

## The White Family Foundation

Grant Request: High Risk Hope #721

March 31, 2022

<b>Date of grant proposal submission</b>	Tuesday, February 8, 2022
<b>Are you an IRS compliant 501(c)3 public charity/nonprofit?</b>	Yes
<b>Legal name of organization</b>	High Risk Hope, Inc.
<b>Address</b>	 1320 E. 9th Ave., 2nd Floor Tampa, FL 33605 United States
<b>Website</b>	<a href="http://www.highriskhope.org">http://www.highriskhope.org</a>
<b>Telephone</b>	813-464-9132
<b>Organization Director/Title</b>	Bailey Nicholas/Executive Director
<b>Contact Person/Title</b>	Bailey Nicholas/Executive Director
<b>Contact Person's Telephone</b>	813-464-9132
<b>Contact Person's Email</b>	<a href="mailto:bailey@highriskhope.org">bailey@highriskhope.org</a>
<b>Grant Request Amount</b>	\$20,000.00

**Please provide us with a brief description of your organization (no more than 500 words).**

High Risk Hope (HRH) is a 501(c)3 for purpose organization that provides support, encouragement, information and resources to women and families who are experiencing a high-risk pregnancy resulting in hospital bed rest, potential premature birth and neonatal intensive care after delivery. Services are designed and delivered by families who have experienced such a crisis, creating an unparalleled connection with every family we help.

Founded in 2011 by Heather Barrow after her own experiences with a high-risk pregnancy, HRH meets a critical need for patient and family care in high-risk obstetric and neonatal intensive care units (NICU) throughout Florida. HRH helps moms navigate the challenges of their own and their child's care through its Bed Rest Basket and NICU Napsack programs. They

were designed with the ultimate goal of prolonging pregnancies and encouraging families both before and after the birth of a premature infant by providing necessary personal care items not otherwise provided at the hospital, educational resources and support. For families experiencing the devastating loss of their newborn, HRH offers its Bereavement Box program. Developed with guidance from a mom who lost one of her twins while in NICU, boxes contain items and resources to aid in grief and healing.

During the past decade, HRH has grown from a grassroots movement collaborating with just one hospital to now working with five hospitals: Johns Hopkins All Children's Hospital, Mease Countryside Hospital, Sarasota Memorial Healthcare System, St. Joseph's Women's Hospital, and Tampa General Hospital. HRH has a lifelong impact for premature infants and families, demonstrated by the fact that more than 75% of HRH's 300 dedicated volunteers are former bed rest and NICU patients who have received HRH services. A former HRH patient sums up the program's importance:

"I wasn't planning on going to the hospital and I certainly wasn't planning on having a baby two days later. Having personal care items for the 54-day stay, a bag to carry things back and forth, and milestone cards to celebrate achievements were invaluable. What was even more important was knowing that there was a network of other HRH families who understood what we were going through."

The White Family Foundation was HRH's first major grantor in 2011, and we feel strongly that HRH would not be here today without your generous gift. We have served an estimated 10,000 families since that first gift, and grown from working with one partner hospital to five. With your support, HRH will continue reaching thousands of families in the future. We believe this request aligns with the Foundation's mission to make positive changes to people's lives and enhance the community in which they live. HRH fills a critical need in the community by providing support not previously available.

**Grant Purpose (one paragraph)**

HRH seeks a \$20,000 grant to purchase inventory items for Bed Rest Baskets, NICU Napsacks, and Bereavement Boxes. Bed Rest Baskets are provided for newly admitted, long-term high risk obstetric hospital patients and include a Hospital Bed Rest Guide, HRH Journal, and more than 50 personal care items that a mom-to-be needs to survive long-term hospital bed rest. NICU Napsacks are provided for families of a premature infant who anticipate a two-week or longer stay in the NICU. Napsacks include a NICU Parent Handbook with critical information, NICU Milestone Cards to celebrate each milestone their premature infant achieves, and 25 personal care items that are crucial to a long-term hospital stay. Bereavement Boxes are provided to families who have experienced the unimaginable loss of their newborn. Developed with the guidance of an HRH mom who lost one of her twins while in the NICU, Bereavement Boxes are delivered to hospital staff who then distribute them to families experiencing loss. They contain items that aid in grief and healing. HRH also provides suggestions from other families who have experienced loss, which includes a list of actions a family can take prior to leaving the hospital.

**Annual Project/Program Budget (if request is for a specific project)** \$49,121.00

**Annual Organization Budget** \$239,098.00



Grant Proposal to:



**Date of submission:** May 23, 2022  
**Legal Name:** High Risk Hope, Inc.  
**Address:** 1320 E. 9<sup>th</sup> Ave., 2<sup>nd</sup> Floor, Tampa  
FL 33605  
**Website:** [www.highriskhope.org](http://www.highriskhope.org)

**Contact Details**  
**Executive Director:** Bailey Nicholas  
**Telephone:** (813) 242-0450  
**Email:** [bailey@highriskhope.org](mailto:bailey@highriskhope.org)

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## CASE STATEMENT

### Organization Description

High Risk Hope's (HRH) mission is to offer support, encouragement, information and resources to women and families experiencing a high-risk pregnancy resulting in hospital bed rest, potential premature birth and neonatal intensive care after delivery. Founded in 2011 by Heather Barrow after her own experiences with a high-risk pregnancy, HRH meets a critical need in patient and family care in the high-risk obstetric unit as well as in the neonatal intensive care unit (NICU).

HRH promotes family stability, maternal adjustment and infant development. HRH Bed Rest Baskets and NICU Napsacks provide necessary personal care items not otherwise provided at the hospital, educational resources and support. For those experiencing the loss of an infant, HRH's Bereavement Box program provides comfort and support from parents with a lived experience of infant death.



Since 2011, HRH has grown from a grassroots movement collaborating with just one hospital to now working with five hospitals, providing life-changing results for thousands of at-risk infants: St. Joseph's Women's Hospital (since 2011), Tampa General Hospital (since 2014), Sarasota Memorial Healthcare System (since 2016), Johns Hopkins All Children's Hospital (since 2017), and Mease Countryside Hospital (since 2018). In 2021, HRH served 1,500 individuals. Our goal is to serve 1,750 in 2022.

### Program Descriptions

**Bed Rest Baskets**—provided for newly admitted, long-term high-risk obstetric hospital patients, they help families process frightening and overwhelming information and offer hope through the stories of other women who have experienced high-risk pregnancies. They also help mothers remain calm and practice self-care. Bed Rest Baskets provide more than 50 personal care items that a mom-to-be needs to survive long-term hospital bed rest. The items included are not provided by hospitals and ensure every patient's basic needs are met so the patients can focus on delivering a healthy baby.



In addition to personal care items, Bed Rest Baskets include a Hospital Bed Rest Guide with helpful tips and checklists, giving mothers tools to reduce stress and focus on their health; an HRH Journal to help patients document daily concerns, hopes and thoughts as well as keep track of doctors, nurses, tests medications and questions; and adult coloring books to help patients reduce stress levels, as long-term hospital bed rest can be monotonous and anxiety ridden.

**NICU Napsacks**—provided for families of a premature infant who anticipate a two-week or longer stay in the NICU. Napsacks include 25 personal care items that are crucial to a long-term hospital stay and are not currently supplied by hospitals or any other non-profit organizations. They ensure

a family's basic needs are met so parents can focus on the health of their baby. The result is parents who feel better equipped to become an important part of their newborn's care team while in the hospital and encourage bonding, development and family-centered care.

The NICU Parent Handbook contains a glossary of NICU medical terms and personnel descriptions (e.g., what is a neonatologist) to help parents navigate the complex hospital environment. The guide also includes information about the importance of reading, talking and singing to their premature baby in order to help their babies boost brain growth and development.

NICU Milestone Cards celebrate each milestone a preemie achieves during their NICU journey, helping parents focus on progress rather than dwell on the inevitable setbacks while in the NICU. The HRH Baby Calendar provides daily inspiration with success stories of babies who have made the journey from hospital to home. Families use this to set goals and document their stay. Other items in the Napsack help promote bonding, such as books to read to their child and a small mirror to help mothers see their baby relax while holding them, which encourages bonding and helps with breastmilk production.



**Bereavement Boxes**—For families who have experienced the unimaginable loss of their newborn, HRH reminds them that they are not alone and provides resources to help them process grief and begin to heal. Developed with the guidance of an HRH mom who lost one of her twins while in the NICU, Bereavement Boxes are delivered to hospital staff who then distribute them to families experiencing loss. The Boxes contain items that aid in grief and healing. HRH also provides suggestions from other families who have experienced loss, which includes a list of actions a family can take prior to leaving the hospital.



### Problems We Solve

Premature infants are more likely to have health problems that can last into adulthood. While long-term consequences on families can include higher divorce rates, workplace consequences and financial difficulties.<sup>1</sup> HRH services are designed and delivered by families who have experienced such a crisis, creating an unparalleled connection with every family HRH helps. Without HRH, thousands of moms would struggle to cope with the stressors of living in a hospital and caring for a sick baby. Families experiencing such crises need dedicated support systems. Women reporting higher stress levels have increased risk of

<sup>1</sup>Vigod S., et al. "Prevalence and Risk Factors for Postpartum Depression Among Women with Preterm and Low-Birth-Weight Infants: A Systematic Review." *BJOG*. 2010 117(5):540–550; Ioni C., et al. "Mothers and Fathers in NICU: The Impact of Preterm Birth on Parental Distress." *European Journal of Psychotraumatology*. 2016 Nov. 12 (4): 604-621; Kusters, C., et al. "The Impact of a Premature Birth on the Family: Consequences are Experienced Even After 19 Years." *Dutch Journal of Diabetology*. June 2013 157(25): A5449. Retrieved Dec. 4, from <https://pubmed.ncbi.nlm.nih.gov/23777961/>.

preterm birth, and moms of preterm infants are 40% more likely to develop postpartum depression.<sup>2</sup>

It is difficult to imagine how stressful this type of ordeal can be on a mother-to-be and her family. Prematurity can cause lasting complications in babies that survive their preterm birth, including intellectual disabilities, vision and hearing loss, learning and behavioral problems, cerebral palsy and lung problems. The stress is compounded by poor coping skills and feelings of hopelessness.

Each year, thousands of families still need support. The U.S. premature birth rate increased from 9.6% in 2015 to 10.06% in 2020. Florida's premature birth rates are consistent with the national average, increasing from 9.9% in 2014 to 10.5% in 2020. Locally, Hillsborough County's preterm birth rate was recorded at 9.8% for 2020 while Pinellas County's was reported at 9.6% and Sarasota County at 9.3%.<sup>3</sup>

High-risk pregnancy knows no boundaries related to socio-economic status or race. As such, HRH cares for Hillsborough, Pinellas, and Sarasota county families of all races, income levels and backgrounds. More than 70% of families served have received government assistance. Racial composition of families is as follows: Caucasian, 45%; African American, 25%, Hispanic, 9%; Asian, 5%; Other, 13%; and Unknown, 3%. HRH has served 10,400 families since 2011.

Also of concern are families who experience the excruciating loss of their newborn. Hillsborough County experienced 83 infant deaths in 2020, the highest of Florida counties.<sup>4</sup> HRH cares for families grieving such a loss through Bereavement Boxes. Studies recommend that a family-centered bereavement program is necessary in the NICU. Most medical staff are so focused on maintaining life, that they are often untrained in how to provide support after loss. HRH provides the tools hospitals need to support grieving parents.

### How We Solve the Problems and Measure Results

HRH is the only nonprofit program in Florida providing multiple programs to reduce stress levels among mothers on long-term bed rest, increase family-centered care for infants born prematurely, and comfort families who are experiencing the indescribable pain of losing their newborn baby. The overall goal is to promote family stability, maternal adjustment and infant development.



As the only full-time staff member of HRH, Executive Director Bailey Nicholas oversees the daily operations of HRH. Nicholas, along with part-time Program Coordinator Peyton Walker, monitors inventory for all programs and maintains relationships with local hospitals. They also lead 75

<sup>2</sup> Wadhwa P., et al. "The Contribution of Maternal Stress to Preterm Birth: Issues of Considerations." 2011 Sept. 38(3) 351-354. Retrieved Nov. 15, 2021, from <https://pubmed.ncbi.nlm.nih.gov/21890014/>.

<sup>3</sup> National Center for Health Statistics. Retrieved Nov. 15 2021, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats); Florida Department of Health. Retrieved Nov. 15, 2021, from <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=Birth.DataViewer&cid=473>; Centers for Disease Control Vital Statistics Rapid Report. Retrieved May 4, 2022, from <https://www.cdc.gov/nchs/data/vsrr/vsrr012-508.pdf>

<sup>4</sup> Florida Department of Health. Retrieved Dec. 4, 2021, from <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=InfantDeath.DataViewer&cid=0054>.

volunteers, the majority of whom are former bed rest and NICU patients who previously received HRH services. These dedicated volunteers allow HRH to deliver its programs with minimal overhead costs.

HRH strives to improve outcomes for premature infants and comfort families in crisis. It works closely with hospital partners, doctors, nurses and staff to ensure patients receive the highest level of support, executing a Memorandum of Understanding with each hospital and performing annual reviews of hospital partners. Through this understanding, HRH works with medical providers to identify mothers who are on long-term bed rest, families with premature infants in the NICU, and families who have experienced the loss of their newborn while in the hospital. The organization fills a void in services as it is the only nonprofit program of its kind providing such care to reduce stress levels among mothers on long-term bed rest and increase family-centered care for infants born prematurely.



HRH has served 10,400 families since 2011. HRH delivers NICU Napsacks and Bed Rest Baskets to 100% of eligible patients admitted to collaborating hospitals. Eligibility requirements are need-blind and include expected long-term (two weeks or more) hospital bed rest and families of a premature infant (babies born before 37 weeks gestation) in a NICU that is anticipated to have a two-week or longer stay in the hospital. NICU Napsacks are delivered to each family of a premature infant in NICU. Bereavement Boxes are delivered to all families admitted to one of our partner hospitals and who have suffered the loss of their infant while in the NICU.

HRH tracks the number of Bed Rest Baskets and NICU Napsacks delivered monthly to partner hospitals. Additionally, a community of HRH families has grown over the years and allows HRH to see the VIPs (Very Important Preemies) served by HRH as they grow and thrive.

HRH utilizes family surveys to measure program success. HRH consistently meets the following goals as it strives to create measurable, immediate, and ongoing changes in our communities:

- 90% of families who receive one of HRH's services will report it improved their families general and mental well-being.
- 95% of families receiving HRH resources and services will report that the educational materials provided by HRH while they were in the hospital helped them better navigate and understand their stay in the NICU.
- 100% of families receiving emotional support resources and services from HRH during their hospital stay will report these materials and services helped them and their family to feel more supported during their time in the hospital.

To further demonstrate the profound impact of HRH, more than 75% of HRH's 75 dedicated volunteers are former bed rest and NICU patients who have received HRH services. Below are quotes from three such patients:

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"For the first several days of Magnolia's life we could not hold her, and for the majority of her month-long stay we were given just 20 minutes a day for skin-to-skin contact. The joy of meeting your child is a beacon of hope unlike any other, but when you can do nothing but 'hope' for your ill child, it can be a very helpless feeling. The book in (the) NICU Napsack gave us a way to comfort our child with our voices, when we could do nothing for her physically. It empowered us to care for her in creative ways, and we turned the windowsill in her hospital room into a bookshelf, bringing in more books from home to read to her each day. When times are hard, as they often are in the NICU, every small gesture of kindness helps you make it through the next minute, of the next hour, of the next day."

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"I wasn't planning on going to the hospital and I certainly wasn't planning on having a baby two days later. Having personal care items for the 54-day stay, a bag to carry things back and forth, and milestone cards to celebrate achievements were invaluable. What was even more important was knowing that there was a network of other HRH families who understood what we were going through."

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"...One of my favorite items besides the calendar was the green notebook. I have carried that notebook with me since being in the hospital. I cannot go anywhere without it. It makes me feel safe in a way. I have logged every single pump session to keep track of my breast milk. My very last page will be tomorrow when we finally get to go home after 114 days. My husband and I never thought any of this was possible and our world has been forever moved and changed. We are very thankful to HRH."

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### **How the White Family Foundation Can Help Us**

HRH would welcome a partnership with the White Family Foundation in accomplishing our goal to help even more families in Hillsborough, Pinellas, and Sarasota counties. We understand that you build close working relationships with your grantees, which would be immeasurably beneficial to us to gain from your expertise and knowledge in having helped many other organizations. Your contribution of \$20,000 should you decide to fund our programs, would help us continue serving families in crisis.

## FINANCIALS

**Annual Budget:** Our annual budget includes both general operating and programming come and expenses.

<b>High Risk Hope 2022 Budget</b>	
<b>Income</b>	
Individual Contributions	\$75,500
Corporate Contributions	\$27,000
In-Kind Support	\$11,500
Grants	\$50,000
Interest	\$100
Online Store	\$660
<b>Total Income</b>	<b>\$164,760</b>
<b>Expenses</b>	
Patient Support and Supplies (Includes inventory for Bed Rest Baskets, NICU Napsacks, and Bereavement Boxes)	\$55,140
Salaries and Related Expenses	\$105,237
Board Cultivation	\$500
Contract Services	\$24,692
Supplies	\$680
Mailing and Delivery	\$2,100
Printing and Copying	\$3,620
Travel and Meeting	\$1,000
Facility and Equipment Expenses	\$28,812
Insurance	\$5,600
Staff Development	\$1,000
Outside Computer Service	\$4,455
DonorPerfect Fundraising	\$3,342
Other Expenses (Includes Giving Days, Bank and Credit Card Fees, External Fundraising Platform Fees, and Business Expenses)	\$2,920
<b>Total Expenses</b>	<b>\$239,098</b>

FINANCIALS (cont.)

**Balance Sheet/Profit & Loss Statement:** See attached document.

**Most recent IRS 990 tax filing:** See attached document.

## HRH Leadership Team and Board of Directors

### HRH Team:

#### **Bailey Nicholas**

##### *High Risk Hope Executive Director*

Bailey holds her Bachelor of Arts in Religion from Wake Forest University and her Master of Arts in Arts Administration from Columbia University where she focused on marketing, accounting and fundraising for nonprofit arts organizations. Prior to her role with HRH, Bailey was the Membership and Marketing Coordinator at the Museum of Fine Arts in St. Petersburg. She has also worked for the Tampa General Hospital Foundation, the Dali Museum, New York City Ballet and New York City Center.

Bailey was introduced to High Risk Hope during her 4-week bed rest stay at St. Joseph's Women's Hospital while pregnant with her twins. Following a two-week stay in the NICU, twins Henry and Nora came home healthy. Bailey began volunteering at HRH in 2015, and in January 2016, she accepted the position of HRH Fund Development and Special Events Manager. Under this role, Bailey managed all fundraising events including Give Day Tampa Bay and the Tot Trot. She also helped the HRH team launch new annual events such as the Fall Festival and develop new strategic partnerships, namely as the beneficiary of Jersey Mike's Subs Month of Giving which has raised over \$200,000 in just two years.

Bailey was appointed Executive Director of HRH in October 2017 and has since overseen all aspects of the organization including drafting legal documents, federal/state tax filings, fund development, grant writing, special events and overseeing bookkeeping, marketing, inventory, and volunteer management. Since she began, HRH has raised over \$2 million in cash and in-kind donations. She was also instrumental in expanding HRH's programs to additional hospital partners: Johns Hopkins All Children's Hospital and Mease Countryside Hospital. Bailey has also developed two new programs supporting NICU families, NICU Dinners and Bereavement Boxes.

#### **Peyton Walker**

##### *Program Coordinator*

Peyton is currently in her third year at the University of Tampa double majoring in Marketing and Accounting. Peyton also serves as the Fitness and Recreation Center Student Coordinator. During the summers, she is a mentor for the Gold Star Adventures program, through which she travels abroad with teens who have lost a military, first responder, or intelligence community parent in the line of duty. Peyton has a passion for helping others and giving back to the community. Since joining High Risk Hope in February 2022, Peyton has overseen management of HRH's inventory and communications with hospital partners and volunteers. Peyton orders and keeps track of current inventory, while also projecting future inventory needs. She has also built relationships with each of HRH's hospital partners in order to successfully coordinate delivery of Bed Rest Baskets and NICU Napsacks to hospitals each week.

## HRH Board:

### **Heather Barrow** (member since 2011)

Tampa, FL

*Founder, High Risk Hope*

Holding both a master's degree and Bachelor of Science degree in accounting from The University of Florida, Heather began her career as a CPA with Ernst & Young. After spending 8 weeks on hospital bed rest while pregnant with her second child, followed by her son's brief stay in the NICU, Heather founded High Risk Hope in 2011.

### **Tracie Domino** (member since 2017)

Tierra Verde, FL

*Board Secretary/Owner, Tracie Domino Events and Event Outfitters*

Tracie received her B.S. in Public Relations from Florida State University and her M.A. in Public Relations from the University of South Florida. Event Outfitters was founded as a result of Tracie's work as nationally-known, Top 50 event planner in the US. For over 17 years, she has successfully produced charitable, marketing and social gatherings of a few dozen to thousands for multi-day events. Tracie received numerous industry awards and accolades, including being selected as a featured speaker at the Engage Luxury Wedding Business Summit. She is the nine-time chair of the Outback Bowl Gridiron Gala. Her memberships include The Junior League of Tampa, Leadership Tampa Alumni, Board of Directors of High Risk Hope, and previously the National Board of Directors of the Florida State University Alumni Association. She is a previous recipient of the Tampa Bay Business Journal's and Meeting Professionals International's 30 Under 30 awards. Tracie is also a member of the BizBash 1000, recognizing the people with the biggest impact on meetings and events across the United States.

### **Betsy Graham** (member since 2015)

Tampa, FL

*Board Treasurer*

Betsy graduated summa cum laude from Princeton University and then obtained her MBA in Public and Nonprofit Management and Finance from Columbia University. She has more than 20 years of engagement in the nonprofit and education sectors including experience in consulting, finance, strategic planning, fundraising, management, and governance. She is an analytical and strategic thinker with strong communications and leadership skills.

### **Bennett Barrow** (member since 2018)

Tampa, FL

*President, Barrow Asset Management*

A graduate of Sewanee with a Bachelor's Degree in Spanish, Bennett is a Certified Financial Planner. Since 2011, he has been the President of Barrow Asset Management, a registered investment advisory firm in Tampa, FL. Bennett serves on the Board of Directors of the Tampa Hillsborough Expressway Authority, the Board of Directors of the St. Joseph's Hospitals Foundation, and the Board of Trustees of the Berkeley Preparatory School. He and his wife, Heather, founded High Risk Hope after their family's 10-week hospital stay surrounding the birth of their second child.

**Kate DeSantis** (member since 2016)

Venice, FL

*Sarasota Memorial Health Care System Coordinator*

Kate DeSantis spearheaded the effort to expand High Risk Hope's service to Sarasota Memorial Health Care System. She is a former NICU mom and worked as a marketing director developing strategic plans before becoming a homeschooling mother of three.

**Paul Dolcimascolo** CFP (Member since 2018)

Tampa, FL

*UBS Investment Bank*

Paul received his BBA in Banking and Finance from the University of Georgia and is a Certified Financial Planner. Having worked in wealth management for nearly 20 years, Paul is currently a Senior Vice President of Wealth Management at UBS Investment Bank. Paul has served on the Board of the Tampa Estate Planning Council, the Make-A-Wish Foundation – Tampa, the Tampa History Museum and Tampa Connection. He currently serves on the Board of Trustees of Berkeley Preparatory School and the Advisory Board of the Gasparilla Music Festival. He and his wife have twin girls who spent time in the NICU after his wife's long-term hospital bed rest, and they are passionate supporters of HRH's mission.

**Courtney Robinson** (member since 2018)

Tampa, FL

*News Anchor, Channel 10 WTSP*

Courtney attended the University of North Carolina-Chapel Hill where she received her B.A. in Journalism. She began her journalism career in Virginia and Washington, DC before making the move to Florida. Courtney is an anchor for WTSP-10, Tampa Bay's CBS station. Volunteering and giving back to the community are extremely important to her. She is involved with the Tampa-based, Special Operations Warrior Foundation, which provides college education to the children of our fallen Special Forces/Special Operators.

**Lauren Companioni Strahan, DMD** (member since 2016)

Tampa, FL

*Certified Pediatric Dentist, South Tampa Dental Krewe*

Born and raised in Tampa, Dr. Companioni Strahan earned a full gymnastics scholarship to Louisiana State University where she received her Bachelor of Science in Psychology and earned 1st Team All-American status as a gymnast. Upon graduating, she attended Arizona School of Dentistry and Oral Health earning her Doctorate of Dental Medicine. With her passion always being for pediatric dentistry, she then received her Certificate of Pediatric Dentistry from Baylor College of Dentistry in Dallas, TX after her two-year residency. When she's not fighting cavities at her dental practice, [South Tampa Kids Dental Krewe](#), she is a strong advocate for High Risk Hope. After several years of being one of High Risk Hope's most loyal supporters, Dr. Lauren has transitioned on to the Board of Directors.

**Alfonso Vargas, MD** (member since 2016)

Oldsmar, FL

*Neonatologist, St. Joseph's Women's Hospital NICU*

Dr. Vargas graduated from Loyola University of New Orleans with a Biology major. From there he moved on to Flinders University School of Medicine in Australia, where he received his doctorate. He came back to the states and completed his residency in pediatrics at Albany Medical center. He finished a fellowship in neonatal-perinatal medicine at Louisiana State University Health Science Center - Tulane University. Dr. Vargas now provides exceptional service as a Neonatologist at St. Joseph's Women's Hospital, leading their therapeutic hypothermia program. Dr. Vargas served on the HRH Advisory committee prior to joining the Board of Directors and has been an incredible asset to this community.

## ADDITIONAL INFORMATION

Today news article about High Risk Hope: See attached document.

## NONPROFIT STATUS DOCUMENTATION

**IRS 501(c)3 Determination Letter:** See attached document.

**Florida Charity Solicitation of Contributions approval letter:** See attached document.

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HIGH RISK HOPE, INC.</b> Doing business as		<b>D</b> Employer identification number <b>27-5129716</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1320 E 9TH AVE, STE 210</b>		<b>E</b> Telephone number <b>(813) 242-0450</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33605</b>		<b>G</b> Gross receipts \$ <b>394,582.</b>
	<b>F</b> Name and address of principal officer: <b>BAILEY NICHOLAS</b> <b>1320 E 9TH AVE STE 210, TAMPA, FL 33605</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.HIGHRISKHOPE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2011** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION SUPPORTS PREGNANT WOMEN ON HOSPITAL BED REST AND PREMATURE BABIES IN THE NICU</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>1</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 167,680.	<b>Current Year</b> 393,497.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	653.	132.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,860.	853.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	204,193.	394,482.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	128,301.	95,308.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	3,750.	3,498.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>19,051.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,051.	82,338.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	195,102.	181,144.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9,091.	213,338.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 384,284.	<b>End of Year</b> 575,597.
	<b>21</b> Total liabilities (Part X, line 26)	35,652.	13,627.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	348,632.	561,970.

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer		Date
	▶ <b>BAILEY NICHOLAS, EXECUTIVE DIRECTOR</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SAM A. LAZZARA</b>	Preparer's signature	Date
	Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b> Firm's address ▶ <b>P. O. BOX 172359 TAMPA, FL 33672</b>	Firm's EIN ▶ <b>59-3040705</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01342929</b> Phone no. (813) <b>875-7774</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION PROVIDES SUPPORT, ENCOURAGEMENT, INFORMATION AND RESOURCES TO WOMEN AND FAMILIES WHO ARE EXPERIENCING A HIGH RISK PREGNANCY RESULTING IN HOSPITAL BED REST, POTENTIAL PREMATURE BIRTH AND NEONATAL INTENSIVE CARE AFTER DELIVERY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 139,930. including grants of \$ ) (Revenue \$ ) THE ORGANIZATION'S GOAL IS TO PROLONG PREGNANCIES BY REDUCING THE STRESS LEVELS OF ANTEPARTUM PATIENTS ON LONG-TERM HOSPITAL BED REST AND TO IMPROVE HEALTH OUTCOMES FOR PREMATURE BABIES BY GIVING FAMILIES THE RESOURCES THEY NEED TO BE INVOLVED IN THEIR BABIES' CARE WHILE THEY ARE IN THE NEONATAL INTENSIVE CARE UNIT. THEY ARE THE ONLY ORGANIZATION IN THE COUNTRY PROVIDING IN-HOSPITAL SUPPORT TO FAMILIES BOTH BEFORE AND AFTER THE BIRTH OF A PREMATURE INFANT. HIGH RISK HOPE'S PROGRAMS INCLUDE BED REST BASKETS, NICU NAPSACKS, BOOKS FOR BABIES, BEREAVEMENT BOXES, AND HRH BUNDLES. HIGH RISK HOPE SERVES OVER 1,500 PATIENTS ANNUALLY AT FIVE WEST CENTRAL FLORIDA HOSPITALS.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 139,930.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation, joint ventures, and public access to documents.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BAILEY NICHOLAS EXECUTIVE DIRECTOR	40.00	X						70,238.	0.	3,600.
(2) HEATHER BARROW FOUNDER AND BOARD CHAIRMAN	5.00	X		X				0.	0.	0.
(3) TRACIE DOMINO SECRETARY	1.00	X		X				0.	0.	0.
(4) BETSY GRAHAM TREASURER	1.00	X		X				0.	0.	0.
(5) KATE FERRILL MEMBER	1.00	X						0.	0.	0.
(6) BENNETT BARROW MEMBER	1.00	X						0.	0.	0.
(7) ALFONSO VARGAS, MD MEMBER	1.00	X						0.	0.	0.
(8) LAUREN COMPANIONI STRAHAN, DMD MEMBER	1.00	X						0.	0.	0.
(9) PAUL DOLCIMASCOLO MEMBER	1.00	X						0.	0.	0.
(10) COURTNEY ROBINSON MEMBER	1.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	32,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	360,997.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 18,128.				
	<b>h Total.</b> Add lines 1a-1f .....			393,497.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		132.			132.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		953.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>		100.				
<b>c</b> Net income or (loss) from sales of inventory .....			853.	853.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			394,482.	853.	0.	132.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	83,838.	74,954.	3,692.	5,192.
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	5,774.	5,197.	289.	288.
10 Payroll taxes	5,696.	5,275.	136.	285.
11 Fees for services (nonemployees):				
a Management				
b Legal	968.	968.		
c Accounting	7,190.	95.	7,000.	95.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,498.			3,498.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	943.		908.	35.
12 Advertising and promotion				
13 Office expenses	5,106.	2,684.	759.	1,663.
14 Information technology	3,971.	2,880.	628.	463.
15 Royalties				
16 Occupancy	5,157.	3,042.	2,115.	
17 Travel	928.	836.	46.	46.
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	2,619.		2,619.	
23 Insurance	5,217.	3,785.	775.	657.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>COMMUNITY PROJECTS</b>	39,546.	39,546.		
b <b>HOSTED EVENTS</b>	3,669.			3,669.
c <b>SOFTWARE</b>	3,342.	668.	0.	2,674.
d <b>MISCELLANEOUS</b>	3,196.		3,196.	
e All other expenses	486.			486.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	181,144.	139,930.	22,163.	19,051.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	39,704.	<b>1</b>	35,243.
	<b>2</b> Savings and temporary cash investments .....	340,979.	<b>2</b>	539,734.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,017.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,397.	3,601.	<b>10c</b> 620.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		384,284.	<b>16</b>	575,597.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,152.	<b>17</b>	13,627.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	32,500.	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		35,652.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	328,871.	<b>27</b>	561,970.
	<b>28</b> Net assets with donor restrictions .....	19,761.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32 Total net assets or fund balances</b> .....	348,632.	<b>32</b>	561,970.
<b>33 Total liabilities and net assets/fund balances</b> .....	384,284.	<b>33</b>	575,597.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	394,482.
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,144.
3	Revenue less expenses. Subtract line 2 from line 1	3	213,338.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	348,632.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	561,970.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

Public Disclosure Copy



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	310,396.	354,224.	297,802.	167,680.	394,497.	1524599.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	310,396.	354,224.	297,802.	167,680.	394,497.	1524599.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						574,604.
<b>6 Public support.</b> Subtract line 5 from line 4.						949,995.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	310,396.	354,224.	297,802.	167,680.	394,497.	1524599.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	508.	171.	204.	653.	132.	1,668.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						1526267.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,850.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	62.24 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	74.55 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

**HIGH RISK HOPE, INC.**

Employer identification number

**27-5129716**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>HIGH RISK HOPE, INC.</b>	Employer identification number  <b>27-5129716</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 253,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization  <b>HIGH RISK HOPE, INC.</b>	Employer identification number  <b>27-5129716</b>
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Public Disclosure Copy

Name of organization <b>HIGH RISK HOPE, INC.</b>	Employer identification number <b>27-5129716</b>
---	---

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

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

Public Disclosure Copy

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **HIGH RISK HOPE, INC.** Employer identification number **27-5129716**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		10,017.	9,397.	620.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				620.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HIGH RISK HOPE, INC.

Employer identification number

27-5129716

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

THE ORGANIZATION PRESENTS THE FORM 990 TO THE BOARD OF DIRECTORS FOR  
APPROVAL PRIOR TO FILLING.

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

BOARD MEMBERS ARE REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST POLICY  
ANNUALLY. ANY CONFLICTS ARE DISCLOSED AND REVIEWED BY THE BOARD CHAIR TO  
DETERMINE APPROPRIATE ACTION. ADDITIONALLY, BOARD MEMBERS ARE REQUIRED TO  
REPORT ANY CHANGES OR NEW CONFLICTS OF INTEREST THAT MAY ARISE DURING THE  
YEAR.

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

A HUMAN RESOURCE MANAGER FROM PWC ASSISTS THE ORGANIZATION WITH THE HIRING  
PROCESS AND COMPENSATION ANALYSIS. THIS IS PRESENTED TO THE BOARD OF  
DIRECTORS PRIOR TO HIRING FOR EACH EMPLOYEE. ADDITIONALLY, THE HR EXPERT  
WILL AID IN ANNUAL COMPENSATION REVIEW TO HELP DETERMINE RAISES AND/OR  
BONUSES.

FORM 990, PART VI, SECTION C, LINE 19:

ALL FINANCIAL DOCUMENTS INCLUDING THE ORGANIZATION'S FORM 990 AND AUDITED  
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. GOVERNING  
DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEARS.



PARENTS

# Inspiring calendar shows healthy kids who spent months in the NICU

Bianca Brosh  
TODAY

Apr. 25, 2017 at 2:42 PM

At 15 weeks and three days pregnant, Marni Harkness, now 36, prepared to say goodbye to her unborn daughter, Chelsie.

Her water broke prematurely and doctors treating her at St. Joseph’s Women’s Hospital in Florida said labor was inevitable. “We grieved a baby we hadn’t even lost yet,” she told TODAY. “We sat there praying for it to happen quickly and without infection.” Marni learned there was a less than a 1 percent chance that her baby would survive — “I remained positive that she and I could do this together.”



Watch these NICU babies, now feisty toddlers, in their inspiring calendar photo shoot

PLAY VIDEO - 1:26

---

 MORE VIDEO
 

---



Baby Vale rubs stuff on her hair, and internet feels Savannah Guthrie's pain



This week's funniest parents on Facebook



Mom Truths: Things moms NEVER say



Miniature pigs are the coolest class pets we've ever seen

While on hospital bed rest, a volunteer from a nonprofit group called **High Risk Hope (HRH)** gave her a “**bed rest basket**” — a care package that contained items a high-risk expecting mother might need while confined to a hospital setting: toiletries, a daily journal, a hospital term glossary, a pedicure set, ear plugs and an eye mask.

“Having [the] support baskets ... meant hope, it meant there are other women who have been in my shoes,” she said. “It’s the smallest things that mean so much in these hard times.”

Chelsie’s heartbeat remained strong and after nearly five months on hospital bed rest, Marni gave birth at 34 weeks.



*Courtesy Marni Harkness*

Marni Harkness with daughter, Chelsie, in the NICU at St. Joseph's Women's Hospital in Florida. "She needed a ventilator for her slightly underdeveloped lungs," Marni recounted of Chelsie's condition. "She also had hyper extended knees from being stuck in the same position for 19 weeks."

After 25 days in the neonatal intensive care unit, or NICU, Chelsie finally joined her family at home.

Now she is a happy, healthy 14-month-old who is featured in this year's High Risk Hope babies calendar, celebrating premature infants who spent weeks in the NICU at St. Joseph's Women's Hospital and are now thriving toddlers.



*The Gallery Studios*

2-year-old Chelsie Harkness poses with her NICU photo for the 2017 High Risk Hope Babies Calendar.

## 'Shift the focus from negative to positive'

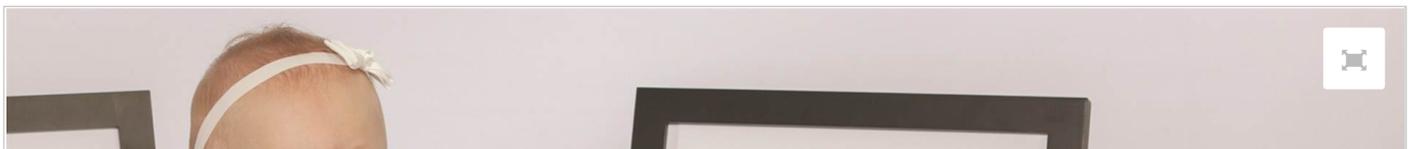
Heather Barrow, 37, founded the organization in 2011 — after spending 59 days on hospital bed rest herself before delivering her premature son. She started the group with a mission to provide support and education for women experiencing high-risk pregnancies resulting in hospital bed rest, premature birth and neonatal care after delivery.



*Courtesy of Heather Barrow*

Heather Barrow, founder of High Risk Hope, holds her premature son in the NICU at St. Joseph's Women's Hospital in Florida in 2011.

The group's volunteers — many of whom experienced the same circumstances — deliver the specialized bed rest baskets and NICU napsacks to empower mothers and families with the items they need to help bond with their infants in the hospital. The **napsacks** contain items like a parent handbook for understanding the NICU, baby books to read to their infant, hand-knitted blankets and caps, even a superhero cape and coloring books for older siblings.





Slideshow  
12 PHOTOS

*The Gallery Studios*

## See funny outtakes of preemie babies from "High Risk Hope" calendar

Hysterical outtake photos of preemie babies posing for the 2017 High Risk Hope baby calendar.

The Florida-based nonprofit reaches 2,500 women and families every year across six hospitals there and in California. “We send [them] to offer a little bit of light in a very dark room,” Barrow noted. “We hope to shift the focus from negative to positive.”

And positivity defines their latest labor of love. More than 50,000 friends and family members associated with the group cast their votes for the 13 toddlers who were featured in this year’s calendar.



*The Gallery Studios*

Amelia Richter, Slade and Avelyn Marigol, Zion Steen and Emmitt Bedocs sit next to their NICU photo for the High Risk Hope Baby Calendar shoot in Florida.

“It was designed to deliver daily inspiration to families as they look at beautiful, healthy HRH babies who have made the journey from hospital to home,” said Barrow.

### 'Empower yourself, advocate for your baby'

This year’s cover baby, Lukas Sheppard, now 3, was born at 27 weeks and spent 93 days in the NICU, battling blood in his lungs after a procedure that left him surviving on an oscillator and ventilator. “We couldn’t hold him until he was 21 days old,” his mother, Dayna Sheppard, 27, told TODAY. “Before that, we could only put our hands through the isolette to console and speak to him ... I [inserted] a stuffed animal I put in my shirt so he could smell me.”



*The Gallery Studios*

3-year-old Lukas Sheppard holds his baby picture where he spent 93 days in the NICU after he was born in 2013.

The first-time mother stressed the value of the volunteers and the NICU napsack during her “roller coaster” experience.

“It was a terrifying situation where you don’t know what the prognosis looks like,” she recalled. “There are so many acronyms and words [doctors] use ... [High Risk Hope] explained the different procedures — you know every abbreviation, every term.”

**RELATED: [Hospital's secret weapon to help premie babies thrive: Stuffed octopus dolls](#)**

Parents shouldn't feel helpless while their infant spends weeks or months in the NICU, she said.

“Empower yourself, advocate for your baby and how you want them to be cared for,” she said. “Mothers don’t have to feel alone watching your child fight for his life.”

don't have to feel alone in watching your child fight for his life.

## 'All things are possible with the right attitude and perspective'

Acquanetta Hunt, now 34, was pregnant with twins and delivered one — Grace Linda — as stillborn in December 2015. She immediately went on hospital bed rest, hoping that her remaining twin could survive until his due date the following April. "It was a sad and frightening period for me, having strict bed rest orders and the unknown certainty of Elijah's health and arrival," she told TODAY.

Elijah decided to make a surprise appearance on New Year's Day, four months early. Born at only 2 pounds and 8 ounces, he remained in the NICU for 60 days before going home.



*Courtesy of Acquanetta Hunt*

Elijah Hunt spent 60 days in the NICU at St. Joseph's Women's Hospital in 2015.

### **RELATED: Things I wish I'd known about having a baby in the NICU**

Elijah's mom said the emotional support she received from the High Risk Hope volunteers during her son's time in the NICU enabled her to bond with him and learn from others who survived the same traumatic circumstances. "Having a baby in the NICU was an experience we were not prepared for," she recounted. "[The volunteers] helped ... strengthen my faith that all things are possible with the right attitude and perspective."



photo by TheGalleryStudio.com

The Gallery Studio

Elijah hunt poses with a picture of himself as an infant in the NICU at St. Joseph's Women's Hospital in Florida in 2015

More: [Parents](#), [Parents](#), [Moments that Matter](#)

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Lonny

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

DEPARTMENT OF THE TREASURY

Date: JUN 22 2011

HIGH RISK HOPE INC  
C/O HEATHER BARROW  
5432 LYKES LANE  
TAMPA, FL 33611

Employer Identification Number:  
27-5129716  
DLN:  
17053144383041  
Contact Person:  
MITCHELL P STEELE ID# 31360  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
February 16, 2011  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

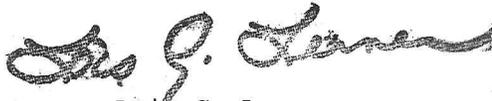
Dear Applicant:

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

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

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



## Consumer's Certificate of Exemption

**DR-14**  
**R. 01/18**

Issued Pursuant to Chapter 212, Florida Statutes

85-8015682801C-4	06/30/2021	06/30/2026	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HIGH RISK HOPE INC  
1702 N AVE REPB CUBA  
TAMPA FL 33605-5000

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

**DR-14**  
**R. 01/18**

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



# Check-A-Charity

KNOW HOW YOUR MONEY IS BEING SPENT

**HIGH RISK HOPE, INC., TAMPA, FL**

[Print](#)

Registration Number :CH34727

Expiration Date : 6/24/2023

Revenue Source : IRS 990 Form (12/31/2021)

Total Revenue : \$394,482.00

Program Services Expenses : \$139,930.00 **77%**

Total Expenses : \$181,144.00

Administrative Expenses : \$22,163.00 **12%**

Surplus/Deficit : \$213,338.00

Fundraising Expenses : \$19,051.00 **11%**

## **Statement Of Purpose**

HIGH RISK HOPE INC WAS FORMED ON FEBRUARY 16, 2011 EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES. SPECIFICALLY, HIGH RISK HOPE PROVIDES SUPPORT, ENCOURAGEMENT, INFORMATION, AND RESOURCES TO WOMEN AND FAMILIES WHO ARE EXPERIENCING A HIGH RISK PREGNANCY RESULTING IN HOSPITAL BED REST, POTENTIAL PREMATURE BIRTH, AND NEONATAL INTENSIVE CARE AFTER DELIVERY.

## **Branches**

High Risk Hope -- Irvine, Ca

## **Uploaded Documents**

[Document Application, received on 05/19/2022 for tracking number \(DTN\): 3615099](#)

[Document CPA Audit Statement, received on 05/19/2022 for tracking number \(DTN\): 3615099](#)

[Document Financial Information, received on 05/19/2022 for tracking number \(DTN\): 3615099](#)

[Document Application, received on 05/20/2021 for tracking number \(DTN\): 3474514](#)

[Document Financial Information, received on 06/17/2020 for tracking number \(DTN\): 3335687](#)

[Document Application, received on 06/10/2020 for tracking number \(DTN\): 3335687](#)

[Document Financial Information, received on 06/20/2019 for tracking number \(DTN\): 3188447](#)

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