANNE HOBAN
401 E CONGRESS PKWY
CRYSTAL LAKE IL 60014-6210

Employer Identification Number: 36-4277029
Person to Contact: H Baumgarten
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 31, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May of 1999.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

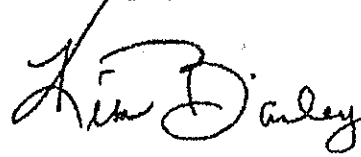
005656

0752258385
Apr. 09, 2014 LTR 4168C 0
36-4277029 000000 00
00030000

FAMILY HEALTH PARTNERSHIP CLINIC
% SUZANNE HOBAN
401 E CONGRESS PKWY
CRYSTAL LAKE IL 60014-6210

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Kim D. Bailey". The signature is fluid and cursive, with the first name "Kim" and last name "Bailey" clearly legible.

Kim D. Bailey
Operations Manager, AM Operations 3

RECEIVED NOV 15 2008

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

DEPARTMENT OF THE TREASURY

Date:

OCT 30 2008

FAMILY HEALTH PARTNERSHIP CLINIC
13707 W JACKSON
WOODSTOCK, IL 60098

Employer Identification Number:

36-4277029

DLN:

17053270730023

Contact Person:

ERIC J BERTELSEN

ID# 31323

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(B) (1) (A) (vi)

Dear Applicant:

Our letter dated May 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

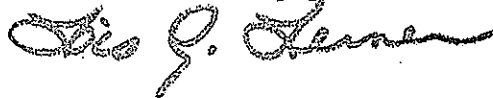
Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Board of Directors FHPC

Cindy Meyer

129 Hutchins St
Woodstock, IL 60098
815 337 2503 home
815 347 2503 cell
cindy.meyer@att.net
Since 2012 Term 2018
Finance Committee
Audit Committee
Treasurer
Mastercard

Dr. Joe Hagenbruch

502 N. Hart
Harvard, IL 60033
815 943 5420
jfh502@sbcglobal.net
Since 2010 Term 2019
Private Practice Dentist
Governance Committee

Melissa Cooney

879 Victoria Dr.
Woodstock, IL 60098
815 334 1513
815 459 2050 work
815 861 4262 cell
Since 2011 Term 2017
mcooney@zrfmlaw.com
President
Finance Committee
Audit Committee
Attorney

Bev Thomas

463 Crystal Ct.
Crystal Lake, IL 60014
815 455 3321 home
815 479 7529 work
815 382 9831
BThomas@mchenry.edu
Since 2012 Term 2018
Governance Committee
MCC Foundation

Christina (Tina) Hueppe

10720 Lone Star Way

Huntley, Illinois 60142
847-287-4667 cell

chueppe@comcast.net

Since 2013 Term 2019

Vice President

Marshall Wolf Automation

Governance

Dick Ahrens

1632 Wheeler Ave
Woodstock, IL 60098
815 338 5500 Office
815 482 1143 Cell

rdahrens@icloud.com

Since 2013 Term 2019

Peet Frate Line

Finance Committee

Kimberly Reed

5510 Renee Ave
Crystal Lake, IL 60014
815 477 7165 – home
815 579 6120 - cell

Kimberly.a.reed@medtronic.com

Governance Committee

Since 2013 Term 2019

Medtronic- HR

John Kretchmer

655 Cress Creek Lane
Crystal Lake, IL 60014
815 519 2924 (cell)

224 241 8500 (work)

jkretchmer@fnni.com

VP – Commercial Banking

Manager

First National Bank

Finance Committee

Since May 2015 (Term 2019)

Katie Anderson-Tedder

1255 Lee Ann Lane
Woodstock, IL 60098

Katherine.anderson22@gmail.com
l.com

Since 2015 (Term 2019)

Anderson's Candy Shop

815 347 0378 cell

Clint Gabbard

9014 Shadow Lane
Bull Valley, IL 60097

815 455 8725

509 200 6131

President,

McHenry County College

cgabbard@mchenry.edu

Since 2017 Term 2020

Judy Andronowitz

982 Donnelly Place

McHenry, IL 60050

815 236 5727 - cell

VP, Business operations

Centegra Physician Care

jandronowitz@centegra.com

Finance Committee

Since 2017 Term 2020

Kevin Noonan

227 Burningbush Trail
Crystal Lake, IL 60012

815 356 0930

815 529 1341 cell

knoonan@amcomwealth.com

Since 2017 Term 2020

Governance Committee

American Community Bank

Tracy Zobott

410 Candlewood Ct

Algonquin, IL 60102

847 814 5114

Tracy.zobott@medtronic.com

Since 2018 Term 2021

Cardinal Health

Trina Greening

220 Bell Drive

Cary, IL 60013

847 420 3349

Katrina.greening@gmail.com

Since 2018 Term 2021

JP Morgan Chase

Linnea Kooistra
15118 Thayer Road
Woodstock, IL 60098
kooistra@mc.net
815 648 2900
Since 2018 Term 2021
Co-owner – Kooistra Farms

Suzanne Hoban -staff
Clinic Executive Director
378 S. Tryon
Woodstock, IL 60098
779 220 9315
815 337-7101 home
815 575-0632 cell
woodstock90@att.net (home)
shoban@hpclinic.org

Jyothi Gogineni, MD
Medical Director
jgogineni@centegra.com

Gloria Etes – Board Clerk
4215 Market
Ridgefield, IL 60012
GloriaEtes@hotmail.com
Term - Forever
Home Phone – 815 455 0560
Cell – 815 715 2448