Tuesday, June 30, 2026

Project Grant Application

McKinney Community Development Corporation FY 2026

MCDC Mission

Staying true to voter intent, we work proactively, in partnership with others, to promote and fund community, cultural, and economic development projects that maintain and enhance the quality of life in McKinney.

Important Information

- Please read the McKinney Community Development Corporation Project Grant Guidelines before completing this application.
- The Grant Guidelines are available at McKinneyCDC.org or by emailing Info@McKinneyCDC.org.
- Please submit a request for preliminary review of your project prior to submitting an application. Use the form Letter of Inquiry.

Applications must be submitted via online form and must be submitted no later than 5 p.m. on the deadline date. Incomplete applications will not be eligible for review or consideration by the board.

Project Grants offer support for projects that are eligible for consideration under Sections 501 and 505 of the Texas Local Government Code. These include:

- Projects Related to the Creation or Retention of Primary Jobs
- Horizontal Infrastructure Improvement Projects Necessary to Develop New or Expanded Business Enterprises (water, sewer, utilities, site work)
- Public Parks and Open Space Improvements
- Projects Related to Recreational or Community (city/public access) Facilities
- Professional and Amateur Sports and Athletic Facilities, including Children's Sports
- Destination Entertainment, Tourist and Convention Facilities
- Projects Related to Low Income Housing (60% AMI or lower)
- Mass Transit-Related Facilities or Equipment
- Airport Facilities

Please include the information outlined below to ensure board consideration for funding.

- **Detailed project description**
  - Overall project goals - (e.g., financial impact, new business generated, new demographic reached, efficiency impact, safety and security impact, etc.)
  - Project Timeline (design to completion)
  - Detailed Project Budget
  - Site plan (property plat)
  - Design plans/images

    - Projected impact on McKinney's economy
    - Projected impact on McKinney's quality of life
- **Financial viability of organization (Please provide the following documentation)**
    - Verification of organization’s status (IRS letter of determination, W9, registration with the Secretary of State);
    - Most recent two years of audited financial statements including organization’s budget and profit/loss statements (written explanation if audit not available);
    - Organization’s funding sources, impact of the project, and how it will lead to new or expanded business, and the organization's financial position.

Project Grant Application Calendar

Cycle I

- Application Deadline: Dec. 30, 2025
- Presentation to MCDC Board: Jan. 22, 2026
- Board Vote and Award Notification: Feb. 26, 2026

Cycle II

- Application Deadline: March 31, 2026
- Presentation to MCDC Board: April 23, 2026
- Board Vote and Award Notification: May 28, 2026

Cycle III

- Application Deadline: June 30, 2026
- Presentation to MCDC Board: July 23, 2026
- Board Vote and Award Notification: Aug. 27, 2026

Organization Information

Organization Name	CommonGood Medical
CEO / Executive Director	Stephen Twyman, MD
Federal Tax I.D.	81-3813928
Incorporation Date	Wednesday, September 7, 2016
Mailing Address	103 E. Lamar St McKinney, TX, 75069
Phone Number	(469) 712-4246

Email	info@commongoodmedical.org
Website	www.commongoodmedical.org
Facebook	https://www.facebook.com/CommonGoodMedical
Instagram	@commongoodmedical
LinkedIn	https://www.linkedin.com/company/commongoodmedical/

Please provide a detailed narrative about your organization including years established, mission, goals, scope of services, staff, successes, contribution to community, etc.

CommonGood Medical is a primary care provider and medical home to uninsured Collin County residents with household incomes at or below 200% of the federal poverty line. Our organization was founded in 2016 after several pastors attempted to help a man in our community experiencing homelessness who needed urgent medical attention. They were confronted by the immense gap in medical care available to under-resourced, uninsured community members. Collin County is the only one of the top five most populous counties in Texas without a public hospital. Without CommonGood Medical, many uninsured Collin County residents have no care at all—or rely on costly emergency rooms for preventable conditions.

CommonGood Medical exists to provide access to quality, whole-person healthcare to our medically underserved neighbors. We accomplish this mission by operating a free medical, vision, and behavioral health clinic for low-income, uninsured patients. Our vision is to foster healthy community through Christ-centered love.

From just 3 hours of care a week in 2017 to nearly 5,700 patient encounters last year, our clinic has become the primary medical home for over 1,100 uninsured adults annually. Over time, we've built a robust model of whole-person care, one that includes an Integrated Mental Health Program, a Patient Assistance Fund to cover unaffordable prescriptions and specialty referrals, and a Surgical Center Partnership that provides critical procedures many of our patients would otherwise never receive. Our Friday clinic in Farmersville extends this model to rural patients with limited transportation options.

CommonGood is led and operated by experienced medical providers, support staff, and a faithful volunteer base. All are unified in their desire to live out Christ's challenge to be a good neighbor to those in need, specifically through increasing access to healthcare. Dr. Stephen Twyman is founder and CEO, and he still regularly sees CommonGood patients, alongside a talented and compassionate team. The 9 other full-time staff, 7 part-time staff, 5 contractors, and 180+ volunteers are comprised of medical providers, clinical technicians, scribes, interpreters, patient advocates, development and administrative professionals, and more who are needed to operate our comprehensive clinic.

The team sets annual goals that are measured throughout the year to track progress toward our ultimate vision. We know that 9.93% of Collin County residents (111,000+ people) are uninsured (DataUSA 2022) and 10.46% of McKinney residents (nearly 25,000 people) are uninsured, higher than the national average of 8.68% (Baylor Scott & White 2025 Community Health Needs Assessment). We aim to provide medical care to at least 1,300 of these individuals (unduplicated patients) this year in 6,500+ patient encounters, and we also aim to see improved health outcomes in our patient base, like the following:
- 50% of patients diagnosed with diabetes will target A1C levels of less than 8%
- 50% of patients diagnosed with hypertension will reduce their blood pressure to 140/90
- 50% of patients diagnosed with diabetes or hypertension will maintain their three-month follow-up schedule
- 50% of patients will report a decrease or no change in the number of ER visits by December 2026
- 50% of patients that receive a provider referral for mental health counseling accept and connect with one of CommonGood Medical's mental health partners

These indicators reflect changes in knowledge, behavior, and attitude that are vital for improved community health. And the need continues to grow.

As the populations of McKinney, Collin County, and the uninsured rise, so does the demand for consistent,

compassionate care, and CommonGood Medical is preparing to meet this need. We closed on our new, larger permanent facility at 2750 Virginia Parkway in September and look forward to fully moving and growing our operations this year. This new space will allow us to expand our services, deepen our impact, and welcome more neighbors into long-term, whole-person care. It marks a bold step forward in our mission to reach the medically underserved, meeting growing demand with both excellence and dignity.

Our clinic provides free medical, vision, and behavioral healthcare – but our advocacy for our patients takes our work beyond these services. We believe that every individual who walks through our doors is made in the image of God and deserves quality, compassionate care. We provide holistic care that addresses physical, emotional, and spiritual needs. We guide our patients through compassionate care, essential treatments, and health education. With restored health, our patients are able to return to work, support their families, and give back to their neighborhoods, creating a ripple effect of resilience and hope.

Select One	Nonprofit - 501(c)3 (Attach a copy of IRS Determination Letter)
IRS Determination Letter for 501(c)3	PDF CommonGood Medical_IRS Determin... .pdf

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select '**Save**'. If you do not have a Jotform login, you will need to create one.

Representative & Contact Information

Is the representative information same as above?	No
Representative Completing Application	Chy Goree
Title	Grant Writer
Mailing Address	103 E. Lamar St McKinney, TX, 75069
Phone Number	(469) 712-4246
Email Address	chy@commongoodmedical.org
Is the contact for communications between MCDC and the organization same as above?	No
Contact for Communication Between MCDC and Organization	Daniel Moreno
Title	Director of Development
Mailing Address	103 E. Lamar St. McKinney, TX, 75069
Phone Number	(469) 712-4246

Email Address daniel@commongoodmedical.org

Are you the property owner? Yes

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select '**Save**'. If you do not have a Jotform login, you will need to create one.

Information About Funding Request and Project Costs

Total Amount Requested 447,677.25

Are matching funds available? No

Have you received or will funding be requested from any other City of McKinney entity (e.g. City of McKinney, MEDC, TIRZ, McKinney Housing & Community Development)? No

What is the total cost for this Project? 4,057,782.15

What percentage of Project total will be funded by the applicant? 6

Are matching funds available? No

Other Funding Sources

Funding Received & Committed:
- Preston Trail Community Church $25,000
- Caris Foundation $12,500
- First McKinney $1,650
- Various Individuals $2,667,680

Funding Planned (primarily for phase II of project):
- Meadows Foundation, to be submitted by June 30, $250,000. To hear back by December 2026

We continue to seek other potential funding sources including but not limited to researching like-minded foundations and other organizations who are aligned with our mission, as well as inviting existing individual and church partners to deepen their investment with CommonGood Medical.

Estimated Annual Taxable Sales 0

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select '**Save**'. If you do not have a Jotform login, you will need to create one.

Project Description and Details

Information about the project for which you are seeking funding.

Project / Business Name For the Common Good: A Campaign of Healing and Hope

Location of Project McKinney, TX

Physical Address	2750 Virginia Parkway McKinney, TX, 75071
Property Size (in acres)	1.000
Collin CAD Property ID	2111960
What kind of project is proposed? (Check all that apply.)	Expansion / improvement Replacement / repair Multi-phase project New project
Estimated Date of Project Start Date	Tuesday, June 30, 2026
Estimated Date of Project Completion Date	Thursday, December 31, 2026
Current Appraised Value of Property	2,675,000
Estimated Appraised Value (post-improvement)	3,286,080
Has the project been competitively bid?	Yes
Attach at least TWO competitive bids for the project	Grant CGM_ADA Concrete Paving_Soli... .pdf Grant CGM_ADA Concrete Paving_Par... .pdf Grant CGM_Electrical bid MM.pdf Grant CGM_Electrical Horizon.pdf Grant CGM_Electrical_4G Electric copy.pdf Grant CGM_Exterior glass_Jennings G... .pdf Grant CGM_Exterior Paint_Dallas Pro ... .pdf

Grant CGM_Fire Alarm_Fire Power_26.... .pdf

Grant CGM_Fire Alarm_Richardson Fir... .pdf

Grant CGM_Fire Power systems_repai... .pdf

Grant CGM_Fire Sprinkler_Fire Power_... .pdf

Grant CGM_Fire Sprinkler_Four Feathe... .pdf

Grant CGM_HVAC bid Devards.pdf

Grant CGM_Kairos Construction_HVAC.pdf

Grant CGM_Polivka Electric Common ... .pdf

Grant CGM_Polivka Electric Estimate.pdf

Grant CGM-Imaging Center_Electrical_....pdf

Grant CGM-Imaging Center_GC Kairos.pdf

Grant CGM-Imaging_HVAC_Williams AC.pdf

Project Summary / Supplemental Documentation

Provide a comprehensive project narrative and/or attachments that include:

- Overall project goals – (e.g. - financial impact, new business generated, new demographic reached, efficiency impact, safety and security impact, etc.)
- Project Timeline (design to completion)

- Detailed Project Budget
- Site plan (property plat)
- Design plans/images
- Projected impact on McKinney's economy
- Projected impact on McKinney's quality of life

Project narrative and/or attachments

CommonGood Medical_Site plan Plat.pdf

CommonGood Medical - Phase II _ Ph... .pdf

CommonGood Medical - Phase I_Floo... .pdf

CGM_Project Summary.pdf

CGM_Project and Request Budgets.pdf

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select '**Save**'. If you do not have a Jotform login, you will need to create one.

Structure and Financial Viability of the Organization

Provide the following documentation:

- Business Plan – mission/goals, organizational structure, target customers, product lines, future expansion
- Verification of organization's status (IRS letter of determination, W9, Secretary of State registration, etc.)
- Most recent two years of audited financial statement including organization's budget and profit/loss statement
  (written explanation if audit not available.)

CGM_Business Plan.pdf

CommonGood Medical_IRS Determin... .pdf

CGM_Secretary of State PIR June 26.pdf

CGM_W9 Form.pdf

CGM_2024 Audit and Financial State... .pdf

CGM_2023 Audit and Financial State... .pdf

CGM_2024 Form 990.pdf

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select '**Save**'. If you do not have a Jotform login, you will need to create one.

Additional Information

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select '**Save**'. If you do not have a Jotform login, you will need to create one.

Checklist for Completed Application

All applicants must submit a complete application with the following attachments and required information as detailed throughout the application to ensure Board consideration for funding.

Procedure

- Application completed and submitted prior to deadline (5 p.m. on deadline date)
- Application submitted via online form

Organization and Financial Information

- Completed all organizational information
- Provided organization business plan
- Provided documentation of organization's status (IRS letter, W9, Secretary of State registration)
- Provided two most recent years of audited financial statements (budget + profit & loss)
- Provided information regarding project funding (e.g. organization's contribution, other sources)

Specific Project Elements

- Type of project (e.g. expansion, new development, repair)
- Project description (e.g. goals, impact on organization, impact on McKinney's economy and quality of life)
- Project timeline
- Detailed project budget
- Site plan and/or property plat
- Project designs
- Two comprehensive project bids

Community & Economic Impact

- Description of how the project supports new business development or expansion of existing business
- Economic impact projections
- Benefits to McKinney residents and community quality of life

Presentation to MCDC Board of Directors

Completed applications that are eligible for consideration by MCDC will be presented to the board according to the schedule included on the first page of this application. Presentations will be limited to five (5) minutes followed by time for questions from the Board. **Please be prepared to provide the information outlined below in your presentation:**

- Introductory overview of applying organization
- Project description (e.g. purpose, goals, impact on organization)
- Project timeline
- Summary of project budget
- Site plan and/or property plat, project designs
- Impact of project on McKinney's economy and/or quality of life

Acknowledgements and Grantee Assurances

- The Project for which financial assistance is sought will be administered by or under the supervision of the applying individual/company.
- The Organization officials who have signed the application are authorized by the organization to submit the application.
- All funds awarded will be used exclusively for the purpose described in this application.
- Applicant owns the land, building or facility where the proposed infrastructure improvements will be made. If the Applicant does not own the land, written acknowledgement/approval from the property owner must be included with the application. The letter must document the property owner is aware

of the proposed improvements and use of the property or building; and the property owner has reviewed the project plan and application, approves and supports the efforts of the Applicant.
- MCDC will be recognized as a funder of the Project. Specifics will be agreed upon by applicant and MCDC and included in an executed performance agreement.
- Individual/company representative who has signed the application is authorized to submit the application.
- Applicant will comply with the Grant Guidelines in executing the Project for which funds were awarded.
- Funded projects must be completed within one year of the date the grant is approved by the MCDC board unless an exception is granted.
- Completed Project must be inspected for Code compliance.
- A signed Contractor's Sworn Statement and Waiver of Lien to Date form must be completed, notarized and provided to MCDC prior to receiving grant funds.
- Property owner will be responsible for maintaining the infrastructure improvements made with funding from Grant for a minimum of ten (10) years.
- A final report detailing the successful completion of the Project will be provided to MCDC no later than 30 days following completion of the Project.
- Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses.
- Up to 20% of the grant funds awarded may be withheld until a final report on completion of the Project is provided to MCDC.
- Applicant gives permission for the use of Board presentation images and other published event images on MCDC and City of McKinney website and social media content and print/digital publications.
- A performance agreement will be required that may outline requirements for acknowledging MCDC funding support for the project. Additionally, it will contain a provision certifying that the applicant does not and will not knowingly employ an undocumented worker in accordance with Chapter 2264 of the Texas Government Code, as amended. Further, should the applicant be convicted of a violation under 8 U.S.C. § 1324a(f), the applicant will be required to repay the amount of the public subsidy provided under the agreement plus interest, at an agreed to interest rate, not later than the 120th day after the date the MCDC notifies the applicant of the violation.

Applicant Electronic Signature

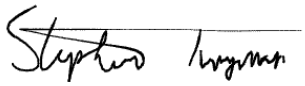
BY SIGNING THIS APPLICATION, I CERTIFY THAT I AM THE LEGAL OWNER OF THE ABOVE REFERENCED PROPERTY OR THAT I AM AUTHORIZED TO REPRESENT AND ACT ON THE BEHALF OF THE OWNER OF THE ABOVE REFERENCED PROPERTY. I ALSO CERTIFY THAT ALL OF THE INFORMATION PROVIDED HEREON IS ACCURATE AND TRUE SO FAR AS I AM AWARE AND UNDERSTAND THAT I AM LEGALLY RESPONSIBLE FOR THE ACCURACY OF THIS APPLICATION. I FURTHER UNDERSTAND THAT I AM NOT GUARANTEED A GRANT.

Selecting this option indicates your agreement with the above statement.

Representative Completing Application

Date Tuesday, June 30, 2026

Property Owner



Date Tuesday, June 30, 2026

Notes

- **Reminder:** To save your progress in the form, you must scroll to the bottom of the form and select '**Save**'. If you do not have a Jotform login, you will need to create one.
- Incomplete applications or those received after the deadline will not be considered.
- A final report must be provided to MCDC within 30 days of the completion of the Project.
- Final payment of funding awarded will be made upon receipt of final report.
- Please use the Final Report to report your results. A PDF version is also available.

Business Plan: CommonGood Medical

1. Mission and Goals

Mission Statement

CommonGood Medical provides access to quality, whole-person healthcare.

Vision

Our vision is to foster healthy community through Christ-centered love.

Core Goals

- Access to Care:
    - Provide free medical, vision, and behavioral healthcare services to uninsured and indigent populations
    - Provide imaging services to expand equitable access to high-quality diagnostic imaging services, ensuring that uninsured and underinsured individuals receive timely, affordable care.
- Quality and Timeliness:
    - Deliver excellent clinical services that meet the highest quality standard of care
    - Provide diagnostic medical imaging with rapid turnaround times to improve patient outcomes
- Community Engagement:
    - Align closely with other local healthcare providers, non-profits, and businesses to combat care fragmentation by improving depth and breadth of care provided to patients of all income levels.
- Comprehensive, integrated care:
    - Integrated healthcare systems reduce systemic costs and improve patient satisfaction and patient outcomes
    - CommonGood Medical will continue to provide an increasingly wide range of integrated and coordinated services across multiple medical fields to our community to realize these individual and communal benefits

- Sustainability:
    - Since its inception in 2016, CommonGood Medical has brought in more philanthropic funding than it has spent every year, all of which goes directly to providing free medical services to the indigent and uninsured
    - CommonGood Imaging will also leverage insured patient revenue to sustain services for patients of all income levels

2a. Organizational Structure – CommonGood Medical

Governance

- Oversight by the ten-member CommonGood Medical Board of Directors

Leadership Team

- Chief Executive Officer: Oversees entire organization and ensures consistency of vision and implementation
- Vice President of Strategic Operations: Manages day-to-day operations of the clinic, staff, and compliance
- Director of Development: Leads fundraising and external partnership efforts including events and marketing strategy

Staffing

- Medical: physicians including medical director, nurse practitioner, clinical nurse manager, medical assistant
- Imaging: director, ultrasound technician, radiology technician
- Behavioral: counselors
- Administrative and Patient Access Staff: reception, referrals, billing, credentials
- People Operations: director, volunteer coordinator
- Development: events, marketing/social media, grants

Operational Model

- Clinic staff oversee daily operations and patient care.
- Volunteers staff the clinic in vital roles such as providers, nurses, techs, interpreters, patient advocates, and scribes.
- External specialists become partners in the CommonGood Network to provide care for patients at no or low cost.

2b. Organizational Structure – CommonGood Imaging

Governance

- To allow it to better serve patients of all socioeconomic levels and to leverage current infrastructure, leadership and mission alignment, CommonGood Imaging will operate as a subsidiary of CommonGood Medical.
- In addition to the CommonGood Medical Board, CommonGood Imaging will have imaging-specific advisory input from radiology, operations, and financial experts.

Leadership Team

- Chief Executive Officer: Oversees entire operation and ensures consistency of vision and implementation with parent organization, CommonGood Medical
- Clinical Director (Radiologist): Ensures clinical quality, compliance, and interpretation oversight
- Imaging Manager: Manages day-to-day operations, scheduling, and staff coordination
- Financial Director: Oversees bookkeeping, financial projections, and reporting

Staffing

- Radiation Safety Officer
- Radiologic Technologists (X-ray and Mammography)
- Sonographers (Ultrasound)
- Administrative and Patient Access Staff
- Billing and Revenue Cycle Support (contracted)

Operational Model

- Integrated electronic referral system with CommonGood Medical
- Partnerships with external providers for additional referrals
- Use of contracted radiologists or teleradiology services as needed for efficiency

3. Product Lines (Services Offered)

- CommonGood operates primary care clinics in McKinney and Farmersville, free of charge. Primary care services include annual exams, sick visits, chronic disease

management, and labs administered by licensed, certified physicians, nurse practitioners, nurses, and phlebotomy technicians.

- In-house specialty clinics also include the following:
    - Pain management
    - Optometry and vision
    - Mental health counseling in English and Spanish
    - Gynecology
- The growing CommonGood Network is comprised of over 40 medical specialties to provide specialized care for patients at no or low cost.
- Volunteer patient advocates join patients after each visit to ask how their appointment went, if all their questions were answered, and how they are doing beyond their physical health.
- CommonGood Imaging will launch with core diagnostic services that meet the most common community needs:
    - Digital X-ray
        - General diagnostic imaging (chest, extremities, spine, etc.)
        - High demand, rapid turnaround service
    - Ultrasound (two units)
        - Abdominal, pelvic, vascular, and soft tissue studies
        - Obstetric and gynecologic imaging as applicable
    - Mammography
        - Screening and diagnostic mammograms
        - Critical for early breast cancer detection in all populations

4. Target Clients

CommonGood Medical has to date only served residents of Collin County who have an income at 200 percent of FPL or below. Amongst our current patients, over 90 percent are at or below 100 percent of the federal poverty line. Moving forward, we would also open up some services, imaging and dental, to patients of all income levels including those choosing cash pay and/or insurance. The services performed for those that have insurance and/or financial means will help supplement the cost of those that do not insurance or financial means.

5. Growth and Expansion Strategies

To increase community impact and long-term sustainability, CommonGood Medical will pursue growth, beginning with our new clinic renovation at 2750 Virginia Parkway in McKinney and continuing with service line expansion. This growth will result in more reliable, higher quality access to affordable medical services for McKinney residents regardless of their ability to pay.

Step 1: New Clinic Expansion and Basic Medical Imaging

- Increase patient volumes in optometry, counseling, and primary medical care
- Increase volunteer opportunities for community members across a variety of skillsets
- Open CommonGood Imaging center to give community members access to basic medical imaging (x-ray, ultrasound, mammography) regardless of their ability to pay

Step 2: Stabilization and Optimization

- Optimize new workflows to increase quality of care
- Expand on existing and build new referral networks and community awareness of available services
- Strengthen financial performance and operational workflows

Step 3: Grow into new full capacity

- New clinical capacity will allow for planned growth of the following services over a 3–5-year period: primary care, in-house specialty clinics, optometry, counseling, pediatrics, outpatient dialysis program

Step 4: Develop Advanced Imaging Capabilities

- Dramatically expand access to advanced medical diagnostics including Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) for patients of all income levels
- These additions will significantly reduce the need for external referrals and improve continuity of care decreasing fragmentation of medical care.

Step 5: Develop Additional Service Lines

- A new dental clinic will also be developed to meet a dramatic need for dental care for low-income residents.

Step 6: Long-Term Goals

- Become a regional leader in comprehensive medical care, dental care, and imaging services
- Increase the percentage of uninsured patients served annually
- Create opportunities for McKinney residents to spend their healthcare dollars in socially responsible ways by helping contribute to the care of those without insurance in our community
- Demonstrate a replicable model for mission-driven free and charitable clinics operating multi-disciplinary medical, dental, and imaging services

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Conclusion

We at CommonGood Medical and our subsidiary, Common Good Imaging, have planned a strategic and mission-aligned expansion of our commitment to compassionate, equitable healthcare in McKinney. Through a sustainable business model that blends service to insured and uninsured patients, the organization will address a critical gap in medical care and diagnostic imaging while building long-term financial viability. With scalable services, strong community partnerships, and a clear vision for growth, CommonGood Medical is positioned to deliver measurable health impact and improved outcomes for underserved populations.

CommonGood Medical | INSPIRING HOPE THROUGH COMPREHENSIVE CARE

Project Summary

As a nonprofit primary care clinic born in McKinney, launched by a group of McKinney pastors, and that has resourced McKinney residents for nearly a decade, CommonGood Medical is excited to expand into our new clinic to continue our service for decades to come. We proudly provide quality, comprehensive, and compassionate care to our uninsured neighbors free of charge, so that every person can receive the essential medical care they need. CommonGood Medical respectfully invites the McKinney Community Development Corporation to continue partnering with us as we invest in McKinney's community of hard-working, thriving families for generations.

Project Context, Goals, and Value

No-Cost Service, Priceless Value

Providing primary care to both adults and children, CommonGood Medical's essential services keep McKinney families healthy and growing so they can contribute to the vibrancy of the city. As we welcome patients in for no-cost annual exams, sick visits, chronic disease management, labs, and other crucial care, this reduces the number of missed days of work and school that can add up quickly across the population—especially for low-income and under-resourced families.

Further, for uninsured residents, emergency rooms often become the default care option in the absence of a medical home where they are known and cared for. According to an analysis of 2.5 billion claims, a single ER visit costs an average of $2,715 in 2025 (Mira). These costs don't disappear. They are passed on to taxpayers through property taxes and higher insurance premiums. Communities pay when preventive care is absent. In contrast, a typical CommonGood Medical appointment costs just $206. Among more than 400 of our patients surveyed, 59% reported fewer ER visits after becoming a CommonGood patient. If 59% of our 888 McKinney patients (served in 2024-2025) reduced their ER frequency by just one visit per year, this conservatively represents more than $2,844,000 in avoided emergency room costs over just two years. We expect this to be even more stark as we serve more patients in our expanded clinic.

As the populations of Collin County and the City of McKinney continue to surge, CommonGood Medical intends to be a stronghold for our medically underserved neighbors. From July 2024 to July 2025, Collin County grew by 3.4% to nearly 1.3 million residents (Census Bureau, 2026), and the Texas Demographic Center projects that the county's population will exceed 1.4 million in 2030, surpass 1.7 million in 2040, and reach 2.2 million in 2050. The City of McKinney's population has increased by a whopping 22.8% since the 2020 census. Clearly, the need is great, and with over half of CommonGood Medical's active patients on record being McKinney residents, we believe this clinic expansion will serve thousands of families in the city for generations.

CommonGood Medical | INSPIRING HOPE THROUGH COMPREHENSIVE CARE

Phased Expansion for Exponential Growth

CommonGood Medical is thrilled to renovate and move into a new community facility that will more than double our clinical space and vastly grow the breadth of healthcare services we can provide for McKinney neighbors. Our current clinic is approximately 4,000 square feet, and the new building is 9,000 square feet, which will decrease appointment waiting times resulting from the limited capacity of our current clinic building.

With this extra space, we plan to first move our current primary care and counseling services and resume operations with as limited interruption as possible; we are adding a sixth patient exam room, dedicated optometry space, and much-needed administrative offices for our faithful team of staff and volunteers who operate the clinic. In phase II, set for completion by the end of December 2026, we will build out an imaging center to fill a vital gap. (Finally, phase III's addition of an in-house dental service area will complete the total campaign, targeted for the end of 2027, dependent on fundraising.) The imaging center is one of the boldest elements of our plan that will generate new business and increase our long-term sustainability. CommonGood Medical will begin to offer critical diagnostic services on-site for free to established patients, eliminating costly referrals, and this will also establish a new social enterprise for revenue generation: CommonGood Imaging. By providing affordable imaging services to other healthcare partners, we will grow a new revenue stream that directly fuels patient care.

We anticipate this project will also help CommonGood Medical reach a greater demographic not only by opening more appointment availability but also by improving access for patients due to its strategic location at 2750 Virginia Parkway. This request is to specifically support infrastructure improvement to the exterior of the new, expanded clinic building. These improvements are necessary for safety, security, and code updates, as well as essential power needs for imaging equipment before we can expand our operations and open the next season of CommonGood.

Project Timeline (Design to Completion)

Note: The timeline and budget information included in this project summary, attachments, and full request do not include Phase III (dental).

- September 2025 – First meeting with architect after purchase
- October–December 2025 – Phase I design and approvals
- November–December 2025 – Demolition
- December 2025 – Certificate of Occupancy for Suite 101 secured
- January–June 2026 Phase I construction and build out
- February 2026 – Phase II design began

- March–June 2026 – Phase II bidding phase
- July–August 2026 – Phase II construction and build out
- December 2026 – Phase II completion

Conclusion

We believe healthcare is a vital foundation for quality of life, one that is noticed most strongly in its absence. CommonGood Medical meets neighbors at some of the most difficult moments in their lives. From our biblical worldview, we take seriously Jesus' challenge to walk alongside those in need with compassion and empathy, rejoicing and mourning with them. This project goes beyond concrete and wiring to move us toward a future McKinney whose families know that their physical, mental, and spiritual health will not be a barrier to growing and serving together.

Expected Jobs Created through CommonGood Medical's expansion and renovation project at 2750 Virginia Parkway

Immediately:

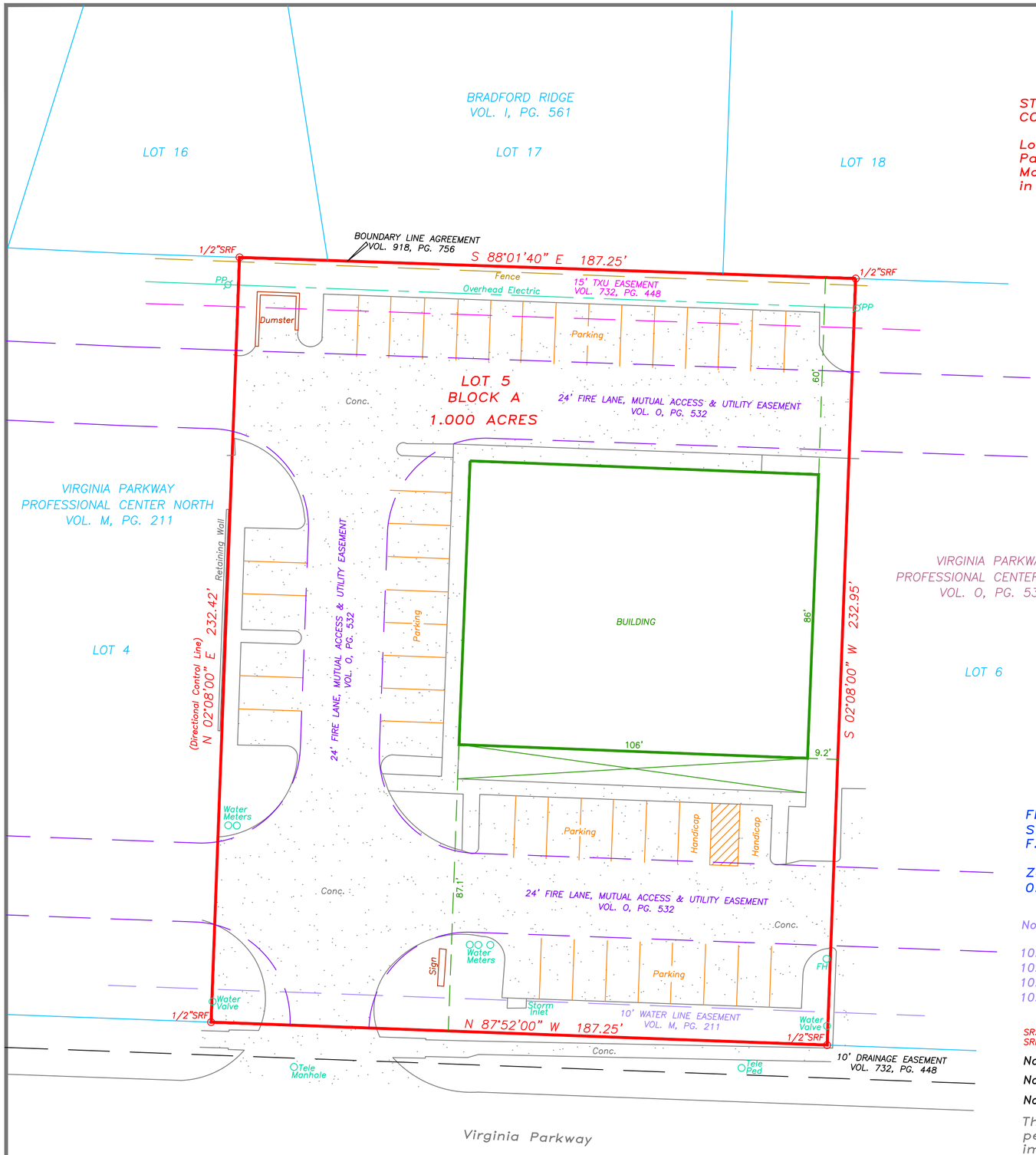
1. CommonGood Imaging General Manager and Ultrasound Technician – full-time
2. Organization-wide Chief Marketing Officer - part-time initially with transition to full time expected over 1-2 years
3. CommonGood Imaging Radiation Technologist – part-time initially with transition to full time as patient volume increases

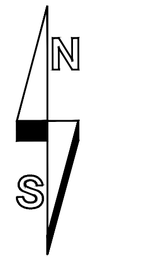
Year 1:

4. Certified Medical Assistant/Optometry Assistant – full-time; to help with increased volume expected in medical specialty and optometry clinics
5. Front desk receptionist – part-time initially to help with increased patient volume and enrollment; expected transition to full-time within 2-3 years.
6. Volunteer coordinator – currently a part-time role that we expect to expand to a full-time role.

Year 3-5:

7. Facilities manager – once the entire building is renovated and operational, we anticipate needing a facilities manager to help manage maintenance and oversee occupational safety. Their tasks would be divided amongst this renovation and other expansion projects at other locations.





0' 25' 50'

DESCRIPTION

STATE OF TEXAS
COUNTY OF COLLIN

Lot 5, Block A, of the Amended Plat, Block A, Lots 5 & 6, Virginia Parkway Professional Center North, an addition to the City of McKinney, Collin County, Texas, according to the Plat thereof recorded in Volume O, Page 532 of the Plat Records of Collin County, Texas.

FLOOD ZONE NOTE:
Subject tract located in Zone 'X' as scaled from F.I.R.M. 48085C0260K, dated June 7, 2017

Zone 'X' – "Areas determined to be outside the 0.2% annual chance floodplain."

Notes Corresponding to Schedule B:

10.f.) Easement Declaration, Vol. 4627, Pg. 1647 – Subject to.
10.g.) Boundary Line Agreement, Vol. 918, Pg. 756 – Shown hereon.
10.h.) 10' Drainage Easement, Vol. 732, Pg. 448 – Shown hereon.
10.i.) Easement to TXU Electric, Vol. 5251, Pg. 5390 – Shown hereon.

SRS = STEEL ROD SET
SRF = STEEL ROD FOUND

Note: Bearings based on recorded plat (Vol. O, Pg. 532).

Note: Verify exact location of underground utilities prior to construction.

Note: All 5/8 inch steel rods set have red plastic cap stamped "Boundary Solutions"

The plat as shown hereon was prepared from an on-the-ground survey performed under my supervision during the month of April, 2022; the visible improvements on the ground are as shown on the survey; there are no visible intrusions, protrusions, overlapping of improvements or conflicts found except as shown on the survey plat.

April 19, 2022

STATE OF TEXAS
REGISTERED
MATTHEW BUSBY
5751
PROFESSIONAL
LAND SURVEYOR

Matthew Busby
Matthew Busby
R.P.L.S. No. 5751

BOUNDARY SURVEY

LOT 5, BLOCK A
VIRGINIA PARKWAY
PROFESSIONAL CENTER NORTH
CITY OF McKINNEY
COLLIN COUNTY, TEXAS

Boundary Solutions Inc.
Professional Land Surveyors
P.O. BOX 250
CADDO MILLS, TX 75135
OFFICE: 214-499-8472
FAX: 972-782-7611
EMAIL: mbusby_bsi@yahoo.com

COMMERCIAL AND RESIDENTIAL
BOUNDARY, TOPOGRAPHIC, &
ALTA/ACSM LAND TITLE
SURVEYS

CLIENT:
2750 Mike & Christy, LLC
to
Delta Dolphin Real Estate, Inc.

G.F.# 22-662619-MM
Address: 2750 Virginia

Drawn by: mjb
B.S.I.Job# 2204-016

© Copyright 2022 Boundary Solutions, Inc. The content, color, and style of this plat protected by Copyright and all rights are reserved.

STRUCTION NOTES:

WALLS PRIOR TO BEGINNING OF
CONTRACTOR IS TO BRING ANY
EDIATE ATTENTION OF CONDUIT
NTRACTOR SHALL NOT BEGIN FRAMING
K LINES BY CONDUIT ARCHITECTURE +

TION MEETING EXISTING DRYWALL
PLANE SHALL BE FLUSH WITH NO

NEUVERING CLEARANCES AS
IBILITY STANDARDS.

SSARY TO ENSURE STABILITY,
ADDITIONAL ANCHORING AND/OR
NS. ALL BLOCKING SHALL BE FIRE-

BE 90 DEGREES UNLESS NOTED

EASUREMENTS ARE REQUIRED BY ALL

ENERAL NOTES:

ITE PRIOR TO BID AND NOTIFY CONDUIT
ANY CONDITIONS DIFFERENT THAN

IONS GIVEN, EITHER DUE TO FIELD
L ERRORS, OR OTHER SIMILAR
EDIATELY BROUGHT TO THE ATTENTION
+ DESIGN PRIOR TO COMMENCEMENT

ONSIBLE FOR FIELD DIMENSIONS OF
OPENINGS, ETC.

RD AT ALL INTERIOR WALLS. TAPE, BED,
CHEDULED FINISHES.

BACKING FOR MILLWORK AND ITEMS
PARTITIONS OR CEILINGS, AT HEIGHTS

IATE WORK WITH OWNER'S VENDORS

SAME AS THE ROOM INTO WHICH THEY
O A SINGLE ROOM HAVE AN
RE: A4.00 FOR DOOR/HARDWARE

NED FROM FINISH FACE TO FINISH
NSIONS MARKED "CLEAR". ALLOW FOR
G OF FINISHES.

ESSORIES & MOUNTING

CHEDULE SHEET ON A0.12 FOR MORE

ATION SHEET ON A0.11 FOR MORE
AL TO TAKE PRECEDENT. BRING ANY
E ATTENTION OF CONDUIT
OR TO COMMENCEMENT OF WORK.

OTES:

SS NOTED OTHERWISE.

REY HATCH TO HAVE BATT INSULATION
OR

APHIC SYMBOLS & ABBREVIATIONS
CHEDULE & PARTITION TYPES SHEET

ALL EQUIPMENT AND APPLIANCES

ES, ETC.) TO BE PROVIDED BY OWNER

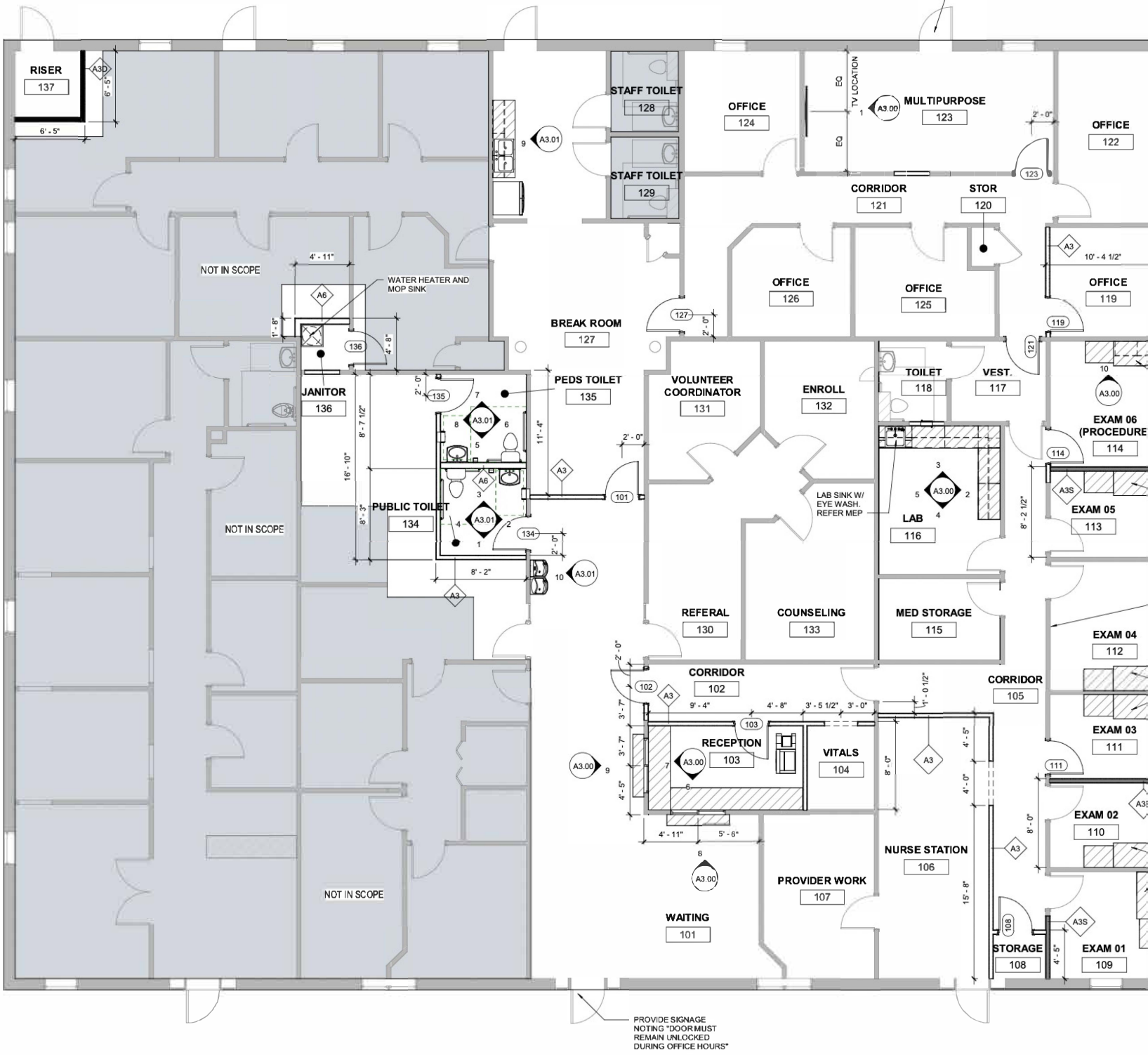
RD AT ALL INTERIOR WALLS. PROVIDE
TILE FINISHES. TAPE, BED, FLOAT, AND
NISHES.

OCKING FOR ALL TVS, SHELVING, ETC.
AWINGS.

E EXISTING CONDITION OF ALL DOORS,
D REPORT FINDINGS AND
ER IF REPAIRS / REPLACEMENT IS

XISTING DOORS AS REQUIRED BY

NATE WINDOW COVERINGS WITH



Common Good Medical

03.12.2026

2750 Virginia PKWY

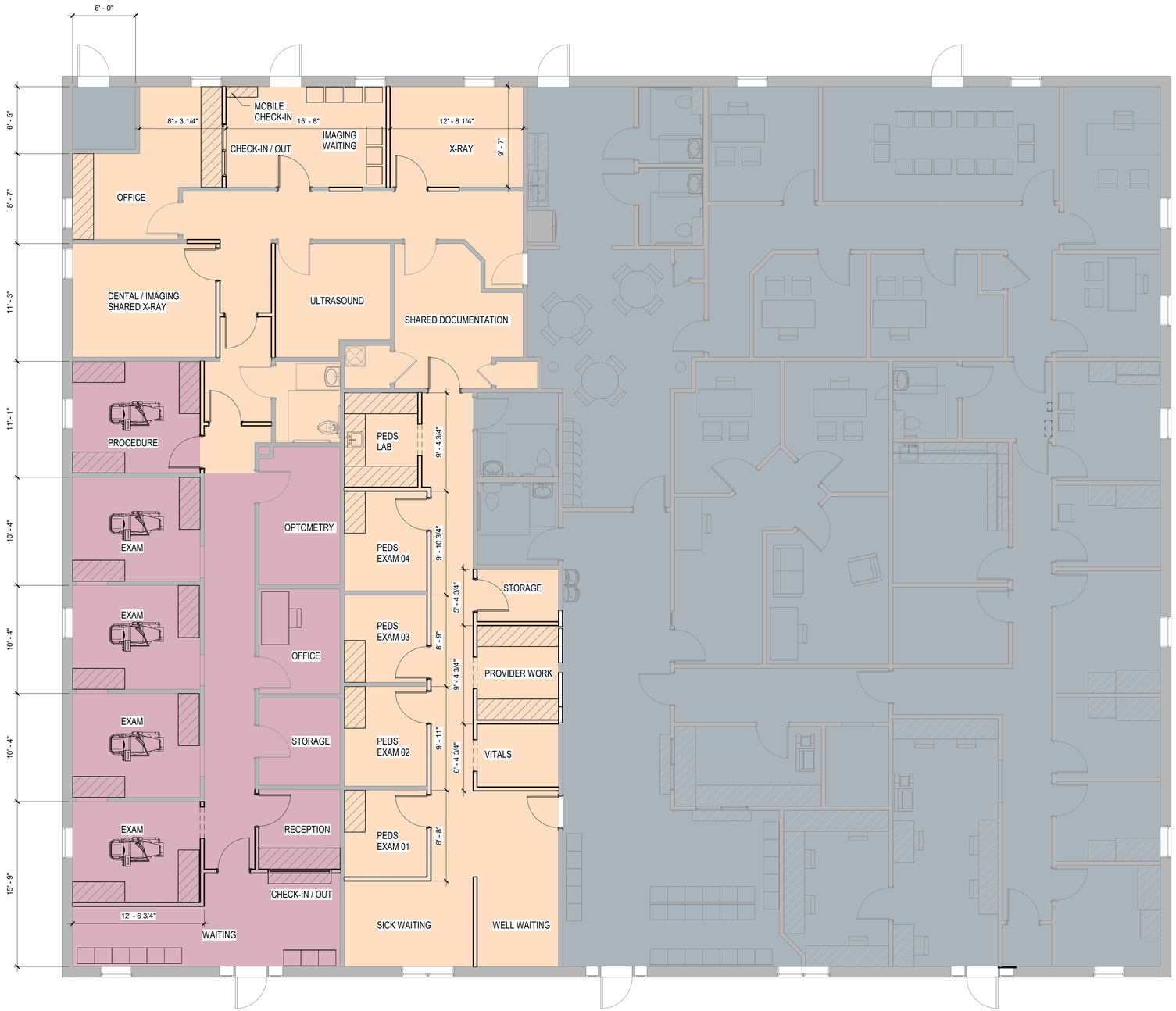
PHASE II & PHASE III FLOOR PLAN

3/16" = 1'-0"

PHASE II

PHASE III

COMPLETED PHASE I



1 PHASE II & III

3/16" = 1'-0"

NOT FOR REGULATORY APPROVAL, PERMITTING, OR CONSTRUCTION

KOBEY SEALE , AIA TX#21100

conduit architecture+design LLC

CommonGood Medical

Total Project Budget: For the Common Good Campaign: Phases I and II

McKinney Community Development Corporation - submitted June 30, updated July 17

		2025-2026
Income		
Funding Received & Committed	**$**	**2,966,680.00**
Individual Donors	$	2,628,530.00
CommonGood Medical	$	250,000.00
Preston Trail Community Church	$	25,000.00
Caris Foundation	$	12,500.00
First McKinney	$	1,650.00
Outstanding Pledges	$	49,000.00
Meadows Foundation (Planned - Dec 2026)	**$**	**131,000.00**
MCDC Proposal	**$**	**306,348.08**
Left to Raise	**$**	**425,708.80**
Total Income	**$**	**3,829,736.88**
Expenses		
Phase I		
Building Purchase	$	2,604,000.00
Phase I Renovation		
External components	**$**	**193,026.98**
Other renovation expenses	$	658,678.00
MEP Engineering/Architect	$	14,500.00
Mortgage During Construction	$	39,252.00
Demolition	$	8,510.40
Repairs/Maintenance	$	5,817.00
Attorney	$	1,000.00
Sign	$	15,437.52
Furniture/Equipment	$	9,352.29
IT/Computers	$	2,464.69
Phase II		
Phase II Renovation		
Other renovation expenses	$	116,695.50
Electrical	**$**	**82,604.50**
HVAC	$	20,000.00
MEP Engineering/Architect	$	3,400.00
Imaging Equipment	$	45,000.00
Sign	$	5,000.00
Furniture	$	3,000.00
IT/Computers	$	1,998.00
Total Expenses	**$**	**3,829,736.88**

CommonGood Medical

Request Elements Breakdown: For the Common Good Campaign

McKinney Community Development Corporation (MCDC) Proposal - submitted June 30, updated July 17, 2026

Phase I Exterior Expenses

	Bid	Attachment	General contractor supervised	General contractor amount	Job Number	Completed	Additional bids	Job Number	Additional notes	Total
Exterior concrete - repairs to meet ADA code and fire lane	$ 71,664.00	Exhibit 1AB	Yes	$ 10,749.60	Project ID 26-0067	No	Exhibit 1LM	Ref #5040		$ 82,413.60
Exterior concrete - repairs to parking lot, exterior sidewalks	$ 80,080.00	Exhibit 1AB	Yes	$ 12,012.00	Project ID 26-0067	No	Exhibit 1LM	Ref #5040		$ 96,096.00
Exterior electric meters	$ 26,340.00	Exhibit 1C	Yes	$ 3,951.00	Est. #1201	Yes	Exhibit 1N	MM23-0689		$ 30,291.00
Exterior fire sprinkler systems - repair #1	$ 2,035.00	Exhibits 1E	Yes	Waived	S26-0553	Yes			Necessary external repairs for damage due to freezing	$ 2,035.00
Exterior fire sprinkler systems - repair #2	$ 3,737.98	Exhibits 1F	Yes	Waived	Invoice #141983	Yes	Exhibit 1P	N/A - dated Mar 30	Additional external repairs and update of fire sprinkler system suppression system necessary to fire marshall inspection	$ 3,737.98
Civil engineering for exterior repairs	$ 9,170.00	Exhibit 1G	No	$ -	Invoice # 15738	Yes	N/A		Second bid not obtained due to discounted rate offered as donation	$ 9,170.00
Phase I subtotal	**$ 193,026.98**			**$ 26,712.60**						**$ 223,743.58**

Phase II Exterior Expenses

	Bid	Attachment	General contractor supervised	General contractor amount	Job Number	Completed	Additional bids	Job Number	Additional notes	Total
Exterior electrical work - 3 phase power	$ 71,830.00	Exhibit 2A	Yes	$ 10,774.50	Est. #1217	No	Exhibit 2Q	Project Name: Phase II Electrical Upgrade (Exterior Scope);	Increased power needs for imaging equipment demand	$ 82,604.50
Phase I subtotal	**$ 71,830.00**			**$ 10,774.50**						**$ 82,604.50**

Total Exterior Expenses	**$ 264,856.98**			**$ 37,487.10**						**$ 306,348.08**

Certificate Of Completion

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Status: Completed
Subject: Complete with Docusign: CommonGood Medical MCDC grant supporting documents
Source Envelope:
Document Pages: 20
Signatures: 7
Certificate Pages: 4
Initials: 0
AutoNav: Enabled
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Andrea Naff
103 E. Lamar St.
McKinney, TX 75069
andrea@hopeclinicmckinney.org
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Location: DocuSign

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Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

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Source Envelope:
Document Pages: 2
Signatures: 1
Certificate Pages: 4
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McKinney, TX 75069
andrea@hopeclinicmckinney.org
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Randall Morgan randall@gen2214.com Member Security Level: Email, Account Authentication (None)	Signed by: Randall Morgan 9AD62661060D47D... Signature Adoption: Pre-selected Style Using IP Address: 2a04:4e41:2f88:b857::9088:b857 Signed using mobile	Sent: 7/17/2026 5:57:02 AM Viewed: 7/17/2026 5:57:54 AM Signed: 7/17/2026 6:06:39 AM

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Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
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Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components including ADA compliance, fire lane access repairs, sidewalk repairs, and parking lot repairs of the phase 1 of the CommonGood Medical renovation project at 2750 Virginia Parkway and that the above work has not yet been completed.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

Common Good Medical - Concrete (ADA & Site Repair) Proposal

Contact
Robert Harris
(682) 706-8635
robert@parkinglotprostx.com

Proposal Date 3/5/2026
Project ID 26-0067
Job Site Common Good Medical
2750 Virginia Pkwy
McKinney, TX 75071

Submitted to
SLAMR VII LLC
Randall Morgan
(214) 908-2889
randall@gen2214.com

Services

Common Good Medical - Concrete (ADA & Site Repair) Estimate

4" Sidewalk Replacement: BASE BID SIDEWALK — 493 sf
- 4000psi concrete with a light broom finish, #3 rebar on 18" centers

5" Concrete Replacement: BASE BID PARKING — 1,045 sf
- 4000psi concrete with a light broom finish, #3 rebar on 18" centers

6" Concrete Replacement: BASE BID FIRE LANE — 689 sf
- 4500psi concrete with a light broom finish, #4 rebar on 24" centers

6" Concrete Replacement @ Porch — 1,033 sf
- 4000psi concrete with a light broom finish, #3 rebar on 18" centers

Grading, Fill, & Compaction for ADA Compliant Slopes — 3,300 sf

Install crushed concrete flexbase to regrade all areas for ADA compliance per grading plan.
(80 Tons)

- Porch outer edge raised approx. 1.5" to achieve 1.5%-2% slope
- Sidewalk/Ramps raised approx. 7" to match top of porch
- Parking raised 7" to match new top of sidewalk
- Fire lane serves as the transition to existing pavement

Seal Joints at New Concrete

New Layout Striping, Signs, & Wheel Stops
- Layout & stripe new parking area per plans
- Furnish & install (2) ADA parking signs on 2 3/8" poles with surface mount
- Furnish & install (2) 6' concrete wheel stops

Proposal:
Not yet completed

Total: $71,664.00

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

Common Good Medical - Concrete (ADA & Site Repair) Proposal

OPTIONAL: Other Concrete Repairs Observed on Site Walk		
6" Fire Lane Drive & Parking @ Front Lot/West Intersection (2-phases) • 4500psi concrete with a light broom finish, #4 rebar on 24" centers • 4" Flexbase for grading (50 tons) • Seal joints at repairs • Touchup striping at repairs	1,988 sf	$34,275.00
4" Sidewalk Replacement @ West Front & Side (Required with Parking & Fire Lane Work) • 4000psi concrete with a light broom finish, #3 rebar on 18" centers • 7" Flexbase for grading (25 tons) • Seal expansion joints at new concrete	595 sf	$10,430.00
6" Concrete Replacement @ West Side Shared Drive (2-phases) • 4500psi concrete with a light broom finish, #4 rebar on 24" centers • 2" Flexbase for grading (9 tons) • Seal joints at repairs • Touchup striping at repairs	701 sf	$13,596.00
6" Fire Lane Drive @ East End (On Property) • 4500psi concrete with a light broom finish, #4 rebar on 24" centers • 3" Flexbase for grading (5 tons) • Seal joints at repairs • Touchup striping at repairs	251 sf	$5,630.00
4" & 6" Concrete Replacement @ East Adjacent Property for Grading/Drainage • 4000psi concrete with a light broom finish, #4 rebar on 24" centers • 3" Flexbase for grading (16 tons) • Seal joints at repairs • Touchup striping at repairs	855 sf	$16,149.00
	Total:	**$80,080.00**

Proposal:
Not yet completed

Acceptance

Payment Terms: NET 30

Paving Exclusions (Unless stated otherwise above):

- Lime stabilization. Permits. After hours work. Irrigation or landscape repair. Any work not listed in the scope descriptions above.

Parking Lot Striping Additional Terms, Inclusions, and Exclusions:

- Priced for (1) trip to complete the power wash prep if included, and (1) trip to complete the restripe. Any additional trips due to work areas not clear or irrigation left on will be $750+tax each.
- PLP will furnish all necessary materials, equipment, and labor to complete the project.
- Priced for (1) coat of high quality traffic marking paint unless otherwise stated.
- Any alterations or deviations from the above scope and specifications will be executed only upon approved written change order.
- PLP does guarantee any striping that is applied to new concrete with less than (90) days cure time.
- PLP does not accept liability for premature flaking/chipping of paint if power wash prep service is declined.

Signed by:
Randall Morgan
9AD62661060D47D...

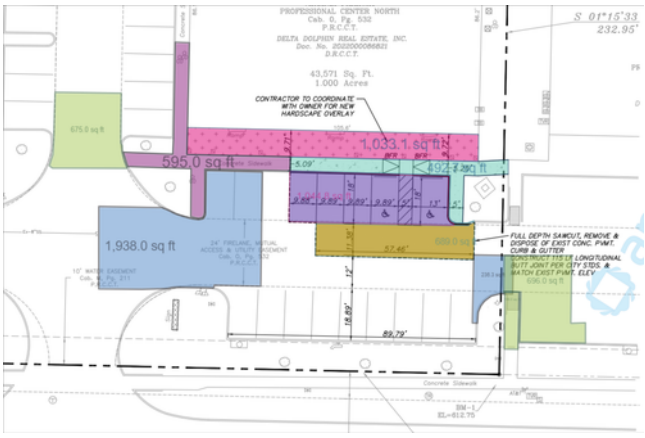
7/17/2026

Randall Morgan
SLAMR VII LLC
randall@gen2214.com

Date

Common Good Medical - Concrete (ADA & Site Repair) Proposal

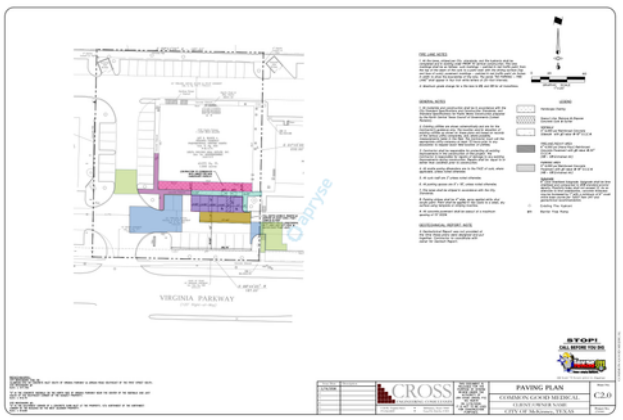
Project Documents



Notes:

*Optional concrete repair areas (green, blue, plum) require grading for sunken areas and drainage improvement. It is recommended to perform all connecting areas together for overall drainage issues (sidewalk, parking, & fire lane must be corrected together for drainage at both west and east end options).

- All optional area prices are turnkey and include split phasing at full width drive repairs, flexbase for grading, joint seal at repairs, and stripe touchup



Notes:

General Terms

- All work is priced for (1) mobilization & (1) phase completion unless stated otherwise on the proposal.
- Price includes all labor, equipment, materials, trucking, and barricades.
- All work is priced for normal business hours, Monday-Friday 7am-5pm.
- All work will be performed in a professional and workmanlike manner, per Parking Lot Pros standards/specs and industry best practices.
- Work areas will be kept clean by thorough brooming at the end of each day and upon job completion.
- Reference repair map and photos for general locations and details of work areas.
- Parking Lot Pros will notify client of any unforeseen conditions upon discovery and will request change order approval, if needed, prior to proceeding with any additional work.

****Parking Lot Pros, LLC is not responsible for damage to underground utilities. Gas and electric main service lines will be located and marked by Texas 811 service. Private plumbing, irrigation and electrical lines will not be located and any repairs to these private lines are excluded from this proposal.**

PLP Standards and Specifications

CONCRETE REPLACEMENT

All concrete projects include the following unless stated otherwise on the proposal:

- Sawcut, demo, and removal of existing concrete to an approved dump site.
- Regrade and compact existing subgrade.
- Fine grade with up to 1 inch of crushed concrete flexbase.
- Drill and dowel into adjacent concrete with deformed tie bars on the same spacing as reinforcing rebar.
- Install rebar reinforcement on 18" centers each way.
- Place new exterior concrete with a light broom finish.
- Place new interior concrete with a smooth finish.
- Install expansion/isolation joints to match existing layout or as needed.
- Cut or tool control/contraction joints to match existing joint pattern, or as needed to a maximum spacing of 15 feet.

4" Concrete Sidewalk

3,000psi concrete with air entrainment, #3 rebar on 18" centers each way, #3 deformed tie bars on 18" centers.

5" to 6" Concrete Pavement

3,500 psi concrete with air entrainment, #3 rebar on 18" centers each way, #3 deformed tie bars on 18" centers.

7" to 9" Concrete Pavement

4,000psi concrete with air entrainment, #4 rebar on 18" centers each way, #4 deformed tie bars on 18" centers.

ASPHALT PAVEMENT

Asphalt and subgrade thickness per scope descriptions listed on PLP proposal.

Overlay/Surface Patch

Clean the area to be overlaid with street broom and blowers as needed. Apply tack coat to the entire overlay area. Install Type D hot mix asphalt and compact with a 3-5 ton dual drum vibratory roller.

Full Depth Replacement

Saw cut the perimeter of the area of asphalt pavement to be replaced. Excavate existing asphalt and/or subgrade, and haul off to an approved dump site. Regrade and compact existing subgrade. Apply tack to perimeter edges of existing asphalt. Install Type D hot mix asphalt and compact with a 3-5 ton dual drum vibratory roller.

Asphalt Reclamation (Recycling) with Cement Treated Base (CTB)

Mill/pulverize existing asphalt pavement and subgrade. Regrade the area and haul off excess material to an approved dump site. Mix in portland cement to the specified depth, add water to hydrate, re-grade, and compact the cement treated base.

- **Standard duty pavement:** 8" CTB with 6% portland cement with 2" Type D hot mix asphalt overlay.
- **Heavy duty pavement:** 10" CTB with 6% portland cement with 4" Type D hot mix asphalt overlay.

JOINTS AND CRACKS

Concrete Joints

Common Good Medical - Concrete (ADA & Site Repair) Proposal

New and existing joints will be thoroughly cleaned and prepared for new joint seal materials.
All existing joint seal materials and debris will be removed prior to resealing existing joints.
Backer rod will be installed as needed.
New joint seal material will be installed per specification, and left slightly below top of pavement surfaces.

Asphalt Crack Fill

Thoroughly clean cracks with compressed air to remove debris and moisture.
Apply hot pour rubber crack filler per specification, with a 2" to 3" over band.
Includes cracks wider than 1/8".
Excludes "alligatored" areas.

SEAL COAT

Thoroughly clean the area to be seal coated with street brooms and blowers as needed.
Apply two coats of seal coat material per manufacturer specification.
Allow a minimum of 24-48 hours cure time prior to opening for normal traffic use.
Colder ambient temperatures and/or high humidity conditions may require longer cure times.
Per Manufacturer's Specifications, in ideal conditions, seven days is required for the seal coat to cure completely. It is recommended to keep vehicular traffic off during the cure time. Although, in some scenarios, we will allow traffic fewer than seven days. Wear, power steering marks, scuffs, tire tracks, and tracking is common regardless of cure time, and is to be expected. It is understood by approving the schedule with less cure time than recommended by the manufacturer that the severity of wear, power steering marks, scuffs, unwanted tire tracks, and tracking of material will increase.

PAVEMENT MARKINGS

New Striping

Apply 1-coat of premium traffic paint to new concrete pavements, or per plans & specs.
Apply 2-coats of premium traffic paint to new asphalt pavements, or per plans & specs.
*Parking Lot Pros does not guarantee parking lot striping on new concrete prior to 90 days cure time.

Restriping

Apply 1-coat of premium traffic paint to restripe existing parking lot as currently marked.
It is recommended to power wash existing painted lines prior to restriping. (Striping warranty is void without prep)

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components of necessary electrical work of the phase 1 of the CommonGood Medical renovation project at 2750 Virginia Parkway and that the above work has been completed.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

4G Electrician LLC
Office: (972) 440-9952
101 S. Lakeview
Lake Dallas, TX 75065

Estimate

Date	Estimate #
5/13/2026	1201

Name / Address	Ship To
SLAMR RANDELL MORGAN	COMMON GOOD MEDICAL 2750 VIRGINIA PKWY MCKINNEY, TX 75495

Project	Rep	Terms	FOB	Projected Completion Date
COMMONS				

Description	Qty
OUTSIDE EQUIPMENT AND SERVICE	1
	1
	1
	1
SERVICE GEAR	1
1.5" PIPE AND WIRE	140
LABOR TO BUILD MAIN SERVICE	30
GUTTER AND TAPS	1
MAIN SERVICE GROUND	1
NOT ACCEPTED bid does not include replacing all conduit and wire to subpanels, install gutter above meter and install new conduit and wire from gutter to new MDP panel outside. $24,960.00	1

Subtotal	$26,340.00
Sales Tax (0.0%)	$0.00
Total	$26,340.00

"Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599: website: www.license.state.tx.us/complaints"
TDLR #34205

Upon acceptance of this Estimate please sign, date and return.

_____

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

4G Electrician LLC
101 S Lakeview Dr
Lake Dallas, TX 75065

justin@4gelectrician.com

(469) 826-1133

Invoice

Invoice #: 1621
Invoice Date: 6/17/2026
Due Date: 6/17/2026
Case: COMMONS MCKINY
P.O. Number: COMMONS

Bill To:

SLAMR
RANDELL MORGAN

Description	Hours/Qty
SERVICE GEAR	1
1.5" PIPE AND WIRE	140
LABOR TO BUILD MAIN SERVICE	30
GUTTER AND TAPS	1
MAIN SERVICE GROUND	1

Total	$26,340.00
Payments/Credits	$0.00
Balance Due	$26,340.00

"Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599;
website: www.license.state.tx.us/complaints" TDLR #34205

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components of the fire suppression system, totaling $2035. The undersigned further certifies that the above work has been completed.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

FIRE POWER SYSTEMS
1171 RUGGLES DR.
GRAND PRAIRIE, TX 75050
(972) 647-8172

INVOICE – SERVICE DEPARTMENT

TO:

Common Good Medical
Accounts Payable/Andrea Naff

103 E Lamar St
McKinney, TX 75069

andrea@commongoodmedical.org

INVOICE DATE	2/27/2026
INVOICE NO.	S37299
PO NO. / TICKET #	
FPS JOB NO.	S26-0553

TERMS: A CHARGE OF 1 ½ % MONTHLY (18% ANNUALLY) IS ADDED ON BALANCES DUE OVER 30 DAYS.

DESCRIPTION OF SERVICES:

Freeze repairs on dry system - see attached

LOCATED AT:

2750 Virgina Pkwy
McKinney, TX 75071

Item Total	$2,035.00
Tax	$0.00
TOTAL AMOUNT DUE	**$2,035.00**

Questions regarding this invoice: Please contact Nancy.Jenkins@firepowersystems.com

Internal Use Only: COMMONGO, 2750 Virgina Pkwy (Common)

Remit payment to: Fire Power Systems, Inc., 1171 Ruggles St., Grand Prairie, Texas 75050

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

IRE POWER SYSTEMS, INC.
1171 RUGGLES STREET
GRAND PRAIRIE, TEXAS 75050
Ph (972) 647-8172 - Fax (972) 641-5480

WORK ORDER

DATE: 2/3/2026
JOB NO: S26-0553
CALL TAKEN BY: D. Smitherman

SERVICE LOCATION INFORMATION		*CUSTOMER BILLING INFORMATION*	
ADDRESS:	2750 Virgina Pkwy	**CUSTOMER NAME:**	Common Good Medical
CITY, STATE:	McKinney, TX 75071	**BILLING ADDRESS:**	103 E. Lamar St
SITE CONTACT:	Nick Benavides	**CITY, STATE:**	McKinney, TX 75069
PHONE NUMBER:	630.780.7290	**ATTENTION TO:**	Andrea Naff/Accounts Payable
EMAIL:	nick@commongoodmedical.org	**PHONE NUMBER:**	630.780.7290
0	Do Not Monitor	**EMAIL:**	andrea@commongoodmedical.org
LOCK CODE:		**P.O. # / TICKET #:**	

CALLER:	Jeff Williams	**SERVICE REQUESTED:**	Freeze repairs on dry system
PHONE NUMBER:	214.733.06	0	
EMAIL:	0	0	

ARRIVAL SYSTEM STATUS:

ACTION TAKEN: Main dry system has broken grooved couplings, damaged mechanical tee and split pipe due to freezing temperatures. Replaced 1-1/2" mains, grooved couplings and mech tee and returned the sprinkler system to normal operation.

FINAL SYSTEM STATUS:

TAGGED? **DETAILS:**

QTY.	MATERIAL	UNIT	PRICE	QTY.	MATERIAL	UNIT	PRICE
2	21' sch 10 1.5" pipe	$ 65.00	$130.00				$ -
4	1-1/2" grooved couplings	$ 10.25	$ 41.00				$ -
6	1-1/2" x 1" mech t	$ 28.00	$168.00				$ -
1	1-1/2" x 1/2" mech t	$ 19.00	$ 19.00				$ -
3	1" x 1/2" cast-iron bushing	$ 9.00	$ 27.00	1	Fuel Surcharge	$ 50.00	$ 50.00

$100 Regular time per manhour (7:am to 3:30pm) $150 overtime per manhour

NAME	DATE	2/3						
B. Britton	REG	8						LABOR REG $ 1,600.00
	O.T.							LABOR O.T. $ -
I. Burney	REG	8						MCS
	O.T.							MATERIAL $ 435.00
	REG							
	O.T.							SUBTOTAL $ 2,035.00
	REG							
	O.T.							TAX *0.00%* $ -
	REG							
	O.T.							TOTAL $ 2,035.00

Printed Name: _____ **Signature:** _____ **Date:** _____

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 25% of the above invoice applied for external components of the fire suppression system, totaling $3737.98. The undersigned further certifies that the above work has been completed, but the invoice has not yet been paid.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

Invoice

3621 Pottsboro Rd #137
Denison, TX 75020-9311

TX LIC #B16154 ACR 3336 SCR-G-2197356
ECR2201181 ARK LIC #E2012 0032
OK LIC #1847 FCC GROL LIC #FRN0027204288
TIN: 263476574 SCR-G-2197356

Date	Number
7/15/2026	141983

We accept the following forms of payment: Cash, Check, EFT (ACH Debit), Debit/Credit Card (3.5% Fee for all Credit Card Payments)

Bill To Address:	Work/ShipAddress
SLAMR VII - Fire Sprinkler - Common Good Medical Randall Morgan PO Box 1309 Van Alstyne, TX 75495	SLAMR VII - Fire Sprinkler - Common Good Medical Randall Morgan 2750 Virginia Parkway Mckinney, TX 75071

PO #	Terms	Due Date	Account #	WO #
NA	Net 30	8/14/2026	Job #3386	

Item	Description	Quanity	Price	Amount
Billing - CAD and Drawings	CAD and Drawings	0.00	1,579.50	$0.00
Billing - Fire Sprinkler Installation Labor	Labor for Installation of Fire Sprinkler System	0.00	4,760.00	$0.00
Billing - Fire Sprinkler Installation Material	Material for Installation of Fire Sprinkler System	0.00	3,742.75	$0.00
Billing - Plans and Permits	Plans and Permits	0.00	400.00	$0.00
Billing - Fire Sprinkler Installation Labor	Labor for Installation of Fire Sprinkler System	1.00	14,688.00	$14,688.00
Billing - Fire Sprinkler Installation Material	Material for Installation of Fire Sprinkler System INCLUDES: 1. Installation of approximately ten (10) dry sprinkler heads. 2. Relocation of approximately (6) dry sprinkler heads. 3. Removal of approximately (4) dry sprinkler heads. 4. Generation of plans for submittal to the City of McKinney AHJ. 5. Permit fees not to exceed $300.00. 6. Walk thru with the AHJ upon	1.00	263.90	$263.90

Thank you for your business!

NOTICE :15% LATE FEE WILL BE APPLIED IF NOT PAID BY DUE DATE

In order for Four Feathers Alarm, LLC to preserve its liens rights under Property Code Section 53.021, we are required by law to advise you that if this invoice remains unpaid for the maximum of days set forth by the Texas/Oklahoma Property Code, you may be personally liable and your property subject to lien.

Credit hold applied at 60 days. 18% APR after 90 days. Mechanics lien applied before 60 days.

Subtotal	$14,951.90
Sales Tax	$1,233.53
Total	$16,185.43
Balance Due	$16,185.43

Phone: 903 786-0088 Website: www.fourfeathersalarm.com Email: accounting@fourfeathersalarm.com

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

Invoice

3621 Pottsboro Rd #137
Denison, TX 75020-9311

TX LIC #B16154 ACR 3336 SCR-G-2197356
ECR2201181 ARK LIC #E2012 0032
OK LIC #1847 FCC GROL LIC #FRN0027204288
TIN: 263476574 SCR-G-2197356

Date	Number
7/15/2026	141983

We accept the following forms of payment: Cash, Check, EFT (ACH Debit), Debit/Credit Card (3.5% Fee for all Credit Card Payments)

Bill To Address:	Work/ShipAddress
SLAMR VII - Fire Sprinkler - Common Good Medical Randall Morgan PO Box 1309 Van Alstyne, TX 75495	SLAMR VII - Fire Sprinkler - Common Good Medical Randall Morgan 2750 Virginia Parkway Mckinney, TX 75071

PO #	Terms	Due Date	Account #	WO #
NA	Net 30	8/14/2026	Job #3386	

Item	Description	Quanity	Price	Amount
	completion. Change Order INCLUDES: 1. Repairs to the existing fire sprinkler system due to existing conditions outside of the scope of work and area. Payment terms are as follows: (X) 10% mobilization fee. Net 30 days. Credit hold is applied at 60 days. 18% APR applied after 30 days. Mechanics lien applied before 90 days.			

Thank you for your business!

NOTICE :15% LATE FEE WILL BE APPLIED IF NOT PAID BY DUE DATE

In order for Four Feathers Alarm, LLC to preserve its liens rights under Property Code Section 53.021, we are required by law to advise you that if this invoice remains unpaid for the maximum of days set forth by the Texas/Oklahoma Property Code, you may be personally liable and your property subject to lien.

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Subtotal	$14,951.90
Sales Tax	$1,233.53
Total	$16,185.43
Balance Due	$16,185.43

Phone: 903 786-0088 Website: www.fourfeathersalarm.com Email: accounting@fourfeathersalarm.com

CROSS ENGINEERING CONSULTANTS INCORPORATED

Bill To
Common Good Medical andrea@commongoodmedical.org drjeff2th@yahoo.com

Invoice

Date	Invoice #
3/19/2026	15738

WORK COMPLETED

Due Date	Project
4/18/2026	25080 - Common Good Medical Parking

DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT DUE
Civil Engineering Plans - Professional Services October 2025 - February 2026			
Principal Engineer - JDC	13.25	360.00	4,770.00
CAD Tech - KK	44.00	100.00	4,400.00
Sales Tax - State of Texas and McKinney		8.25%	0.00
Total			$9,170.00

1720 W. Virginia Street
McKinney, Texas 75069

Voice 972-562-4409
Fax 972-562-4471

SOLID BASE
FOUNDATION & CONCRETE

Prepared for:

Slamr VII
Randall Morgan
2750 Virginia Pkwy
McKinney, TX 75071

(214) 908-2889 | randall@gen2214.com

Evaluated on:

Tuesday, May 12, 2026

Evaluated By:

Casey Donovan

(940) 365-4221 | office@solidbasefoundations.com

Solid Base Foundation & Concrete
5075 Elm Bottom Cir
Aubrey, TX 76227
Main (940) 365-4221
solidbasefoundations.com

Scope of Work

We would like to thank you for giving us the opportunity to earn your business. Our belief is to approach projects using a comprehensive plan that corrects the source of the problems and the symptoms they have caused. This method provides a quality solution that lasts much longer than addressing only portions of the issues.

After performing a thorough examination of your property, we have prepared the following estimate and diagram to meet the needs of your project. We believe this will provide a detailed explanation of our solution as well as the associated costs.

Section 1

Concrete

Product	Quantity
Concrete R&R (Square Foot) *Concrete Replacement*	1

Notes

N/A

Custom Solutions

Item	Cost
Parking / Sidewalk & Curb	74,420.00

Notes

N/A

Polyurethane Foam

Product

Polyurethane Foam (Pound)

State-of-the-art solution to a very old problem: sinking or settling concrete. Virtually every type of concrete flatwork (slabs, sidewalks, driveways, runways, patios, and more) will be susceptible to sinking if the supporting soil is loose, weak, or prone to compression. Concrete will also sink when support soil is washed away.

Length (lf)	Width (lf)	Height (inches)
31	18	2.5

Notes

N/A

Polyurethane Foam

Product

Polyurethane Foam (Pound)

State-of-the-art solution to a very old problem: sinking or settling concrete. Virtually every type of concrete flatwork (slabs, sidewalks, driveways, runways, patios, and more) will be susceptible to sinking if the supporting soil is loose, weak, or prone to compression. Concrete will also sink when support soil is washed away.

Length (lf)	Width (lf)	Height (inches)
45	12	2

Notes

N/A

Costs

Section: Section 1

Description	Quantity
Polyurethane Foam[1]	513.00
Polyurethane Foam[1]	391.00
Concrete R&R	1.00
Parking / Sidewalk & Curb	1.00

Total Cost: $84,378.00

[1] *Overage: Additional material per pound $5.00*

Added note from GC: this bid does NOT include porch replacement/overlay to achieve ADA slopes at doors if required. That scope is estimated at $20,000 based on other bids.

Total: $84,378.00

Payment Terms

Deposit	*Due before project start*	$42,189.00
Final Payment	*Due at project completion*	$42,189.00

Or finance up to $65,000.00 with Wisetack

As low as **$858.62/mo**
Pay over time with **Wisetack***

See Financing Options

*All financing is subject to credit approval. Your terms may vary. Payment options through Wisetack are provided by our lending partners. For example, a $1,200 purchase could cost $104.89 a month for 12 months, based on an 8.9% APR, or $400 a month for 3 months, based on a 0% APR. Offers range from 0-35.9% APR based on creditworthiness. State interest rate caps may apply. No other financing charges or participation fees. See additional terms at https://wisetack.com/faqs

Terms & Conditions

Warranties

Poly Foam Injection

10 Year Guarantee on break down of foam as long as it is not expsosed to UV rays or solvents. Contractor does not represent that Poly Foam injection will lift the Customer's slab to meet any criteria of levelness, but instead that it will lift the slab as much as practical. For concrete slabs raised with Poly, Contractor warrants that the area where the slab of concrete was lifted will not settle more than 1⁄4 inch for a period of 2 years from the date of installation. If it does, Contractor will provide the labor and materials to re-level the area at no additional charge to Customer. This Warranty excludes patching or caulking between slabs. This Warranty is void if Customer does not maintain grade around slabs and seal joints between slabs.

Exclusions

THIS WARRANTY DOES NOT COVER, CONTRACTOR SPECIFICALLY DISCLAIMS LIABILITY FOR, AND CUSTOMER HOLDS CONTRACTOR HARMLESS FROM: 1) exterior waterproofing; 2) plumbing damage; 3) Customer-caused damage; 4) dust from installation; 5) damage to real or personal property such as walls, countertop, or floor coverings, framing, sheetrock, exterior materials, cabinets, appliances, and so on, including any damage alleged to have been done by the Contractor's use of heavy equipment necessary to complete the job; 6) any injury or damage caused by mold to property or person; 7) failure or delay in performance or damage caused by acts of God (flood, fire, storm, methane gas, etc.), acts of civil or military authority, or any cause outside Contractor's control; 8) damage from a lifting operation; 9) basement water seepage; and 10) damage from heave, lateral movements/forces of hillside creep, land sliding, or slumping of fill soils.

Items For Which Customer Is Responsible

Customer shall: 1) make full payment to the crew leader upon completion of work; 2) prepare the work area for installation; 3) be responsible for any finish carpentry, painting, paneling, landscaping, etc. that may be necessary after Contractor's work is finished; 4) mark private lines (satellite, propane, sprinkler, etc.) 5) maintain positive drainage away from the repaired wall(s); 6) keep gutters clean and in good working order; 7) direct downspouts a sufficient distance away from the repaired wall(s); 8) maintain proper expansion joints in concrete slabs that are adjacent to the repaired wall(s) and 9) any items mentioned in this Contract under "Customer Will" or "Additional Notes."

Additional maintenance items for Which Customer is Responsible –

The following will help you properly maintain your foundation: Most major foundation movement can be reduced if the moisture level in the soil supporting your foundation is uniformly maintained. Foundation problems associated with expansive clay are usually caused by lack of moisture in the soil. As the soil dries it shrinks and can cause foundation settlement. In some instances, foundation movement can also be caused by too much moisture in soil. As the soil absorbs moisture, it expands and can cause foundation upheaval. Think of the soil as a sponge. Place the sponge under a faucet and then squeeze the water out. Although a majority of the water is gone the sponge is still moist to the touch. The ideal condition of the soil around your home is like that sponge not drippy wet, not bone dry, but moist. The best way to maintain moisture level is with a properly regulated automatic sprinkler system. If you are more disciplined than most of us, the same result can be accomplished by placing soaker hoses eighteen inches from the foundation and regulating the water flow to one-fourth inch in height until water is observed standing on the ground. This process should be repeated as often as necessary to maintain the uniform moisture level described above. During hot and dry seasons, the south and west sides may require more watering than the north and east sides, which are shaded and not exposed to as much direct sun. On gabled ends or sides of the house, there is no run-off so more watering will probably be required. No amount of structural work on a foundation will overcome poor drainage. Surface water, whether from rain or watering, should not be allowed to accumulate around or under your foundation. Proper drainage may require re-contouring the existing grade, placing soil around the perimeter of the foundation, extending downspouts and placing splash blocks to prevent soil erosion or other specifics peculiar to the site. Care should be taken to insure that soil is at least one to two inches per foot to drain at least eighteen inches from the perimeter of the foundation. Guttering is not necessary where proper drainage is provided. Improper drainage will make it virtually impossible to maintain a consistent moisture level around the entire perimeter of your foundation. Most flowers and small shrubs do not cause foundation problems. However, trees and large shrubs with shallow root systems can cause foundation problems. These root systems can grow under the foundation, and, as they grow in diameter, can produce an upheaval. These large trees and plants, also, remove tremendous amounts of water from the soil. In certain instances, root severing at the foundation may be recommended. Ideally, trees should be planted far enough away from your home to keep

the roots of the mature tree away from your foundation.

All material used is warranted to be as specified in the Contract. All work will be completed in a workmanlike manner according to the standard practices of the industry. Contractor's workers are fully covered by Worker's Compensation insurance. This warranty pertains only to Solid Base Foundations work and products that are installed in connection with project.

Concrete R&R comes with a 30 day workmanship warranty. It only covers workmanship does not cover stress cracks of any kind. Cracking typically starts within 12 hours of the finishing process. Weather conditions will slow or accelerate it.

This price does not include fill dirt, concrete pump truck, or any city permits if applicable. If required, an additional cost will incur for those items

Due to heavy equipment being used, damage to landscaping could occur. Solid Base Foundations will do our best to minimize any damage, but customer will be responsible for any damages that may occur.

If fence panels need to be removed for access, customer will be responsible for removing and putting any fencing back. Strive Concrete is not responsible for any fencing.

Solid Base Foundations is not responsible for underground lines/utilities/sprinklers. Customer is responsible for marking lines or calling 811 prior to start date.

Contract

Standard Exclusions Permitted By State Law

This Foundation Limited Warranty (“Warranty”) is made in lieu of and excludes all other warranties, express or implied, and all other obligations on the part of Solid Base Foundations (“Contractor”) to the customer (“Customer”). There are no other verbal or written warranties and no warranties that extend beyond the description on the face hereof, including NO WARRANTIES OF EXPRESS OR IMPLIED MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

General Terms

For the applicable time periods indicated below, this Warranty is transferable at no charge to future owners of the structure on which the work specified in this Contract is completed. This Warranty is in effect if the job specified in this Contract is completed and paid in full and, alternatively, is null and void if full payment is not received. Contractor does not warrant products not mentioned below, but some of such products may be covered by a manufacturer’s warranty. All material used is warranted to be as specified in this Contract. All work will be completed in a workmanlike manner according to the standard practices of the industry.

Acceptance of Contract— I am/we are aware of and agree to the contents of this Proposal, the attached Job Detail sheet(s), and the attached Limited Warranty, (together, the "Contract"). You are authorized to do the work as specified in the Contract. I/we will make the payment set forth in this Contract at completion of project I/we will pay your service charge of $50.00 per day if my/our account is 5 days or more past due, plus your attorney's fees and costs to collect and enforce this Contract.

Deposits- I am/we are aware that any deposits made on projects are Non-Refundable unless Solid Base Foundations deems that the work cannot be completed.

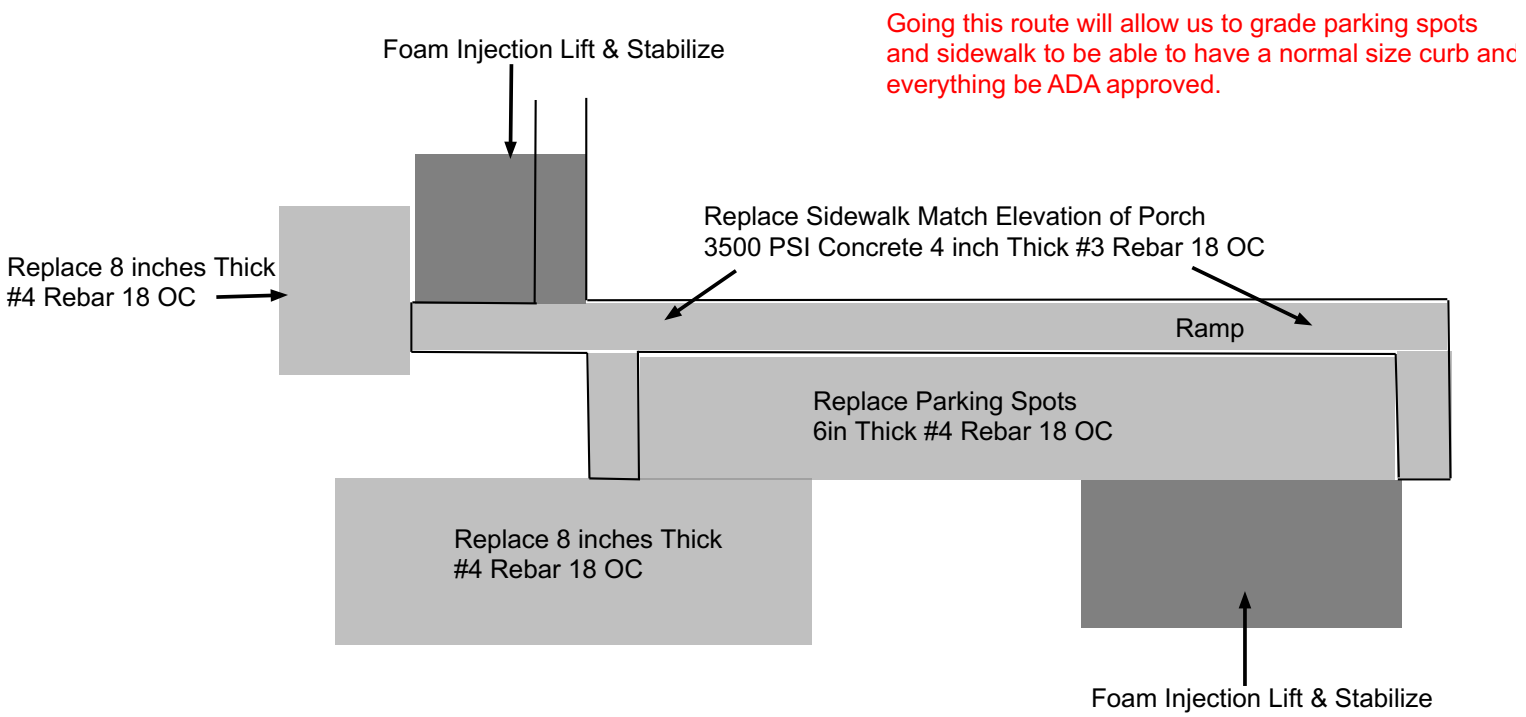
By signing any forms or agreements provided to you by Solid Base Foundation & Concrete, you understand, agree and acknowledge that your electronic signature is the legally binding equivalent to your handwritten signature. You agree, by providing your electronic signature, that you will not repudiate, deny or challenge the validity of your electronic signature or of any electronic agreement that you electronically sign or their legally binding effect.

Signature: _____ Date: _____ Time: _____

Legend

Poly Foam

Concrete



Sidewalks/Parking 2

Solid Base Foundation & Concrete
5075 Elm Bottom Cir
Aubrey, TX 76227
solidbasefoundations.com
(940) 365-4221

Project Address
Slamr VII
Randall Morgan
2750 Virginia Pkwy
McKinney, TX 75071
(214) 908-2889 | randall@gen2214.com

Created By
Casey Donovan
(940) 365-4221
office@solidbasefoundations.com

Created 5/12/2026

Morley-Moss
An EMCOR Company

ELECTRICAL/INFORMATION
TECHNOLOGY/DESIGN
430 S. ASTON DRIVE
SUNNYVALE, TX 75182

MONDAY MARCH 2 2026

ANDREA NAFF
COMMON GOOD MEDICAL
2750 VIRGINIA PKWY

SUBJECT:

ELECTRICAL PROPOSAL MM23-0689
NEW EXTERIOR ELECTRICAL
INSTALL

Thank you for the opportunity to offer our proposal for the subject project. Our pricing encompasses the following:

I. DOCUMENTS

A. Specifications:
B. Drawings: N/A
C. Addendums: N/A
D. Clarifications: N/A

II. SCOPE OF WORK

A. Our proposal includes:

Site Location: 2750 VIRGINIA PKWY

1. PROVIDE AND INSTALL NEW SERVICE GEAR.
2. 1.5" CONDUIT AND CONDUCTORS.
3. GUTTER AND TAPS
4. MAIN SERVICE GROUNDING SYSTEM.
5. LABOR TO INSTALL ALL ABOVE ITEMS.

B. CLARIFICATIONS

1. THIS PROPOSAL, INCLUDING BUT NOT LIMITED TO PRICING AND SCHEDULE, IS MADE CONTINGENT UPON THE WORK ADDRESSED HEREIN NOT BEING ADVERSELY AFFECTED, EITHER DIRECTLY OR INDIRECTLY, BY THE COVID-19 PANDEMIC AND/OR THE CORONA VIRUS. THIS PROPOSAL IS FURTHER CONDITIONED UPON THE PARTIES AGREEING, PRIOR TO BEGINNING OF ANY WORK AND IN WRITING AS PART OF ANY CONTRACT/SUBCONTRACT, THAT ANY (I) SCHEDULE ISSUES (INCLUDING, BUT NOT LIMITED TO, DELAY, ACCELERATION, COMPRESSION, INTERFERENCE, HINDRANCE), (II) OVERTIME HOURS OR ADDED RESOURCES TO PERFORM WORK, (III) SHORTAGES (WHETHER AS TO LABOR, SUBCONTRACTED SERVICES, MATERIALS, OR SUPPLIES), (IV) CHANGE ORDERS, EXTRA WORK, OR EXTRA COSTS, OR (V) INEFFICIENCY AND IMPACTS

relating to the foregoing, that arise as a result of the COVID-19 pandemic or Corona virus will entitle contractor to a change order equitably addressing impacts to its time for performance and costs.

2. This proposal of Morley Moss is based upon the assumption that the labor and materials anticipated herein will be reasonably available and subject to no more than normal market fluctuations. In the event of a severe and/or unanticipated shortage of either labor or materials, Morley Moss reserves the right to seek an equitable adjustment in either the contract time or the contract sum, or both, to reflect such unanticipated shortage and/or cost increases. **During recent weeks, the market price of copper, resins and steel has experienced large fluctuations. As a result, our vendors have refused to hold prices firm without an order. Upon award of contract, should there be a substantial increase in cost of wire over that used in our proposal, Morley-Moss's will charge the incremental increase at Morley-Moss's cost-plus taxes. This proposal is based on price of copper at $3.56 per pound.** If this proposal is accepted, these terms will be incorporated into any subcontract agreement to be executed by the parties covering the work herein quoted.
3. This proposal is based upon a mutually agreeable contract.
4. Breakouts are for accounting purposes only.
5. We assume that A&E CAD files are available for Shop and Record drawings at no additional cost to Morley Moss.
6. This proposal is valid for 30 days.

III. EXCLUSIONS

A. Sales tax on labor and material
B. Utility Impact fees
C. Repairs to existing electrical Installations
D. Painting or priming of any kind except for touch up of electrical equipment
E. Warranty of existing electrical work

IV. PRICING SUMMARY

Labor	$25,110.00
Material	18,340.00

Base bid Total $43,450.00

Sales Tax ..... Add $

March 30th, 2026

Randall Morgan
SLAMR VII, LLC
C: 214-908-2889
randall@gen2214.com

FIRE POWER SYSTEMS
1171 RUGGLES DR.
GRAND PRAIRIE, TX 75050
PHONE (972) 647-8172
FAX (972) 641-5480

Subject: **Common Good Medical - 2750 Virginia Pkwy. – McKinney, Tx. 75071**

- **Scope of Work**
  - Provide city of McKinney permit, design, labor, material, and all required inspections for office remodel
  - Install (10) new dry -barrel pendent sprinklers to match existing (white semi-recessed)
  - Relocate (2) dry-barrel pendent sprinklers

Total: $11,450.00

Remodel – Taxes Excluded (GC to Provide Resale Tax Certificate)

- **Exclusions:** *We exclude from this pricing: Resale Tax, after hours work, center of tile, wiring of alarm devices repairing or patching any wall and scheduling work with the tenants, Hose stations, painting of pipe, covering sprinklers with plastic bags for painting, removing plastic bags,*

Upon acceptance, please sign this copy of the agreement in the space provided and return it to our office via email. If you have any questions, please do not hesitate to contact me.

Sincerely,

Accepted by_____

Date_____

Brad Woodard
Fire Power Systems, Inc.
817-889-2958

*Fire Sprinklers * Fire Alarms * Monitoring * Fire Extinguishers * Back Flows *

Subject: RE: Fire Sprinkler Plan revisions **FW: Common Good Medical
Date: Tuesday, March 31, 2026 at 8:51:55 AM Central Daylight Time
From: Brad Woodard
To: Randall Morgan, Jeff Williams
Category: Yellow Category
Attachments: CGM - Fire Sprinkler - SLAMR VII - 3-30-26.pdf

Morning gents,

I swung by the site yesterday and got a survey of the existing conditions and there is quite a bit of work to do, I am unsure where the "only a few adjustments needed" came from!

Code allows 7'-6 maximum distance from walls (9'-0 from a single wall in rooms less than 850ft^2).

There will need to be (10) added sprinklers and (2) will need to be relocated. This is on a dry system with Dry Barrel Sprinklers – unfortunately, these are the most expensive head types at about $500 a piece and a 2-3 week lead time.

Attached is the sprinkler proposal. Let me know if you have any questions, please sign and return if approved.

Thanks

Brad Woodard
Project Manager/Sales
Fire Power Systems, Inc.
1171 Ruggles Drive
Grand Prairie, Texas 75050
Main Office: (972) 647-8172
Cell Phone: (817) 889-2958
brad.woodard@firepowersystems.com
*** Fire Sprinklers * Fire Alarms * Monitoring * Fire Extinguishers * Back Flows ***

From: Randall Morgan <randall@gen2214.com>
Sent: Friday, March 27, 2026 10:00 AM
To: Brad Woodard <brad.woodard@Firepowersystems.com>; Jeff Williams <drjeff2th@yahoo.com>
Subject: Fire Sprinkler Plan revisions **FW: Common Good Medical
Importance: High

Hi Brad,

I am forwarding you the same summary that I send Duane Cherry in the Fire Power Alarms Division. There are no significant changes to the existing layout, so I would anticipate just a few sprinkler head adjustments at most will be all that is needed.

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components of the electrical work for phase 2 of the CommonGood Medical renovation projected at 2750 Virginia Parkway and that the above work has not yet been completed.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

4G Electrician LLC
Office: (972) 440-9952
101 S. Lakeview
Lake Dallas, TX 75065

Estimate

Date	Estimate #
6/29/2026	1217

NOT YET COMPLETED

Name / Address	Ship To
SLAMR RANDELL MORGAN	COMMON GOOD MEDICAL 2750 VIRGINIA PKWY MCKINNEY, TX 75071

Project	Rep	Terms	FOB	Projected Completion Date
COMMON GO...				

Description	Qty
CITY PERMIT AND INSPECTION	1
DEMOLITION OF EXISTING CONDITIONS	24
INSTALL NEW 3 PHASE TAPCAN	1
SERVICE GEAR	1
2" PIPE AND WIRE FROM TAP CAN TO NEW PANEL	60
2" PIPE AND WIRE	100
LABOR TO BUILD MAIN SERVICE	40
3" PIPE AND WIRE TO FEED 800 AMP SERVICE	30
INSTALL ROPE IN EXISTING CONDUIT FOR POWER COMPANY	1
POWER COMPANY CHARGES	1
MISC MATERIAL	1
	1
	1
EXCLUDES: FIRE ALARM, SECURITY, PANELS, LIGHT FIXTURES, DIMMING PANELS, CUT AND PATCH, OVERTIME, TRASH HAUL OFF, SPOILS REMOVAL, SPECIAL SYSTEMS OF ANY KIND, PHONE AND DATA CABLING, ROCK EXCAVATION, HVAC CONTROL WIRING, THERMOSTAT WIRING, TAXES.	

Subtotal	$71,830.00
Sales Tax (0.0%)	$0.00
Total	$71,830.00

"Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599: website: www.license.state.tx.us/complaints"
TDLR #34205

Upon acceptance of this Estimate please sign, date and return.

_____

POLIVKA ELECTRIC

Proposal for Electrical Services (Exterior Scope Only)

Date: June 29, 2026

Contractor: Polivka Electric TECL #40933

Project Name: Phase 2 Electrical Upgrade (Exterior Scope Only)

Project Location: Common Good Medical
2750 Virginia Pkwy, McKinney, TX 75071

Project Overview

Provide all necessary labor, materials, equipment, and supervision to upgrade the main electrical service to a new 1000A, 120/208V, 3-Phase system as detailed in the plans provided by Conduit Architecture and engineered by C3 Consulting Engineers.

Scope of Work

1. Pre-Construction & Engineering Coordination

- Obtain necessary municipal electrical permits.
- Perform engineered Arc Flash, Fault Current, and Selective Coordination Studies as mandated by project plans prior to equipment ordering.
- Coordinate service disconnect and changeover scheduling with Oncor.

2. Demolition & Temporary Power

- Provide commercial towable generator and hookup to maintain critical facility power during main service changeover.
- Safely disconnect, demolish, and remove the existing 800A MDP, exterior 101 panel, meters, and existing service wireway. 800A MDP to be resold.
- Remove all associated demolished wiring back to the source and dispose of scrap off-site.

3. Civil & Underground Infrastructure

- Excavate approximately 100 linear feet of trench from the Oncor utility transformer to the new main distribution panel location.
- Install three (3) parallel runs of 3", and two (2) of 2" PVC Schedule 40/80 conduit with sand bedding.
- Backfill and machine-compact trench in 6-inch lifts to achieve mandatory 95% density standard.
- Form and pour a new steel-reinforced concrete housekeeping pad for the new 1000A MDP per plan specifications.

4. Switchgear & Major Equipment

- Supply and install one (1) new 1200A, 120/208V, 3-Phase, 4-Wire NEMA 3R Service Entrance Rated Main Distribution Panel with 1000A Main Breaker (MDP).

- Supply and install new 1600A Tap Can, Service Wireway, and Oncor-approved CT/Meter Can.

5. Service Feeders & Grounding

- Supply and pull three (3) parallel sets of 400MCM Copper THHN/THWN conductors and two (2) parallel sets #4/0 Copper grounding conductors.
- Terminate feeders at MDP and at Oncor transformer using approved NEMA 2-hole compression lugs.
- Install comprehensive grounding electrode system as per planset.

Investment Summary

Item	Phase / Description	Total Installed Cost
1	Pre-Construction, Engineering & Permits	**$7,850**
2	Demolition & Temporary Power	**$12,200**
3	Civil, Trenching, Pad & Compaction	**$19,580**
4	Switchgear, Panels & Metering Equipment	**$47,013**
5	Heavy Copper Feeders & Termination	**$36,525**
6	Grounding Electrode System	**$2,875**
	PROJECT ESTIMATE TOTAL	**$126,043**

Standard Exclusions

- Utility company fees, tariffs, or charges assessed directly by Oncor.
- Unforeseen underground obstacles (e.g., rock excavation, unmarked utilities).
- Sheetrock patching, painting, or architectural finishes beyond immediate scope requirements.

Terms & Conditions

- Due to volatility in the copper and switchgear markets, this proposal is valid for 15 days from the date of submission.
- Lead times on custom 1000A switchgear are currently 85 days from my supplier; equipment will be ordered upon receipt of a signed contract and mobilization deposit.

Docusign Envelope ID: 61362522-0AE5-83DB-82C0-F1B69C0FD40B

Summary and Certification of exterior work

Project Description: Renovation of 2750 Virginia Parkway, McKinney, TX

SLAMR VII, LLC
PO Box 1309
Attn: A/R
Van Alstyne, TX 75495
Phone: 214-908-2889

Presented to:
Common Good Medical
Attn: Steve Twyman
2750 Virginia Pkwy McKinney, Tx 75071
Customer Contact: Jeff Williams

	GENERAL CONTRACTOR SERVICES WORKSHEET			
	Description of Work	**Materials/Labor**	**General Contractor Fees**	**% of Project Completed**
Project Phase 1	Exterior concrete work - ADA compliance and fire lane access	$71,664.00	$10,749.60	**0%**
	Exterior concrete work - sidewalk and parking lot repairs	$80,080	$12,012.00	0%
	Exterior electric meters	$26,340	$3,951	100%
Project Phase 2	Exterior electical work - 3 phase power	$71,830	$10,774.50	0%
	Total	**$249,914**	**$37,487.10**	

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components of the named work of the CommonGood Medical renovation project at 2750 Virginia Parkway and that the table accurately reflects work the percentage of work that has been completed for each line item.

Initial
RM

Docusign Envelope ID: 61362522-0AE5-83DB-82C0-F1B69C0FD40B

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

CommonGood Medical

Total Project Budget: For the Common Good Campaign: Phases I and II

McKinney Community Development Corporation - submitted June 30, updated July 17

		2025-2026
Income		
Funding Received & Committed	**$**	**2,966,680.00**
Individual Donors	$	2,628,530.00
CommonGood Medical	$	250,000.00
Preston Trail Community Church	$	25,000.00
Caris Foundation	$	12,500.00
First McKinney	$	1,650.00
Outstanding Pledges	$	49,000.00
Meadows Foundation (Planned - Dec 2026)	**$**	**131,000.00**
MCDC Proposal	**$**	**306,348.08**
Left to Raise	**$**	**425,708.80**
Total Income	**$**	**3,829,736.88**
Expenses		
Phase I		
Building Purchase	$	2,604,000.00
Phase I Renovation		
External components	**$**	**193,026.98**
Other renovation expenses	$	658,678.00
MEP Engineering/Architect	$	14,500.00
Mortgage During Construction	$	39,252.00
Demolition	$	8,510.40
Repairs/Maintenance	$	5,817.00
Attorney	$	1,000.00
Sign	$	15,437.52
Furniture/Equipment	$	9,352.29
IT/Computers	$	2,464.69
Phase II		
Phase II Renovation		
Other renovation expenses	$	116,695.50
Electrical	**$**	**82,604.50**
HVAC	$	20,000.00
MEP Engineering/Architect	$	3,400.00
Imaging Equipment	$	45,000.00
Sign	$	5,000.00
Furniture	$	3,000.00
IT/Computers	$	1,998.00
Total Expenses	**$**	**3,829,736.88**

CommonGood Medical

Request Elements Breakdown: For the Common Good Campaign

McKinney Community Development Corporation (MCDC) Proposal - submitted June 30, updated July 17, 2026

Phase I Exterior Expenses

	Bid	Attachment	General contractor supervised	General contractor amount	Job Number	Completed	Additional bids	Job Number	Additional notes	Total
Exterior concrete - repairs to meet ADA code and fire lane	$ 71,664.00	Exhibit 1AB	Yes	$ 10,749.60	Project ID 26-0067	No	Exhibit 1LM	Ref #5040		$ 82,413.60
Exterior concrete - repairs to parking lot, exterior sidewalks	$ 80,080.00	Exhibit 1AB	Yes	$ 12,012.00	Project ID 26-0067	No	Exhibit 1LM	Ref #5040		$ 96,096.00
Exterior electric meters	$ 26,340.00	Exhibit 1C	Yes	$ 3,951.00	Est. #1201	Yes	Exhibit 1N	MM23-0689		$ 30,291.00
Exterior fire sprinkler systems - repair #1	$ 2,035.00	Exhibits 1E	Yes	Waived	S26-0553	Yes			Necessary external repairs for damage due to freezing	$ 2,035.00
Exterior fire sprinkler systems - repair #2	$ 3,737.98	Exhibits 1F	Yes	Waived	Invoice #141983	Yes	Exhibit 1P	N/A - dated Mar 30	Additional external repairs and update of fire sprinkler system suppression system necessary to fire marshall inspection	$ 3,737.98
Civil engineering for exterior repairs	$ 9,170.00	Exhibit 1G	No	$ -	Invoice # 15738	Yes	N/A		Second bid not obtained due to discounted rate offered as donation	$ 9,170.00
Phase I subtotal	**$ 193,026.98**			**$ 26,712.60**						**$ 223,743.58**

Phase II Exterior Expenses

	Bid	Attachment	General contractor supervised	General contractor amount	Job Number	Completed	Additional bids	Job Number	Additional notes	Total
Exterior electrical work - 3 phase power	$ 71,830.00	Exhibit 2A	Yes	$ 10,774.50	Est. #1217	No	Exhibit 2Q	Project Name: Phase II Electrical Upgrade (Exterior Scope);	Increased power needs for imaging equipment demand	$ 82,604.50
Phase I subtotal	**$ 71,830.00**			**$ 10,774.50**						**$ 82,604.50**

Total Exterior Expenses	**$ 264,856.98**			**$ 37,487.10**						**$ 306,348.08**

Certificate Of Completion

Envelope Id: 7EDDCB28-B89A-8684-82C6-5E294748454C
Status: Completed
Subject: Complete with Docusign: CommonGood Medical MCDC grant supporting documents
Source Envelope:
Document Pages: 20
Signatures: 7
Certificate Pages: 4
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator:
Andrea Naff
103 E. Lamar St.
McKinney, TX 75069
andrea@hopeclinicmckinney.org
IP Address: 24.32.0.76

Record Tracking

Status: Original
7/16/2026 8:07:43 PM
Holder: Andrea Naff
andrea@hopeclinicmckinney.org
Location: DocuSign

Signer Events	Signature	Timestamp
Randall Morgan randall@gen2214.com Member Security Level: Email, Account Authentication (None)	Signed by: Randall Morgan 9AD62661060D47D... Signature Adoption: Pre-selected Style Using IP Address: 2a04:4e41:2f3a:9490::123a:9490 Signed using mobile	Sent: 7/16/2026 8:27:29 PM Viewed: 7/17/2026 5:15:19 AM Signed: 7/17/2026 5:25:22 AM

Electronic Record and Signature Disclosure:
Accepted: 7/17/2026 5:15:19 AM
ID: 6f1795f2-9e54-4c93-ba82-2cfde999ed71

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/16/2026 8:27:29 PM
Certified Delivered	Security Checked	7/17/2026 5:15:19 AM
Signing Complete	Security Checked	7/17/2026 5:25:22 AM
Completed	Security Checked	7/17/2026 5:25:22 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, The Hope Clinic McKinney (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact The Hope Clinic McKinney:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: andrea@hopeclinicmckinney.org

To advise The Hope Clinic McKinney of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at andrea@hopeclinicmckinney.org and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from The Hope Clinic McKinney

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to andrea@hopeclinicmckinney.org and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with The Hope Clinic McKinney

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to andrea@hopeclinicmckinney.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify The Hope Clinic McKinney as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by The Hope Clinic McKinney during the course of your relationship with The Hope Clinic McKinney.

Certificate Of Completion

Envelope Id: 61362522-0AE5-83DB-82C0-F1B69C0FD40B
Status: Completed
Subject: Complete with Docusign: Exhibit 3_General Contractor fees_SLAMR_draft certification.pdf
Source Envelope:
Document Pages: 2
Signatures: 1
Certificate Pages: 4
Initials: 1
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator:
Andrea Naff
103 E. Lamar St.
McKinney, TX 75069
andrea@hopeclinicmckinney.org
IP Address: 24.32.0.76

Record Tracking

Status: Original
7/17/2026 5:48:11 AM
Holder: Andrea Naff
andrea@hopeclinicmckinney.org
Location: DocuSign

Signer Events	Signature	Timestamp
Randall Morgan randall@gen2214.com Member Security Level: Email, Account Authentication (None)	Signed by: Randall Morgan 9AD62661060D47D... Signature Adoption: Pre-selected Style Using IP Address: 2a04:4e41:2f88:b857::9088:b857 Signed using mobile	Sent: 7/17/2026 5:57:02 AM Viewed: 7/17/2026 5:57:54 AM Signed: 7/17/2026 6:06:39 AM

Electronic Record and Signature Disclosure:
Accepted: 7/17/2026 5:57:54 AM
ID: 1ef6ffbc-21a5-4620-99c8-88528392376f

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/17/2026 5:57:02 AM
Certified Delivered	Security Checked	7/17/2026 5:57:54 AM
Signing Complete	Security Checked	7/17/2026 6:06:39 AM
Completed	Security Checked	7/17/2026 6:06:39 AM

Payment Events	Status	Timestamps

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All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

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To contact us by email send messages to: andrea@hopeclinicmckinney.org

To advise The Hope Clinic McKinney of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at andrea@hopeclinicmckinney.org and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from The Hope Clinic McKinney

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To withdraw your consent with The Hope Clinic McKinney

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to andrea@hopeclinicmckinney.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components including ADA compliance, fire lane access repairs, sidewalk repairs, and parking lot repairs of the phase 1 of the CommonGood Medical renovation project at 2750 Virginia Parkway and that the above work has not yet been completed.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

Common Good Medical - Concrete (ADA & Site Repair) Proposal

Contact
Robert Harris
(682) 706-8635
robert@parkinglotprostx.com

Proposal Date 3/5/2026
Project ID 26-0067
Job Site Common Good Medical
2750 Virginia Pkwy
McKinney, TX 75071

Submitted to
SLAMR VII LLC
Randall Morgan
(214) 908-2889
randall@gen2214.com

Services

Common Good Medical - Concrete (ADA & Site Repair) Estimate

4" Sidewalk Replacement: BASE BID SIDEWALK — 493 sf
- 4000psi concrete with a light broom finish, #3 rebar on 18" centers

5" Concrete Replacement: BASE BID PARKING — 1,045 sf
- 4000psi concrete with a light broom finish, #3 rebar on 18" centers

6" Concrete Replacement: BASE BID FIRE LANE — 689 sf
- 4500psi concrete with a light broom finish, #4 rebar on 24" centers

6" Concrete Replacement @ Porch — 1,033 sf
- 4000psi concrete with a light broom finish, #3 rebar on 18" centers

Grading, Fill, & Compaction for ADA Compliant Slopes — 3,300 sf

Install crushed concrete flexbase to regrade all areas for ADA compliance per grading plan.
(80 Tons)

- Porch outer edge raised approx. 1.5" to achieve 1.5%-2% slope
- Sidewalk/Ramps raised approx. 7" to match top of porch
- Parking raised 7" to match new top of sidewalk
- Fire lane serves as the transition to existing pavement

Seal Joints at New Concrete

New Layout Striping, Signs, & Wheel Stops
- Layout & stripe new parking area per plans
- Furnish & install (2) ADA parking signs on 2 3/8" poles with surface mount
- Furnish & install (2) 6' concrete wheel stops

Proposal:
Not yet completed

Total: $71,664.00

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

Common Good Medical - Concrete (ADA & Site Repair) Proposal

OPTIONAL: Other Concrete Repairs Observed on Site Walk		
6" Fire Lane Drive & Parking @ Front Lot/West Intersection (2-phases) • 4500psi concrete with a light broom finish, #4 rebar on 24" centers • 4" Flexbase for grading (50 tons) • Seal joints at repairs • Touchup striping at repairs	1,988 sf	$34,275.00
4" Sidewalk Replacement @ West Front & Side (Required with Parking & Fire Lane Work) • 4000psi concrete with a light broom finish, #3 rebar on 18" centers • 7" Flexbase for grading (25 tons) • Seal expansion joints at new concrete	595 sf	$10,430.00
6" Concrete Replacement @ West Side Shared Drive (2-phases) • 4500psi concrete with a light broom finish, #4 rebar on 24" centers • 2" Flexbase for grading (9 tons) • Seal joints at repairs • Touchup striping at repairs	701 sf	$13,596.00
6" Fire Lane Drive @ East End (On Property) • 4500psi concrete with a light broom finish, #4 rebar on 24" centers • 3" Flexbase for grading (5 tons) • Seal joints at repairs • Touchup striping at repairs	251 sf	$5,630.00
4" & 6" Concrete Replacement @ East Adjacent Property for Grading/Drainage • 4000psi concrete with a light broom finish, #4 rebar on 24" centers • 3" Flexbase for grading (16 tons) • Seal joints at repairs • Touchup striping at repairs	855 sf	$16,149.00
	Total:	**$80,080.00**

Proposal:
Not yet completed

Acceptance

Payment Terms: NET 30

Paving Exclusions (Unless stated otherwise above):

- Lime stabilization. Permits. After hours work. Irrigation or landscape repair. Any work not listed in the scope descriptions above.

Parking Lot Striping Additional Terms, Inclusions, and Exclusions:

- Priced for (1) trip to complete the power wash prep if included, and (1) trip to complete the restripe. Any additional trips due to work areas not clear or irrigation left on will be $750+tax each.
- PLP will furnish all necessary materials, equipment, and labor to complete the project.
- Priced for (1) coat of high quality traffic marking paint unless otherwise stated.
- Any alterations or deviations from the above scope and specifications will be executed only upon approved written change order.
- PLP does guarantee any striping that is applied to new concrete with less than (90) days cure time.
- PLP does not accept liability for premature flaking/chipping of paint if power wash prep service is declined.

Signed by:
Randall Morgan
9AD62661060D47D...

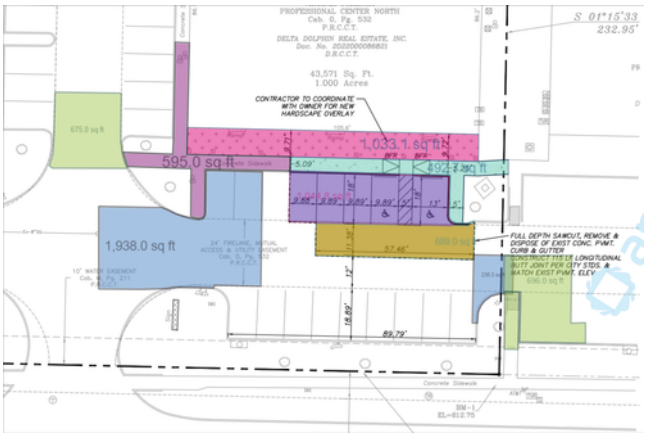
7/17/2026

Randall Morgan
SLAMR VII LLC
randall@gen2214.com

Date

Common Good Medical - Concrete (ADA & Site Repair) Proposal

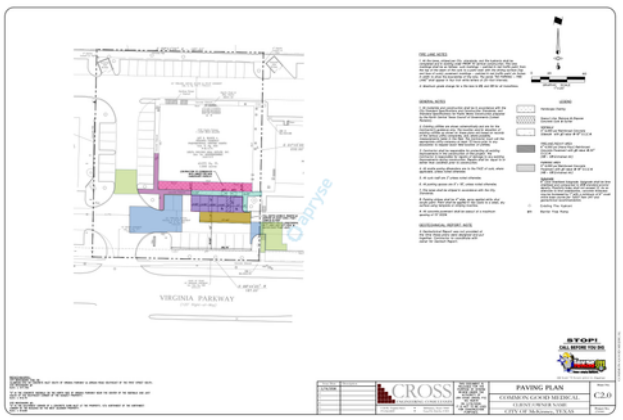
Project Documents



Notes:

*Optional concrete repair areas (green, blue, plum) require grading for sunken areas and drainage improvement. It is recommended to perform all connecting areas together for overall drainage issues (sidewalk, parking, & fire lane must be corrected together for drainage at both west and east end options).

- All optional area prices are turnkey and include split phasing at full width drive repairs, flexbase for grading, joint seal at repairs, and stripe touchup



Notes:

General Terms

- All work is priced for (1) mobilization & (1) phase completion unless stated otherwise on the proposal.
- Price includes all labor, equipment, materials, trucking, and barricades.
- All work is priced for normal business hours, Monday-Friday 7am-5pm.
- All work will be performed in a professional and workmanlike manner, per Parking Lot Pros standards/specs and industry best practices.
- Work areas will be kept clean by thorough brooming at the end of each day and upon job completion.
- Reference repair map and photos for general locations and details of work areas.
- Parking Lot Pros will notify client of any unforeseen conditions upon discovery and will request change order approval, if needed, prior to proceeding with any additional work.

****Parking Lot Pros, LLC is not responsible for damage to underground utilities. Gas and electric main service lines will be located and marked by Texas 811 service. Private plumbing, irrigation and electrical lines will not be located and any repairs to these private lines are excluded from this proposal.**

PLP Standards and Specifications

CONCRETE REPLACEMENT

All concrete projects include the following unless stated otherwise on the proposal:

- Sawcut, demo, and removal of existing concrete to an approved dump site.
- Regrade and compact existing subgrade.
- Fine grade with up to 1 inch of crushed concrete flexbase.
- Drill and dowel into adjacent concrete with deformed tie bars on the same spacing as reinforcing rebar.
- Install rebar reinforcement on 18" centers each way.
- Place new exterior concrete with a light broom finish.
- Place new interior concrete with a smooth finish.
- Install expansion/isolation joints to match existing layout or as needed.
- Cut or tool control/contraction joints to match existing joint pattern, or as needed to a maximum spacing of 15 feet.

4" Concrete Sidewalk

3,000psi concrete with air entrainment, #3 rebar on 18" centers each way, #3 deformed tie bars on 18" centers.

5" to 6" Concrete Pavement

3,500 psi concrete with air entrainment, #3 rebar on 18" centers each way, #3 deformed tie bars on 18" centers.

7" to 9" Concrete Pavement

4,000psi concrete with air entrainment, #4 rebar on 18" centers each way, #4 deformed tie bars on 18" centers.

ASPHALT PAVEMENT

Asphalt and subgrade thickness per scope descriptions listed on PLP proposal.

Overlay/Surface Patch

Clean the area to be overlaid with street broom and blowers as needed. Apply tack coat to the entire overlay area. Install Type D hot mix asphalt and compact with a 3-5 ton dual drum vibratory roller.

Full Depth Replacement

Saw cut the perimeter of the area of asphalt pavement to be replaced. Excavate existing asphalt and/or subgrade, and haul off to an approved dump site. Regrade and compact existing subgrade. Apply tack to perimeter edges of existing asphalt. Install Type D hot mix asphalt and compact with a 3-5 ton dual drum vibratory roller.

Asphalt Reclamation (Recycling) with Cement Treated Base (CTB)

Mill/pulverize existing asphalt pavement and subgrade. Regrade the area and haul off excess material to an approved dump site. Mix in portland cement to the specified depth, add water to hydrate, re-grade, and compact the cement treated base.

- **Standard duty pavement:** 8" CTB with 6% portland cement with 2" Type D hot mix asphalt overlay.
- **Heavy duty pavement:** 10" CTB with 6% portland cement with 4" Type D hot mix asphalt overlay.

JOINTS AND CRACKS

Concrete Joints

Common Good Medical - Concrete (ADA & Site Repair) Proposal

New and existing joints will be thoroughly cleaned and prepared for new joint seal materials.
All existing joint seal materials and debris will be removed prior to resealing existing joints.
Backer rod will be installed as needed.
New joint seal material will be installed per specification, and left slightly below top of pavement surfaces.

Asphalt Crack Fill

Thoroughly clean cracks with compressed air to remove debris and moisture.
Apply hot pour rubber crack filler per specification, with a 2" to 3" over band.
Includes cracks wider than 1/8".
Excludes "alligatored" areas.

SEAL COAT

Thoroughly clean the area to be seal coated with street brooms and blowers as needed.
Apply two coats of seal coat material per manufacturer specification.
Allow a minimum of 24-48 hours cure time prior to opening for normal traffic use.
Colder ambient temperatures and/or high humidity conditions may require longer cure times.
Per Manufacturer's Specifications, in ideal conditions, seven days is required for the seal coat to cure completely. It is recommended to keep vehicular traffic off during the cure time. Although, in some scenarios, we will allow traffic fewer than seven days. Wear, power steering marks, scuffs, tire tracks, and tracking is common regardless of cure time, and is to be expected. It is understood by approving the schedule with less cure time than recommended by the manufacturer that the severity of wear, power steering marks, scuffs, unwanted tire tracks, and tracking of material will increase.

PAVEMENT MARKINGS

New Striping

Apply 1-coat of premium traffic paint to new concrete pavements, or per plans & specs.
Apply 2-coats of premium traffic paint to new asphalt pavements, or per plans & specs.
*Parking Lot Pros does not guarantee parking lot striping on new concrete prior to 90 days cure time.

Restriping

Apply 1-coat of premium traffic paint to restripe existing parking lot as currently marked.
It is recommended to power wash existing painted lines prior to restriping. (Striping warranty is void without prep)

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components of necessary electrical work of the phase 1 of the CommonGood Medical renovation project at 2750 Virginia Parkway and that the above work has been completed.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

4G Electrician LLC
Office: (972) 440-9952
101 S. Lakeview
Lake Dallas, TX 75065

Estimate

Date	Estimate #
5/13/2026	1201

Name / Address	Ship To
SLAMR RANDELL MORGAN	COMMON GOOD MEDICAL 2750 VIRGINIA PKWY MCKINNEY, TX 75495

Project	Rep	Terms	FOB	Projected Completion Date
COMMONS				

Description	Qty
OUTSIDE EQUIPMENT AND SERVICE	1
	1
	1
	1
SERVICE GEAR	1
1.5" PIPE AND WIRE	140
LABOR TO BUILD MAIN SERVICE	30
GUTTER AND TAPS	1
MAIN SERVICE GROUND	1
NOT ACCEPTED bid does not include replacing all conduit and wire to subpanels, install gutter above meter and install new conduit and wire from gutter to new MDP panel outside. $24,960.00	1

Subtotal	$26,340.00
Sales Tax (0.0%)	$0.00
Total	$26,340.00

"Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599: website: www.license.state.tx.us/complaints"
TDLR #34205

Upon acceptance of this Estimate please sign, date and return.

_____

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

4G Electrician LLC
101 S Lakeview Dr
Lake Dallas, TX 75065

justin@4gelectrician.com

(469) 826-1133

Invoice

Invoice #: 1621
Invoice Date: 6/17/2026
Due Date: 6/17/2026
Case: COMMONS MCKINY
P.O. Number: COMMONS

Bill To:

SLAMR
RANDELL MORGAN

Description	Hours/Qty
SERVICE GEAR	1
1.5" PIPE AND WIRE	140
LABOR TO BUILD MAIN SERVICE	30
GUTTER AND TAPS	1
MAIN SERVICE GROUND	1

Total	$26,340.00
Payments/Credits	$0.00
Balance Due	$26,340.00

"Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599;
website: www.license.state.tx.us/complaints" TDLR #34205

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components of the fire suppression system, totaling $2035. The undersigned further certifies that the above work has been completed.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

FIRE POWER SYSTEMS
1171 RUGGLES DR.
GRAND PRAIRIE, TX 75050
(972) 647-8172

INVOICE – SERVICE DEPARTMENT

TO:

Common Good Medical
Accounts Payable/Andrea Naff

103 E Lamar St
McKinney, TX 75069

andrea@commongoodmedical.org

INVOICE DATE	2/27/2026
INVOICE NO.	S37299
PO NO. / TICKET #	
FPS JOB NO.	S26-0553

TERMS: A CHARGE OF 1 ½ % MONTHLY (18% ANNUALLY) IS ADDED ON BALANCES DUE OVER 30 DAYS.

DESCRIPTION OF SERVICES:

Freeze repairs on dry system - see attached

LOCATED AT:

2750 Virgina Pkwy
McKinney, TX 75071

Item Total	$2,035.00
Tax	$0.00
TOTAL AMOUNT DUE	**$2,035.00**

Questions regarding this invoice: Please contact Nancy.Jenkins@firepowersystems.com

Internal Use Only: COMMONGO, 2750 Virgina Pkwy (Common)

Remit payment to: Fire Power Systems, Inc., 1171 Ruggles St., Grand Prairie, Texas 75050

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

IRE POWER SYSTEMS, INC.
1171 RUGGLES STREET
GRAND PRAIRIE, TEXAS 75050
Ph (972) 647-8172 - Fax (972) 641-5480

WORK ORDER

DATE: 2/3/2026
JOB NO: S26-0553
CALL TAKEN BY: D. Smitherman

SERVICE LOCATION INFORMATION		*CUSTOMER BILLING INFORMATION*	
ADDRESS:	2750 Virgina Pkwy	**CUSTOMER NAME:**	Common Good Medical
CITY, STATE:	McKinney, TX 75071	**BILLING ADDRESS:**	103 E. Lamar St
SITE CONTACT:	Nick Benavides	**CITY, STATE:**	McKinney, TX 75069
PHONE NUMBER:	630.780.7290	**ATTENTION TO:**	Andrea Naff/Accounts Payable
EMAIL:	nick@commongoodmedical.org	**PHONE NUMBER:**	630.780.7290
0	Do Not Monitor	**EMAIL:**	andrea@commongoodmedical.org
LOCK CODE:		**P.O. # / TICKET #:**	

CALLER:	Jeff Williams	**SERVICE REQUESTED:**	Freeze repairs on dry system
PHONE NUMBER:	214.733.06	0	
EMAIL:	0	0	

ARRIVAL SYSTEM STATUS:

ACTION TAKEN: Main dry system has broken grooved couplings, damaged mechanical tee and split pipe due to freezing temperatures. Replaced 1-1/2" mains, grooved couplings and mech tee and returned the sprinkler system to normal operation.

FINAL SYSTEM STATUS:

TAGGED? **DETAILS:**

QTY.	MATERIAL	UNIT	PRICE	QTY.	MATERIAL	UNIT	PRICE
2	21' sch 10 1.5" pipe	$ 65.00	$130.00				$ -
4	1-1/2" grooved couplings	$ 10.25	$ 41.00				$ -
6	1-1/2" x 1" mech t	$ 28.00	$168.00				$ -
1	1-1/2" x 1/2" mech t	$ 19.00	$ 19.00				$ -
3	1" x 1/2" cast-iron bushing	$ 9.00	$ 27.00	1	Fuel Surcharge	$ 50.00	$ 50.00

$100 Regular time per manhour (7:am to 3:30pm) $150 overtime per manhour

NAME	DATE	2/3						
B. Britton	REG	8						LABOR REG $ 1,600.00
	O.T.							LABOR O.T. $ -
I. Burney	REG	8						MCS
	O.T.							MATERIAL $ 435.00
	REG							
	O.T.							SUBTOTAL $ 2,035.00
	REG							
	O.T.							TAX *0.00%* $ -
	REG							
	O.T.							TOTAL $ 2,035.00

Printed Name: _____ **Signature:** _____ **Date:** _____

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 25% of the above invoice applied for external components of the fire suppression system, totaling $3737.98. The undersigned further certifies that the above work has been completed, but the invoice has not yet been paid.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

FOUR FEATHERS ALARM, LLC
A NATIVE AMERICAN OWNED COMPANY

FIRE DETECTION - SPRINKLER - SECURITY - COMMUNICATIONS

DESIGN - INSTALLATION - SERVICE

PROPOSAL DATE:

4/8/2026

PROPOSAL GENERATED FOR:

SLAMR VII, LLC

PROJECT NAME:

Common Good Medical

SCOPE OF WORK QUOTED:

FIRE SPRINKLER

TX LIC # B16154 ACR3336 SCR-G-2197356, ARK LIC # E20120032, OK LIC # 1847
FCC LIC # FRN0027204288, GROL LIC # PG00057208

Sales Contact: John Palmer
john.palmer@fourfeathersalarm.com
Office: (903) 818-4233
Cell: (903) 647-4105
Fax: (903) 786-2717

3621 Pottsboro Rd. #137
Denison, TX 75020
TX LIC B16154 ACR3336
TX LIC ECR-2201181 SCR-G-2197356
OK LIC 1847
FCC LIC FRN0027204288

FOURFEATHERSALARM.COM

CUSTOMER:	**SLAMR VII, LLC**	**4/8/2026**
PROJECT:	**Common Good Medical**	
SCOPE OF WORK:	**FIRE SPRINKLER**	
LOCATION:	**McKinney, TX**	

TOTAL INVESTMENT PRICE: **$ 10,482.25**

TAX NOT INCLUDED IN PRICING. SEE PROJECT SPECIFIC CONSIDERATIONS/EXCLUSIONS

INCLUDES:

1. Installation of approximately ten (10) dry sprinkler heads.
2. Relocation of approximately (6) dry sprinkler heads.
3. Removal of approximately (4) dry sprinkler heads.
4. Generation of plans for submittal to the City of McKinney AHJ.
5. Permit fees not to exceed $300.00.
6. Walk thru with the AHJ upon completion.

PROJECT SPECIFIC CONSIDERATIONS/EXCLUSIONS:

1. Appliable taxes to be added if required.
2. As per the City of McKinney, calculations are not required but project plans are. This proposal includes plan generation but not calculations.
3. Additions to the system outside of what is listed in the base proposal is excluded.
4. Repairs to the system are not a part of this proposal.
5. Centering existing heads (outside of the SOW listed in the base proposal) to the center of the ceiling tile is excluded.
6. All fire alarm work is excluded.
7. All items not listed are excluded.

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OK LIC 1847
FCC LIC FRN0027204288

FOURFEATHERSALARM.COM

OVERALL TERMS AND CONDITIONS

1. Proposal listed above is based upon plans and specifications and/or information directly supplied to Four Feathers Alarm at the date of the proposal listed above.
2. End user or electrician (unless specifically listed in the above listed proposal) to provide all conduit, backboxes, power requirements, pathways and fire caulking.
3. If additional work is required/requested, a formal change order must be approved and signed prior to additional work being performed.
4. If additions to an existing system are to be made (unless specifically listed above) it is assumed that the existing system is in good working order and operational. Repairs/troubleshooting on the existing system is not a part of this proposal and is excluded.
5. If this proposal is contingent on AHJ/Third Party approval, all additional requirements/requests will be at an additional cost.
6. Painting and patching is excluded and will be performed by others (unless specifically listed in the proposal listed above).
7. If excessive trips are required and are not a direct result of Four Feathers Alarm, additional fees will be required.
8. Payment terms are as follows:
   (**X**) 10% mobilization fee. Net 30 days. Credit hold is applied at 60 days. 18% APR applied after 30 days. Mechanics lien applied before 90 days.
9. Four Feathers Alarm has the right to stop performing services and to withhold further delivery of materials/performance until the contracted party has a current credit account.
10. Any and all inspections must be coordinated with the Four Feathers Alarm Operations Department. Ample time/coordination, as discussed with the Four Feathers Alarm Operations Department, must be provided.
    If ample time/coordination is not supplied, Four Feathers Alarm is not responsible for additional inspection costs incurred.
    If additional trips are required for additional inspections that are not a direct result of the performance of Four Feathers Alarm, additional fees may be required.
11. Integration into other systems are not a part of this proposal (unless listed in the proposal listed above).
12. Any reference to monitoring/inspections in the proposal listed above is for pricing purposes only. Monitoring and inspections will only be performed pursuant to a separate executed monitoring and/or inspection agreement.
13. Work to be performed as construction permits and as other trades progress. Work to be performed during the normal working hours of Monday-Friday 8:00AM -5:00PM (work requests outside of these hours will be considered after hours work and may require a change order unless specifically noted in the base proposal).
14. Delays that result in equipment shortages (back ordered materials), labor strikes or action of other trades/contractors are not the actions of Four Feathers Alarm and will not be attributed to Four Feathers Alarm for back charges.
15. City alarm permit (not installation permit) to be paid for and provided by the end user or contracted party.
16. Projects that require engineered plans are subject to a "design and acceptance" period. This "design and acceptance" period will vary in time based upon the complexity of design, third party review and acceptance (if required), AHJ review and acceptance (if required), customer/contractor review and acceptance (if requested/required) and architect/engineer review and acceptance (if requested/required). In addition, BIM submittals are not a part of this proposal.

17. Customer/contractor to provide Four Feathers Alarm, at no additional cost, CAD files upon request for system design. CAD files to include, but not limited to, architectural floor plans, reflected ceiling plans, building sections, civil site utility plans, structural plans, mechanical plans, plumbing plans, electrical plans.

18. All system layouts/plans provided to the end user are the property of Four Feathers Alarm until the above listed proposal and associated change orders are paid in full.

19. Warranty Terms:
(**X**) one (1) year material warranty, ninety (90) day workmanship/labor warranty.
Warranty does not cover abuse, misuse or neglect of equipment. Acts of God (lightning, water damage, etc.) are not covered under this warranty. Transient voltage spikes and power surges are not covered under this warranty. Warranty is voided if another contractor/entity performs work on this system during the above listed warranty period.

20. IF PROJECT/CUSTOMER/CONTRACTOR IS TAX EXEMPT, A COMPLETE SALES TAX EXEMPTION CERTIFICATE MUST BE PROVIDED TO FOUR FEATHERS ALARM. IF A COMPLETE SALES TAX EXEMPTION CERTIFICATE IS NOT RECEIVED BY FOUR FEATHERS ALARM, APPLICABLE TAXES WILL BE ADDED TO THE OVERALLPRICE LISTED ON THE ATTACHED PROPOSAL IF NOT ALREADY SPECIFICALLY ADDED AND LISTED ON THE PROPOSAL.

21. Proposal valid for thirty (30) days.

22. PREVAILING WAGES ARE EXCLUDED UNLESS SPECIFICALLY LISTED IN THE BASE PROPOSAL.

23. All items not specifically listed are excluded.

Subject: Re: Fire Alarm & Sprinkler Plan revisions **Common Good Medical
Date: Wednesday, April 8, 2026 at 12:51:53 PM Central Daylight Time
From: John Palmer
To: Randall Morgan
Attachments: SLAMR VII - Fire Sprinkler - Common Good Medical 4-8-26.pdf

Good afternoon sir.

The city is going to require plans but no calculations. I've updated my proposal to reflect the requirements.

Please call me if you have any questions. Thank you.

Regards,

John Palmer
Four Feathers Alarm, LLC
A NATIVE AMERICAN OWNED COMPANY
Fire - Security - Communications
3621 Pottsboro Rd #137
Denison, TX 75020
(P) 903-647-4105
(F) 903-786-2717
www.fourfeathersalarm.com

From: John Palmer <palmer@fourfeathersalarm.com>
Sent: Tuesday, April 7, 2026 4:11 PM
To: Randall Morgan <randall@gen2214.com>
Subject: Re: Fire Alarm & Sprinkler Plan revisions **Common Good Medical

As requested sir.

Regards,

John Palmer
Four Feathers Alarm, LLC
A NATIVE AMERICAN OWNED COMPANY
Fire - Security - Communications
3621 Pottsboro Rd #137
Denison, TX 75020
(P) 903-647-4105
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Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

Invoice

3621 Pottsboro Rd #137
Denison, TX 75020-9311

TX LIC #B16154 ACR 3336 SCR-G-2197356
ECR2201181 ARK LIC #E2012 0032
OK LIC #1847 FCC GROL LIC #FRN0027204288
TIN: 263476574 SCR-G-2197356

Date	Number
7/15/2026	141983

We accept the following forms of payment: Cash, Check, EFT (ACH Debit), Debit/Credit Card (3.5% Fee for all Credit Card Payments)

Bill To Address:

SLAMR VII - Fire Sprinkler - Common Good Medical
Randall Morgan
PO Box 1309
Van Alstyne, TX 75495

Work/ShipAddress

SLAMR VII - Fire Sprinkler - Common Good Medical
Randall Morgan
2750 Virginia Parkway
Mckinney, TX 75071

PO #	Terms	Due Date	Account #	WO #
NA	Net 30	8/14/2026	Job #3386	

Item	Description	Quanity	Price	Amount
Billing - CAD and Drawings	CAD and Drawings	0.00	1,579.50	$0.00
Billing - Fire Sprinkler Installation Labor	Labor for Installation of Fire Sprinkler System	0.00	4,760.00	$0.00
Billing - Fire Sprinkler Installation Material	Material for Installation of Fire Sprinkler System	0.00	3,742.75	$0.00
Billing - Plans and Permits	Plans and Permits	0.00	400.00	$0.00
Billing - Fire Sprinkler Installation Labor	Labor for Installation of Fire Sprinkler System	1.00	14,688.00	$14,688.00
Billing - Fire Sprinkler Installation Material	Material for Installation of Fire Sprinkler System INCLUDES: 1. Installation of approximately ten (10) dry sprinkler heads. 2. Relocation of approximately (6) dry sprinkler heads. 3. Removal of approximately (4) dry sprinkler heads. 4. Generation of plans for submittal to the City of McKinney AHJ. 5. Permit fees not to exceed $300.00. 6. Walk thru with the AHJ upon	1.00	263.90	$263.90

Thank you for your business!

NOTICE :15% LATE FEE WILL BE APPLIED IF NOT PAID BY DUE DATE

In order for Four Feathers Alarm, LLC to preserve its liens rights under Property Code Section 53.021, we are required by law to advise you that if this invoice remains unpaid for the maximum of days set forth by the Texas/Oklahoma Property Code, you may be personally liable and your property subject to lien.

Credit hold applied at 60 days. 18% APR after 90 days. Mechanics lien applied before 60 days.

Subtotal	$14,951.90
Sales Tax	$1,233.53
Total	$16,185.43
Balance Due	$16,185.43

Phone: 903 786-0088 Website: www.fourfeathersalarm.com Email: accounting@fourfeathersalarm.com

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

Invoice

3621 Pottsboro Rd #137
Denison, TX 75020-9311

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TIN: 263476574 SCR-G-2197356

Date	Number
7/15/2026	141983

We accept the following forms of payment: Cash, Check, EFT (ACH Debit), Debit/Credit Card (3.5% Fee for all Credit Card Payments)

Bill To Address:	Work/ShipAddress
SLAMR VII - Fire Sprinkler - Common Good Medical Randall Morgan PO Box 1309 Van Alstyne, TX 75495	SLAMR VII - Fire Sprinkler - Common Good Medical Randall Morgan 2750 Virginia Parkway Mckinney, TX 75071

PO #	Terms	Due Date	Account #	WO #
NA	Net 30	8/14/2026	Job #3386	

Item	Description	Quanity	Price	Amount
	completion. Change Order INCLUDES: 1. Repairs to the existing fire sprinkler system due to existing conditions outside of the scope of work and area. Payment terms are as follows: (X) 10% mobilization fee. Net 30 days. Credit hold is applied at 60 days. 18% APR applied after 30 days. Mechanics lien applied before 90 days.			

Thank you for your business!

NOTICE :15% LATE FEE WILL BE APPLIED IF NOT PAID BY DUE DATE

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Balance Due	$16,185.43

Phone: 903 786-0088 Website: www.fourfeathersalarm.com Email: accounting@fourfeathersalarm.com

CROSS ENGINEERING CONSULTANTS INCORPORATED

Bill To
Common Good Medical andrea@commongoodmedical.org drjeff2th@yahoo.com

Invoice

Date	Invoice #
3/19/2026	15738

WORK COMPLETED

Due Date	Project
4/18/2026	25080 - Common Good Medical Parking

DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT DUE
Civil Engineering Plans - Professional Services October 2025 - February 2026			
Principal Engineer - JDC	13.25	360.00	4,770.00
CAD Tech - KK	44.00	100.00	4,400.00
Sales Tax - State of Texas and McKinney		8.25%	0.00
Total			$9,170.00

1720 W. Virginia Street
McKinney, Texas 75069

Voice 972-562-4409
Fax 972-562-4471

SOLID BASE
FOUNDATION & CONCRETE

Prepared for:

Slamr VII
Randall Morgan
2750 Virginia Pkwy
McKinney, TX 75071

(214) 908-2889 | randall@gen2214.com

Evaluated on:

Tuesday, May 12, 2026

Evaluated By:

Casey Donovan

(940) 365-4221 | office@solidbasefoundations.com

Solid Base Foundation & Concrete
5075 Elm Bottom Cir
Aubrey, TX 76227
Main (940) 365-4221
solidbasefoundations.com

Scope of Work

We would like to thank you for giving us the opportunity to earn your business. Our belief is to approach projects using a comprehensive plan that corrects the source of the problems and the symptoms they have caused. This method provides a quality solution that lasts much longer than addressing only portions of the issues.

After performing a thorough examination of your property, we have prepared the following estimate and diagram to meet the needs of your project. We believe this will provide a detailed explanation of our solution as well as the associated costs.

Section 1

Concrete

Product	Quantity
Concrete R&R (Square Foot) *Concrete Replacement*	1

Notes

N/A

Custom Solutions

Item	Cost
Parking / Sidewalk & Curb	74,420.00

Notes

N/A

Polyurethane Foam

Product

Polyurethane Foam (Pound)

State-of-the-art solution to a very old problem: sinking or settling concrete. Virtually every type of concrete flatwork (slabs, sidewalks, driveways, runways, patios, and more) will be susceptible to sinking if the supporting soil is loose, weak, or prone to compression. Concrete will also sink when support soil is washed away.

Length (lf)	Width (lf)	Height (inches)
31	18	2.5

Notes

N/A

Polyurethane Foam

Product

Polyurethane Foam (Pound)

State-of-the-art solution to a very old problem: sinking or settling concrete. Virtually every type of concrete flatwork (slabs, sidewalks, driveways, runways, patios, and more) will be susceptible to sinking if the supporting soil is loose, weak, or prone to compression. Concrete will also sink when support soil is washed away.

Length (lf)	Width (lf)	Height (inches)
45	12	2

Notes

N/A

Costs

Section: Section 1

Description	Quantity
Polyurethane Foam[1]	513.00
Polyurethane Foam[1]	391.00
Concrete R&R	1.00
Parking / Sidewalk & Curb	1.00

Total Cost: $84,378.00

[1] *Overage: Additional material per pound $5.00*

Added note from GC: this bid does NOT include porch replacement/overlay to achieve ADA slopes at doors if required. That scope is estimated at $20,000 based on other bids.

Total: $84,378.00

Payment Terms

Deposit	*Due before project start*	$42,189.00
Final Payment	*Due at project completion*	$42,189.00

Or finance up to $65,000.00 with Wisetack

As low as **$858.62/mo**
Pay over time with **Wisetack***

See Financing Options

*All financing is subject to credit approval. Your terms may vary. Payment options through Wisetack are provided by our lending partners. For example, a $1,200 purchase could cost $104.89 a month for 12 months, based on an 8.9% APR, or $400 a month for 3 months, based on a 0% APR. Offers range from 0-35.9% APR based on creditworthiness. State interest rate caps may apply. No other financing charges or participation fees. See additional terms at https://wisetack.com/faqs

Terms & Conditions

Warranties

Poly Foam Injection

10 Year Guarantee on break down of foam as long as it is not expsosed to UV rays or solvents. Contractor does not represent that Poly Foam injection will lift the Customer's slab to meet any criteria of levelness, but instead that it will lift the slab as much as practical. For concrete slabs raised with Poly, Contractor warrants that the area where the slab of concrete was lifted will not settle more than 1⁄4 inch for a period of 2 years from the date of installation. If it does, Contractor will provide the labor and materials to re-level the area at no additional charge to Customer. This Warranty excludes patching or caulking between slabs. This Warranty is void if Customer does not maintain grade around slabs and seal joints between slabs.

Exclusions

THIS WARRANTY DOES NOT COVER, CONTRACTOR SPECIFICALLY DISCLAIMS LIABILITY FOR, AND CUSTOMER HOLDS CONTRACTOR HARMLESS FROM: 1) exterior waterproofing; 2) plumbing damage; 3) Customer-caused damage; 4) dust from installation; 5) damage to real or personal property such as walls, countertop, or floor coverings, framing, sheetrock, exterior materials, cabinets, appliances, and so on, including any damage alleged to have been done by the Contractor's use of heavy equipment necessary to complete the job; 6) any injury or damage caused by mold to property or person; 7) failure or delay in performance or damage caused by acts of God (flood, fire, storm, methane gas, etc.), acts of civil or military authority, or any cause outside Contractor's control; 8) damage from a lifting operation; 9) basement water seepage; and 10) damage from heave, lateral movements/forces of hillside creep, land sliding, or slumping of fill soils.

Items For Which Customer Is Responsible

Customer shall: 1) make full payment to the crew leader upon completion of work; 2) prepare the work area for installation; 3) be responsible for any finish carpentry, painting, paneling, landscaping, etc. that may be necessary after Contractor's work is finished; 4) mark private lines (satellite, propane, sprinkler, etc.) 5) maintain positive drainage away from the repaired wall(s); 6) keep gutters clean and in good working order; 7) direct downspouts a sufficient distance away from the repaired wall(s); 8) maintain proper expansion joints in concrete slabs that are adjacent to the repaired wall(s) and 9) any items mentioned in this Contract under "Customer Will" or "Additional Notes."

Additional maintenance items for Which Customer is Responsible –

The following will help you properly maintain your foundation: Most major foundation movement can be reduced if the moisture level in the soil supporting your foundation is uniformly maintained. Foundation problems associated with expansive clay are usually caused by lack of moisture in the soil. As the soil dries it shrinks and can cause foundation settlement. In some instances, foundation movement can also be caused by too much moisture in soil. As the soil absorbs moisture, it expands and can cause foundation upheaval. Think of the soil as a sponge. Place the sponge under a faucet and then squeeze the water out. Although a majority of the water is gone the sponge is still moist to the touch. The ideal condition of the soil around your home is like that sponge not drippy wet, not bone dry, but moist. The best way to maintain moisture level is with a properly regulated automatic sprinkler system. If you are more disciplined than most of us, the same result can be accomplished by placing soaker hoses eighteen inches from the foundation and regulating the water flow to one-fourth inch in height until water is observed standing on the ground. This process should be repeated as often as necessary to maintain the uniform moisture level described above. During hot and dry seasons, the south and west sides may require more watering than the north and east sides, which are shaded and not exposed to as much direct sun. On gabled ends or sides of the house, there is no run-off so more watering will probably be required. No amount of structural work on a foundation will overcome poor drainage. Surface water, whether from rain or watering, should not be allowed to accumulate around or under your foundation. Proper drainage may require re-contouring the existing grade, placing soil around the perimeter of the foundation, extending downspouts and placing splash blocks to prevent soil erosion or other specifics peculiar to the site. Care should be taken to insure that soil is at least one to two inches per foot to drain at least eighteen inches from the perimeter of the foundation. Guttering is not necessary where proper drainage is provided. Improper drainage will make it virtually impossible to maintain a consistent moisture level around the entire perimeter of your foundation. Most flowers and small shrubs do not cause foundation problems. However, trees and large shrubs with shallow root systems can cause foundation problems. These root systems can grow under the foundation, and, as they grow in diameter, can produce an upheaval. These large trees and plants, also, remove tremendous amounts of water from the soil. In certain instances, root severing at the foundation may be recommended. Ideally, trees should be planted far enough away from your home to keep

the roots of the mature tree away from your foundation.

All material used is warranted to be as specified in the Contract. All work will be completed in a workmanlike manner according to the standard practices of the industry. Contractor's workers are fully covered by Worker's Compensation insurance. This warranty pertains only to Solid Base Foundations work and products that are installed in connection with project.

Concrete R&R comes with a 30 day workmanship warranty. It only covers workmanship does not cover stress cracks of any kind. Cracking typically starts within 12 hours of the finishing process. Weather conditions will slow or accelerate it.

This price does not include fill dirt, concrete pump truck, or any city permits if applicable. If required, an additional cost will incur for those items

Due to heavy equipment being used, damage to landscaping could occur. Solid Base Foundations will do our best to minimize any damage, but customer will be responsible for any damages that may occur.

If fence panels need to be removed for access, customer will be responsible for removing and putting any fencing back. Strive Concrete is not responsible for any fencing.

Solid Base Foundations is not responsible for underground lines/utilities/sprinklers. Customer is responsible for marking lines or calling 811 prior to start date.

Contract

Standard Exclusions Permitted By State Law

This Foundation Limited Warranty (“Warranty”) is made in lieu of and excludes all other warranties, express or implied, and all other obligations on the part of Solid Base Foundations (“Contractor”) to the customer (“Customer”). There are no other verbal or written warranties and no warranties that extend beyond the description on the face hereof, including NO WARRANTIES OF EXPRESS OR IMPLIED MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

General Terms

For the applicable time periods indicated below, this Warranty is transferable at no charge to future owners of the structure on which the work specified in this Contract is completed. This Warranty is in effect if the job specified in this Contract is completed and paid in full and, alternatively, is null and void if full payment is not received. Contractor does not warrant products not mentioned below, but some of such products may be covered by a manufacturer’s warranty. All material used is warranted to be as specified in this Contract. All work will be completed in a workmanlike manner according to the standard practices of the industry.

Acceptance of Contract— I am/we are aware of and agree to the contents of this Proposal, the attached Job Detail sheet(s), and the attached Limited Warranty, (together, the "Contract"). You are authorized to do the work as specified in the Contract. I/we will make the payment set forth in this Contract at completion of project I/we will pay your service charge of $50.00 per day if my/our account is 5 days or more past due, plus your attorney's fees and costs to collect and enforce this Contract.

Deposits- I am/we are aware that any deposits made on projects are Non-Refundable unless Solid Base Foundations deems that the work cannot be completed.

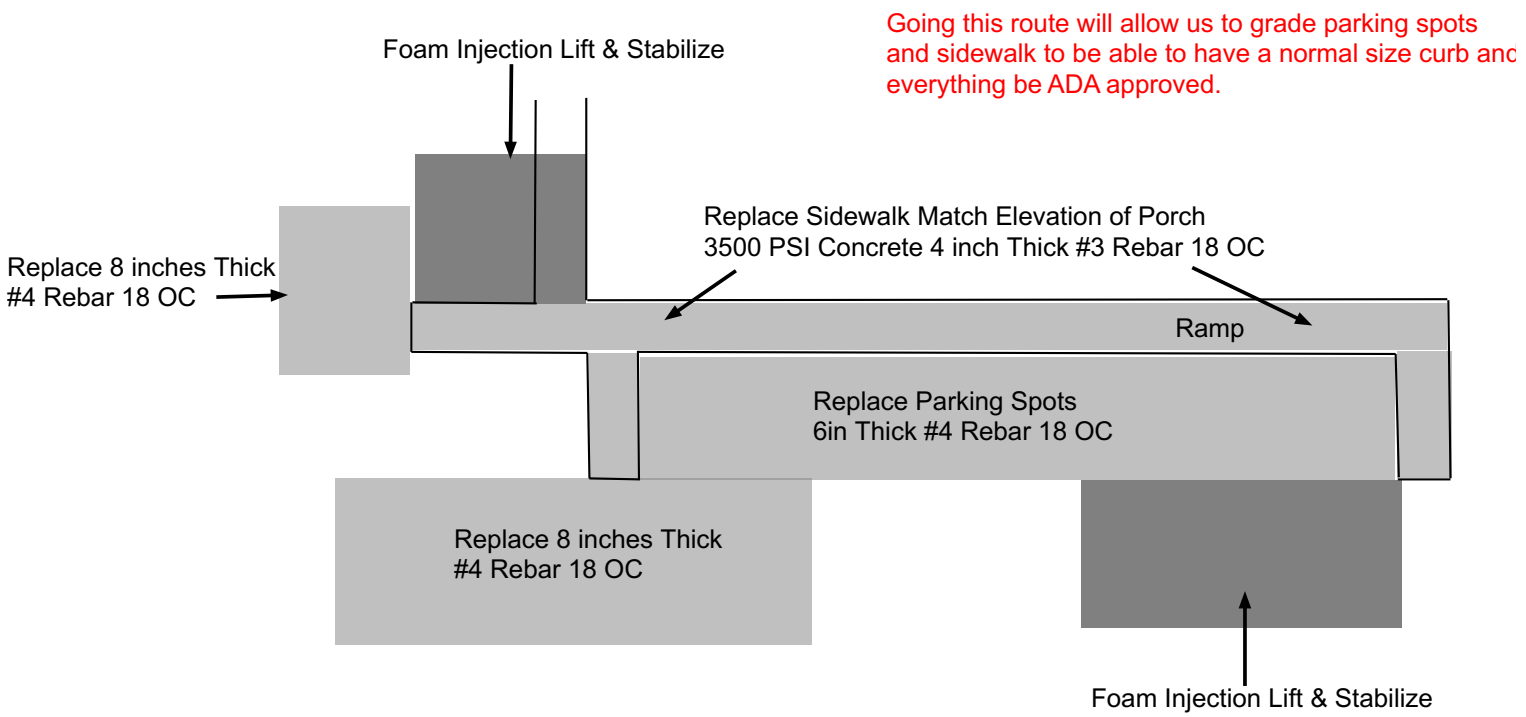
By signing any forms or agreements provided to you by Solid Base Foundation & Concrete, you understand, agree and acknowledge that your electronic signature is the legally binding equivalent to your handwritten signature. You agree, by providing your electronic signature, that you will not repudiate, deny or challenge the validity of your electronic signature or of any electronic agreement that you electronically sign or their legally binding effect.

Signature: _____ Date: _____ Time: _____

Legend

Poly Foam

Concrete



Sidewalks/Parking 2

Solid Base Foundation & Concrete
5075 Elm Bottom Cir
Aubrey, TX 76227
solidbasefoundations.com
(940) 365-4221

Project Address
Slamr VII
Randall Morgan
2750 Virginia Pkwy
McKinney, TX 75071
(214) 908-2889 | randall@gen2214.com

Created By
Casey Donovan
(940) 365-4221
office@solidbasefoundations.com

Created 5/12/2026

Morley-Moss
An EMCOR Company

ELECTRICAL/INFORMATION
TECHNOLOGY/DESIGN
430 S. ASTON DRIVE
SUNNYVALE, TX 75182

MONDAY MARCH 2 2026

ANDREA NAFF
COMMON GOOD MEDICAL
2750 VIRGINIA PKWY

SUBJECT:

ELECTRICAL PROPOSAL MM23-0689
NEW EXTERIOR ELECTRICAL
INSTALL

Thank you for the opportunity to offer our proposal for the subject project. Our pricing encompasses the following:

I. DOCUMENTS

A. Specifications:
B. Drawings: N/A
C. Addendums: N/A
D. Clarifications: N/A

II. SCOPE OF WORK

A. Our proposal includes:

Site Location: 2750 VIRGINIA PKWY

1. PROVIDE AND INSTALL NEW SERVICE GEAR.
2. 1.5" CONDUIT AND CONDUCTORS.
3. GUTTER AND TAPS
4. MAIN SERVICE GROUNDING SYSTEM.
5. LABOR TO INSTALL ALL ABOVE ITEMS.

B. CLARIFICATIONS

1. THIS PROPOSAL, INCLUDING BUT NOT LIMITED TO PRICING AND SCHEDULE, IS MADE CONTINGENT UPON THE WORK ADDRESSED HEREIN NOT BEING ADVERSELY AFFECTED, EITHER DIRECTLY OR INDIRECTLY, BY THE COVID-19 PANDEMIC AND/OR THE CORONA VIRUS. THIS PROPOSAL IS FURTHER CONDITIONED UPON THE PARTIES AGREEING, PRIOR TO BEGINNING OF ANY WORK AND IN WRITING AS PART OF ANY CONTRACT/SUBCONTRACT, THAT ANY (I) SCHEDULE ISSUES (INCLUDING, BUT NOT LIMITED TO, DELAY, ACCELERATION, COMPRESSION, INTERFERENCE, HINDRANCE), (II) OVERTIME HOURS OR ADDED RESOURCES TO PERFORM WORK, (III) SHORTAGES (WHETHER AS TO LABOR, SUBCONTRACTED SERVICES, MATERIALS, OR SUPPLIES), (IV) CHANGE ORDERS, EXTRA WORK, OR EXTRA COSTS, OR (V) INEFFICIENCY AND IMPACTS

relating to the foregoing, that arise as a result of the COVID-19 pandemic or Corona virus will entitle contractor to a change order equitably addressing impacts to its time for performance and costs.

2. This proposal of Morley Moss is based upon the assumption that the labor and materials anticipated herein will be reasonably available and subject to no more than normal market fluctuations. In the event of a severe and/or unanticipated shortage of either labor or materials, Morley Moss reserves the right to seek an equitable adjustment in either the contract time or the contract sum, or both, to reflect such unanticipated shortage and/or cost increases. **During recent weeks, the market price of copper, resins and steel has experienced large fluctuations. As a result, our vendors have refused to hold prices firm without an order. Upon award of contract, should there be a substantial increase in cost of wire over that used in our proposal, Morley-Moss's will charge the incremental increase at Morley-Moss's cost-plus taxes. This proposal is based on price of copper at $3.56 per pound.** If this proposal is accepted, these terms will be incorporated into any subcontract agreement to be executed by the parties covering the work herein quoted.
3. This proposal is based upon a mutually agreeable contract.
4. Breakouts are for accounting purposes only.
5. We assume that A&E CAD files are available for Shop and Record drawings at no additional cost to Morley Moss.
6. This proposal is valid for 30 days.

III. EXCLUSIONS

A. Sales tax on labor and material
B. Utility Impact fees
C. Repairs to existing electrical Installations
D. Painting or priming of any kind except for touch up of electrical equipment
E. Warranty of existing electrical work

IV. PRICING SUMMARY

Labor	$25,110.00
Material	18,340.00

Base bid Total $43,450.00

Sales Tax ..... Add $

March 30th, 2026

Randall Morgan
SLAMR VII, LLC
C: 214-908-2889
randall@gen2214.com

FIRE POWER SYSTEMS
1171 RUGGLES DR.
GRAND PRAIRIE, TX 75050
PHONE (972) 647-8172
FAX (972) 641-5480

Subject: **Common Good Medical - 2750 Virginia Pkwy. – McKinney, Tx. 75071**

- **Scope of Work**
  - Provide city of McKinney permit, design, labor, material, and all required inspections for office remodel
  - Install (10) new dry -barrel pendent sprinklers to match existing (white semi-recessed)
  - Relocate (2) dry-barrel pendent sprinklers

Total: $11,450.00

Remodel – Taxes Excluded (GC to Provide Resale Tax Certificate)

- **Exclusions:** *We exclude from this pricing: Resale Tax, after hours work, center of tile, wiring of alarm devices repairing or patching any wall and scheduling work with the tenants, Hose stations, painting of pipe, covering sprinklers with plastic bags for painting, removing plastic bags,*

Upon acceptance, please sign this copy of the agreement in the space provided and return it to our office via email. If you have any questions, please do not hesitate to contact me.

Sincerely,

Accepted by_____

Date_____

Brad Woodard
Fire Power Systems, Inc.
817-889-2958

*Fire Sprinklers * Fire Alarms * Monitoring * Fire Extinguishers * Back Flows *

Subject: RE: Fire Sprinkler Plan revisions **FW: Common Good Medical
Date: Tuesday, March 31, 2026 at 8:51:55 AM Central Daylight Time
From: Brad Woodard
To: Randall Morgan, Jeff Williams
Category: Yellow Category
Attachments: CGM - Fire Sprinkler - SLAMR VII - 3-30-26.pdf

Morning gents,

I swung by the site yesterday and got a survey of the existing conditions and there is quite a bit of work to do, I am unsure where the "only a few adjustments needed" came from!

Code allows 7'-6 maximum distance from walls (9'-0 from a single wall in rooms less than 850ft^2).

There will need to be (10) added sprinklers and (2) will need to be relocated. This is on a dry system with Dry Barrel Sprinklers – unfortunately, these are the most expensive head types at about $500 a piece and a 2-3 week lead time.

Attached is the sprinkler proposal. Let me know if you have any questions, please sign and return if approved.

Thanks

Brad Woodard
Project Manager/Sales
Fire Power Systems, Inc.
1171 Ruggles Drive
Grand Prairie, Texas 75050
Main Office: (972) 647-8172
Cell Phone: (817) 889-2958
brad.woodard@firepowersystems.com
*** Fire Sprinklers * Fire Alarms * Monitoring * Fire Extinguishers * Back Flows ***

From: Randall Morgan <randall@gen2214.com>
Sent: Friday, March 27, 2026 10:00 AM
To: Brad Woodard <brad.woodard@Firepowersystems.com>; Jeff Williams <drjeff2th@yahoo.com>
Subject: Fire Sprinkler Plan revisions **FW: Common Good Medical
Importance: High

Hi Brad,

I am forwarding you the same summary that I send Duane Cherry in the Fire Power Alarms Division. There are no significant changes to the existing layout, so I would anticipate just a few sprinkler head adjustments at most will be all that is needed.

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components of the electrical work for phase 2 of the CommonGood Medical renovation projected at 2750 Virginia Parkway and that the above work has not yet been completed.

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Docusign Envelope ID: 7EDDCB28-B89A-8684-82C6-5E294748454C

4G Electrician LLC
Office: (972) 440-9952
101 S. Lakeview
Lake Dallas, TX 75065

Estimate

Date	Estimate #
6/29/2026	1217

NOT YET COMPLETED

Name / Address	Ship To
SLAMR RANDELL MORGAN	COMMON GOOD MEDICAL 2750 VIRGINIA PKWY MCKINNEY, TX 75071

Project	Rep	Terms	FOB	Projected Completion Date
COMMON GO...				

Description	Qty
CITY PERMIT AND INSPECTION	1
DEMOLITION OF EXISTING CONDITIONS	24
INSTALL NEW 3 PHASE TAPCAN	1
SERVICE GEAR	1
2" PIPE AND WIRE FROM TAP CAN TO NEW PANEL	60
2" PIPE AND WIRE	100
LABOR TO BUILD MAIN SERVICE	40
3" PIPE AND WIRE TO FEED 800 AMP SERVICE	30
INSTALL ROPE IN EXISTING CONDUIT FOR POWER COMPANY	1
POWER COMPANY CHARGES	1
MISC MATERIAL	1
	1
	1
EXCLUDES: FIRE ALARM, SECURITY, PANELS, LIGHT FIXTURES, DIMMING PANELS, CUT AND PATCH, OVERTIME, TRASH HAUL OFF, SPOILS REMOVAL, SPECIAL SYSTEMS OF ANY KIND, PHONE AND DATA CABLING, ROCK EXCAVATION, HVAC CONTROL WIRING, THERMOSTAT WIRING, TAXES.	

Subtotal	$71,830.00
Sales Tax (0.0%)	$0.00
Total	$71,830.00

"Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599: website: www.license.state.tx.us/complaints"
TDLR #34205

Upon acceptance of this Estimate please sign, date and return.

_____

POLIVKA ELECTRIC

Proposal for Electrical Services (Exterior Scope Only)

Date: June 29, 2026

Contractor: Polivka Electric TECL #40933

Project Name: Phase 2 Electrical Upgrade (Exterior Scope Only)

Project Location: Common Good Medical
2750 Virginia Pkwy, McKinney, TX 75071

Project Overview

Provide all necessary labor, materials, equipment, and supervision to upgrade the main electrical service to a new 1000A, 120/208V, 3-Phase system as detailed in the plans provided by Conduit Architecture and engineered by C3 Consulting Engineers.

Scope of Work

1. Pre-Construction & Engineering Coordination

- Obtain necessary municipal electrical permits.
- Perform engineered Arc Flash, Fault Current, and Selective Coordination Studies as mandated by project plans prior to equipment ordering.
- Coordinate service disconnect and changeover scheduling with Oncor.

2. Demolition & Temporary Power

- Provide commercial towable generator and hookup to maintain critical facility power during main service changeover.
- Safely disconnect, demolish, and remove the existing 800A MDP, exterior 101 panel, meters, and existing service wireway. 800A MDP to be resold.
- Remove all associated demolished wiring back to the source and dispose of scrap off-site.

3. Civil & Underground Infrastructure

- Excavate approximately 100 linear feet of trench from the Oncor utility transformer to the new main distribution panel location.
- Install three (3) parallel runs of 3", and two (2) of 2" PVC Schedule 40/80 conduit with sand bedding.
- Backfill and machine-compact trench in 6-inch lifts to achieve mandatory 95% density standard.
- Form and pour a new steel-reinforced concrete housekeeping pad for the new 1000A MDP per plan specifications.

4. Switchgear & Major Equipment

- Supply and install one (1) new 1200A, 120/208V, 3-Phase, 4-Wire NEMA 3R Service Entrance Rated Main Distribution Panel with 1000A Main Breaker (MDP).

- Supply and install new 1600A Tap Can, Service Wireway, and Oncor-approved CT/Meter Can.

5. Service Feeders & Grounding

- Supply and pull three (3) parallel sets of 400MCM Copper THHN/THWN conductors and two (2) parallel sets #4/0 Copper grounding conductors.
- Terminate feeders at MDP and at Oncor transformer using approved NEMA 2-hole compression lugs.
- Install comprehensive grounding electrode system as per planset.

Investment Summary

Item	Phase / Description	Total Installed Cost
1	Pre-Construction, Engineering & Permits	**$7,850**
2	Demolition & Temporary Power	**$12,200**
3	Civil, Trenching, Pad & Compaction	**$19,580**
4	Switchgear, Panels & Metering Equipment	**$47,013**
5	Heavy Copper Feeders & Termination	**$36,525**
6	Grounding Electrode System	**$2,875**
	PROJECT ESTIMATE TOTAL	**$126,043**

Standard Exclusions

- Utility company fees, tariffs, or charges assessed directly by Oncor.
- Unforeseen underground obstacles (e.g., rock excavation, unmarked utilities).
- Sheetrock patching, painting, or architectural finishes beyond immediate scope requirements.

Terms & Conditions

- Due to volatility in the copper and switchgear markets, this proposal is valid for 15 days from the date of submission.
- Lead times on custom 1000A switchgear are currently 85 days from my supplier; equipment will be ordered upon receipt of a signed contract and mobilization deposit.

Docusign Envelope ID: 61362522-0AE5-83DB-82C0-F1B69C0FD40B

Summary and Certification of exterior work

Project Description: Renovation of 2750 Virginia Parkway, McKinney, TX

SLAMR VII, LLC
PO Box 1309
Attn: A/R
Van Alstyne, TX 75495
Phone: 214-908-2889

Presented to:
Common Good Medical
Attn: Steve Twyman
2750 Virginia Pkwy McKinney, Tx 75071
Customer Contact: Jeff Williams

	GENERAL CONTRACTOR SERVICES WORKSHEET			
	Description of Work	**Materials/Labor**	**General Contractor Fees**	**% of Project Completed**
Project Phase 1	Exterior concrete work - ADA compliance and fire lane access	$71,664.00	$10,749.60	**0%**
	Exterior concrete work - sidewalk and parking lot repairs	$80,080	$12,012.00	0%
	Exterior electric meters	$26,340	$3,951	100%
Project Phase 2	Exterior electical work - 3 phase power	$71,830	$10,774.50	0%
	Total	**$249,914**	**$37,487.10**	

The undersigned certifies to the best of their knowledge, information, and belief that as general contractor of this project that 100% of the above invoice applied for external components of the named work of the CommonGood Medical renovation project at 2750 Virginia Parkway and that the table accurately reflects work the percentage of work that has been completed for each line item.

Initial
RM

Docusign Envelope ID: 61362522-0AE5-83DB-82C0-F1B69C0FD40B

(Contractor Certification)

Entity: SLAMR, LLC

SIGNED: Signed by: Randall Morgan 9AD62661060D47D...

Printed:: Randall Morgan

Date: 7/17/2026

State of: Texas

County of: Collin

This certification was acknowledged by the above named before me on this day of _____, 20___.

Notary Public:

SIGNED:

Printed:

Date:

Commission Expires:

Notary Seal:

Fire Alarm Renovation Proposal

FIRE POWER SYSTEMS
1171 RUGGLES DR.
GRAND PRAIRIE, TX 75050
PHONE (972) 647-8172
FAX (972) 641-5480

March 27, 2026

Randall Morgan
SLAMR VII, LLC
C: 214-908-2889
randall@gen2214.com

Re: 2750 W. Virginia Pkwy McKinney, TX 75071 Valid 90 days.

Randall,
We are pleased to provide you with the following proposal for your review and consideration.

Scope of Work:
Rework of Fire Riser Room. Utilize existing devices in Riser Room. Installation of new Notification Appliances and wiring in Remodel area as required by City. Design, Submittal, Permitting and Testing with Fire Dept. Additional requirements at time of plan review or acceptance inspection will be charged at time and material rates as a change order.

Cost: **$ 14,136.92**
Tax: $1,166.30 *Tax Resale Certificate to be provided by contractor.*
Total Cost: **$15,303.22**

** Note: this was Initial bid and did not include new alarm panel or smoke detectors as required by fire marshal after plan review…approx $12,000 additional

Exclusions:
We excluded from this pricing: All conduit/raceway and boxes with associated attachments. BDA/ERRC Systems Bidirectional Amplifier/ Emergency Responder Radio Communications. After Hours Labor or Holiday Labor, Electrical wiring or work, access control/security interface, prepping for paint or painting of conduit/raceway, providing hatch in sheet rock ceilings, providing conduit/raceway to transition through or to inaccessible areas or demising/fire walls, fire caulking of penetrations, additional fire department requirements outside of scope, cutting, patching and painting of walls, ceilings or conduit, phases, separation of this proposal, ceiling tile replacement, the movement of furniture or equipment for our working area, or any items listed as time and material, or the scheduling of work with the tenant. Lifts or scaffolding.

Thanks for the opportunity!

Accepted by:_____

Date_____

PO#_____

Sincerely,
Duane Cherry
Alarm Division Manager
Fire Power Systems, Inc.
Cell Phone: (254) 205-1487
duane.cherry@firepowersystems.com

Additional Bids

Horizon Legacy Electric
LLC
Symbol of Success & Prosperity

Common Good Medical Clinic

Prepared By	Prepared For	6/30/2026
Horizon Legacy Electric	Common Good Medical Jeff Williams drjeff2th@yahoo.com	

Scope of Work

Executive Summary

Horizon Legacy Electric provides electrical contracting services with a focus on schedule reliability and execution speed.

The base (FAST) option represents a complete, code-compliant scope of work consistent with standard subcontractor proposals.

Instead of a single-price approach, we also provide additional execution options for clients who require accelerated scheduling, increased coordination, and enhanced timeline protection.

Service / Gear / Distribution Scope

Provide complete electrical service replacement and distribution upgrade as shown on E4.01 Electrical Riser Diagram – Demolition and New. Scope includes removal/demolition of existing service equipment, including existing utility/service components, existing meter equipment, existing CT/metering equipment, existing tap can, existing service wireway, existing panel MDP, existing panel 101, and associated feeders/conduits as required for the new installation.

Provide and install new utility/service distribution equipment, including new three-phase service arrangement, new service wireway, new tap can, new meter can, new house panel, new panel 101, new panel 107, and all associated feeders, conduits, fittings, terminations, grounding, bonding, labeling, supports, and equipment identification.

Provide new 120/208V, 3-phase service distribution as indicated, including feeders from the utility transformer/service source to new distribution equipment. Scope includes installation of underground/secondary service conduits and conductors where shown, including trenching/backfill for electrical secondary routing where required by plans.

Provide and install new Panel 107 and Panel 101 as shown, including breakers, terminations, circuit extensions, and reconnection of existing or relocated loads where indicated. Provide new branch circuits from new panel distribution to interior lighting, receptacles, equipment, and dedicated devices per plans.

Provide all grounding and bonding associated with the new service, including grounding electrode conductor, bonding jumpers, service bonding, grounding bus connections, and grounding electrode system per the grounding diagram and NEC requirements.

Electrical Demolition

Demo existing electrical equipment, feeders, panels, conduits, devices, lighting, and abandoned wiring as shown on the demolition plans. Remove existing electrical devices in walls scheduled for demolition unless specifically noted to remain. Safe-off all existing circuits affected by demolition. Existing devices not shown to be demolished and existing receptacles noted to remain shall remain active where applicable.

Coordinate shutdowns required for service demolition, service changeover, panel replacement, and reconnection of existing loads. Any shutdowns shall be scheduled with the GC, owner, utility provider, and AHJ as required.

Interior Power / Receptacles

Provide and install new receptacles, dedicated receptacles, GFCI receptacles, equipment connections, and branch circuit wiring throughout the project area, including Waiting, Reception, Work, Imaging rooms, Documentation, Corridor, Vestibule, Toilet, Dental, and related rooms shown on the power plan.

Provide dedicated circuits and rough-in for imaging/X-ray equipment, image processor, equipment receptacles, workstations, counter-height receptacles, and general-use receptacles as shown. Coordinate exact device locations, heights, and final requirements with architectural elevations, equipment submittals, owner-provided equipment, and vendor requirements.

Provide new panel circuiting and labeling for all new and relocated branch circuits. Existing receptacles noted to remain shall be verified, reconnected as required, and left operational.

Lighting / Lighting Controls

Provide and install interior lighting fixtures and lighting branch circuit wiring as shown on E2.00. Scope includes new 2x4 fixtures, recessed fixtures, emergency/egress lighting, exit/emergency fixtures, and associated switching/control wiring.

Provide lighting controls, occupancy sensors, wall switches, dimmers/control devices, and low-voltage control wiring as indicated. Coordinate lighting fixture locations with ceiling layout, mechanical diffusers, sprinkler heads, fire alarm devices, and architectural reflected ceiling plans.

Reconnect or maintain existing exterior emergency light where indicated.

Mechanical / Equipment Power

Provide electrical connections for mechanical equipment shown in the MEP set, including AHU/mechanical equipment power, disconnects, branch circuits, and control power as required by mechanical schedules and equipment submittals.

Motor disconnects/starters/VFDs/control components shall be furnished and installed per plans and equipment requirements unless specifically provided by mechanical or equipment vendor. Final electrical connections shall be coordinated with actual equipment nameplates and approved submittals.

Low Voltage / Fire Alarm / Data

Provide electrical rough-in pathways only where shown for telecom/data unless otherwise included by separate proposal. Data cabling, terminations, equipment, programming, and testing are excluded unless specifically stated.

Fire alarm work is excluded unless required modifications are shown and specifically included. Any fire alarm design, permitting, programming, testing, monitoring, and final certification shall be by licensed fire alarm contractor unless added by change order.

Testing / Closeout

Test all new feeders, panels, branch circuits, receptacles, lighting, controls, grounding/bonding, and equipment connections prior to turnover. Provide panel directories, circuit labeling, equipment labeling, and final electrical cleanup. Coordinate inspections and final electrical release with AHJ and utility provider.

Exclusions / Clarifications

Utility company charges, utility transformer, utility meter, utility-side work, utility engineering fees, and permanent utility service fees are excluded unless specifically stated otherwise.

Concrete pads, structural supports, wall backing, core drilling, concrete cutting, asphalt repair, patching, painting, ceiling repair, and drywall repair are excluded unless specifically included.

X-ray/imaging equipment, medical equipment, owner equipment, vendor wiring internal to equipment, equipment programming, and manufacturer start-up are excluded unless specifically stated.

Proposal is based on the current issued plans dated 06/26/2026 and the electrical sheets provided. Any revisions, added scope, concealed conditions, utility requirements, AHJ changes, or equipment submittal changes shall be handled by written change order.

Coordination & Decision Management

To ensure timely project completion and minimize delays across all trades, Horizon Legacy Electric implements a structured decision management process:

A Decision Matrix outlining required selections and deadlines aligned with the construction schedule

Weekly tracking of pending and upcoming decisions

Selections required prior to installation phases

Speed Protection Clause:

If selections are not made by required deadlines, Horizon Legacy Electric may proceed based on design documents or industry-standard selections to maintain project progress.

Change Impact Clause:

Late selections or revisions after procurement or installation may result in additional costs and schedule impacts via formal change orders.

Cost Of Delay

Estimated Cost of Delay Per Week

Extended General Conditions: $5,000 – $15,000

Trade Stacking Inefficiency: $3,000 – $10,000

Lost Revenue / Delayed Opening: $10,000 – $50,000+

Total Estimated Delay Impact: $20,000 – $80,000+ per week

Feature	FASTEST (Accelerated)	FASTER (Moderate)	FAST (Standard)
Project Speed	Accelerated	Moderate	Standard
Manpower	Priority + Expanded	Standard	Basic
Procurement	Early / Front-loaded	Scheduled	As-needed
Decision Management	Enforced Weekly	Tracked	None
Coordination	Led by HLE	Participates	Standard GC Coordination
Overtime	Included	Limited	None
Schedule Risk	Lowest	Medium	Highest

All execution options include the complete scope of work. Differences reflect manpower allocation, scheduling, and execution strategy only.

INVESTMENT OPTIONS

Option	Investment
FASTEST	$195,500- 8 Weeks (Completion)
FASTER	$187,500- 10 Weeks (Completion)
FAST	$180,231- 12 Weeks(Completion)

Upgrade Insight

The difference between options is typically less than the cost of a 1–2 week delay.

Accelerated options are not a compression of standard labor hours. They require increased manpower, extended work hours, and schedule prioritization, which introduce additional cost and coordination.

Proposal Total	**$180,230.69**

Terms of Service

Proposal is valid for 30 days from the date of issue.

A 20% deposit is required prior to the start of the project to secure scheduling, materials, and permitting. Remaining invoices will be issued progressively as work is completed.

All invoices are due upon receipt unless otherwise specified in writing.

Payment & Late Fees

Any invoice not paid when due may be subject to a late fee of $300 per day or the maximum amount allowed by law, whichever is less, beginning the day following the due date.

A formal written notice may be issued for outstanding balances prior to further enforcement actions.

Horizon Legacy Electric reserves the right to suspend work, remove labor from the project, and withhold material deliveries or scheduling until all outstanding balances are brought current. Any resulting remobilization, delays, or additional costs will be billed accordingly.

Payments are due for all work performed and materials procured, regardless of whether the client elects to discontinue or terminate the contract.

Scope & Change Orders

Changes to the scope of work must be submitted and approved in writing prior to execution and may result in additional charges. No verbal change orders will be honored for billing.

This proposal does not account for unforeseen or concealed conditions. Any additional work required as a result will be documented and billed accordingly.

Permits, Inspections & Insurance

Permits and inspections are included unless otherwise stated in this proposal.

Standard insurance coverage is included. Any project-specific requirements, including additional insured endorsements, waivers of subrogation, or increased coverage limits, will be quoted separately and added to the contract value.

Material & Pricing Conditions

Proposal pricing is based on current material and supplier costs. Significant increases beyond standard market fluctuations may result in price adjustments prior to procurement.

All materials remain the property of Horizon Legacy Electric until full payment has been received.

Materials delivered to the job site become the responsibility of the client. Horizon Legacy Electric is not liable for loss, theft, or damage once accepted onsite.

Scheduling & Project Conditions

Work is scheduled and performed during standard business hours (Monday–Friday) unless otherwise noted.

Horizon Legacy Electric reserves the right to suspend work without penalty due to non-payment, unsafe conditions, lack of

site readiness, or delays caused by others. Any resulting remobilization, extended duration, or inefficiencies will be billed accordingly.

Delays caused by weather, material shortages, utility providers, project coordination issues, or interference by other trades may result in schedule adjustments and additional costs.

Any request to accelerate the project schedule beyond the agreed execution plan will require written approval and may result in additional costs for increased manpower, overtime, or revised sequencing.

Coordination & Responsibility

Client or General Contractor is responsible for coordination between trades unless otherwise specified.

Horizon Legacy Electric assumes no responsibility for damage to concealed or unmarked utilities or infrastructure.

No backcharges will be accepted unless Horizon Legacy Electric is provided written notice and a reasonable opportunity to correct the work.

Warranty

All labor performed by Horizon Legacy Electric is warranted for a period of one (1) year from the date of completion. Materials are covered under respective manufacturer warranties.

Termination

Either party may terminate this agreement with a minimum of seven (7) days written notice. All work performed and materials purchased up to the date of termination will be invoiced and are payable in full.

Limitation of Liability

Horizon Legacy Electric’s total liability for any claims arising out of this project shall be limited to the total contract value.

Acceptance

Acceptance of this proposal via signature or written communication (including email) constitutes full agreement with the scope of work, pricing, and all terms and conditions listed herein.

SELECTION SECTION

Select Your Execution Speed

-FASTEST – Maximum Speed & Schedule Protection

-FASTER – Balanced Execution

-FAST – Standard Execution

Signature
Common Good Medical

March 5th, 2026
SLAMR VII
7500 Dallas Parkway, Suite 600
Plano, TX 75024
Attn: Randall Morgan
(214)-908-2889
Randall@gen2214.com

Ref: Common Good Medical Remodel
2750 Virginia Parkway
McKinney, TX 75071

We are pleased to provide you our proposal for the glass and glazing scope on the above-mentioned project. Our proposal includes all materials and labor for installation per the attached inclusions, exclusions and qualifications and the following documents and specification sections.

Our proposal is based on the following documentation:

1. ! Common Good Medical…APPROVED ARCH PLANS.pdf (Dated 12/19/2025)

Jennings Glass Contractors reserves the right to reduce or increase our proposal amount if future drawings change the scope of work. We appreciate the opportunity to price this project. Please call or email with any questions or if we can be of further assistance. **Due to rapidly changing prices in the aluminum and glass market this proposal expires in 30 days.**

Sincerely,

Dennis M. Stoffregen
dstoffregen@jenningsglass.com
4251 Cedar Lake Drive
Dallas, TX 75227
C: 214-301-8979
O: 469-777-4818

1. **Glazing Scope:**

a. Shop drawings for our work are included.
   i. Excludes PE Calculations and Stamps
b. Aluminum System & Finish Color: Class I Kawneer Dark Bronze Anodized.
   i. Storefront: Kawneer 451T (2" x 4.5")
   ii. Open for 1" Infill

c. Removal

   i. Remove & Dispose of (4) Existing Door Openings
      1. Off-Site Disposal Included if necessary
   ii. Remove & Dispose of (19) Existing Window Openings
      1. Off-Site Disposal Included if necessary

a. New Storefront Elevations
   i. Supply and install approximately 335 square feet of Kawneer 451T (2" x 4.5") Storefront
      1. (17) Single 36" x 60" Window Openings
         a. Single Pane of 1" IGU (No Muntins)
      2. (2) Single 60" x 60" Window Openings
         a. Single Pane of 1" IGU (No Muntins)
      3. Miscellaneous anchors, shims, tapes, window elevation sill-flashing (sub-sill) are included.
   ii. Supply and install (4 - Single) Kawneer Medium Stile Entrances w/side lites on both sides.
      1. Door Opening Size 3' x 7' Non-Thermal w/ Frame
      2. All door spec'd 1" Infill, and 10" bottom rail.
      3. All door manufacturer standard hardware.
         a. Offset Pivots
         b. Standard Push/Pulls (Non-Panic Style)
         c. MS-Lock
         d. Surface Mount Closer
   iii. Supply and install approximately 450 square feet of 1" IGU Vision Tempered Glass for doors, sidelites, and windows.
      1. Glass makeup: ¼" Solarban70 Tempered - ½" A.S. - ¼ Clear Tempered.
      2. Excludes any muntins.
   iv. Supply and install approximately 400 linear feet of exterior and 400 linear feet of interior perimeter sealant at glazing system aluminum frames. Perimeter sealant priced is for one (1) line exterior and one (1) line interior. Proposed exterior sealant is Dow 795 or equivalent.

2. **Proposal:**

Glazing Scope: $72,324.00

a. Excludes applicable sales tax. (Add $2,766.64 for taxes if needed)
b. Excludes performance bond. **Add 2.5% if performance bond is required.**

5. **Alternates, Adds, Deducts Listings:**

    1. **N/A**

b. Third Party Testing:

a. ADD amount for a third party testing agency to provide tests on a per trip cost basis as required. Testing agency can test up to three locations per trip. Jennings Glass can provide our own in- house 501.1/501.2 water test at no additional cost, however JGC is not AAMA certified.

AAMA 501.1/ AAMA 501.2: $2,600.00 per trip
ASTM E331 Static Pressure Testing: $5,070.00 per trip

6. **Exclusions**

Unless specifically called out within Section 1 - Glazing Scope, if included in project specifications, or is accepted as an Addition or Alternate Scope Item per Section 3 - Alternates, Adds, Deducts Listing; the following items are expressly excluded:

- **a.** Any Interior doors, windows, or glass.
- **b.** Liquidated damages are excluded as Jennings Glass cannot control lead times provided by our suppliers.
    - i. Jennings Glass will install glazing systems as quickly and efficiently as possible once glazing systems are received.
- **c.** Joint-Check agreements.
- **d.** Extended warranties above the manufacturer standard.
    - i. This can be priced as an alternate.
- **e.** Final cleaning and protection of installed glazing products.
    - i. Armor Apply protection can be offered as an alternate.
- **f.** Heat-soak requirements for tempered glass.
    - i. This can be priced as an alternate.
- **g.** Low iron and fire rated.
    - i. This can be priced as an alternate.
- **h.** Third party air and water testing.
    - i. This can be priced as an alternate.
- **i.** Attic stock of any material.
    - i. This can be priced as an alternate.
- **j.** Brake metal or flashing not already included.
    - i. This can be priced as an alternate.
- **k.** Replacement of broken or damaged materials unless damaged or broken by Jennings Glass Contractors.
- **l.** After hours or premium time work. Our proposal is based on performing all work during normal business hours.
- **m.** Hollow metal doors, window frames and glazing stops for same.
- **n.** Laboratory testing of systems.
    - i. Manufacturer test reports are available for our proposed systems.
- **o.** Mockup(s) that are not to remain as finished work.
    - i. This can be priced as an alternate.
- **p.** Any glass, doors, door lites, and gazing systems not specifically listed in glazing scope or offered as an add-on.
- **q.** ACM Panels.
- **r.** Canopies of any type not specifically listed in glazing scope or offered as an add-on.
- **s.** Card reader(s) and permanent cylinder lock cores.
    - i. Construction cores will be provided.
- **t.** Custom or non-standard sealant colors.
- **u.** Glazing and decorative films.
- **v.** Decorative glass not specifically listed in glazing scope or offered as an add-on.
- **w.** Blinds, Louvers and/or Sunshades.

7. Qualifications and Clarifications

The following qualifications and clarifications are provided as a formal attachment to our proposal and/or the project's bid form documents.

- **a.** Change Order requests, in addition to the agreed upon scope, will only be performed once properly documented and made executable for immediate billing upon completion.
- **b.** Our proposal is based on products selected from approved manufacturer standard.
- **c.** Glazing systems and will meet typical design and performance requirements pursuant to the specification requirements. Minor detail or frame dimension variances should be expected from those provided on architectural plan sheets. Jennings Glass Contractors will make the final determination of material suppliers based on our interpretation of the specified design criteria, not pursuant to dimensional details provided on the architectural drawings.
- **d.** General Contractor to provide adequate jobsite electricity for power operated tools and equipment.
- **e.** General Contractor to provide adequate containers for trash disposal. Our crews will be responsible for their daily clean-up and will place their trash in the G.C.'s containers for disposal.
- **f.** Internal, non-exposed aluminum frame components furnished by Jennings Glass Contractors will have a standard "mill" finish.
- **g.** All steel anchors used for attaching our proposed glazing system to the building's structural elements and all internal steel reinforcement of our glazing system will have a rust inhibitive primer coating to protect dissimilar metals against galvanic action.
- **h.** Engineer's stamped drawings and/or calculations, if required pursuant to the project's specifications, will be provided by a professional engineer, registered in the State of Texas. Stamped drawings and calculations will only be provided after receipt of "approved" shop drawing submittals from the architect.
- **i.** If a third-party consultant is employed to review submitted shop drawings and other technical submittals, or provides technical performance review for quality control, and Jennings Glass Contractors is expected to respond by modifying or substituting our proposed glazing system, beyond the anticipated requirements provided by the project's specifications, then Jennings Glass Contractors may review and submit additional cost impact pricing and change order request as necessary.
- **j.** Our proposal is based on Jennings Glass ability to release its material orders as "complete" orders, not "partial" material orders. Jennings Glass requires the ability to invoice, and be paid for, off-site storing of materials in its bonded warehouse prior to, and during material fabrication operations.
- **k.** The General Contractor shall furnish building control lines around the perimeter of each floor, dimensionally offset a maximum of 2'-0" from the exterior column thus allowing for the establishing of all corner column centers. Bench marks shall be located 4'-0" above finish floor elevations at each floor and at each corner column.
- **l.** Jennings Glass Contractors, at no additional cost, shall have adequate use of the General Contractor's crane, hoisting equipment, temporary elevators, electricity, or other conveyances as well as operators for same, including overtime for operators if schedule of the project dictates, for transportation of personnel and equipment, unloading and distribution of materials.
- **m.** Jennings Glass Contractors will require compensation for replacement of glass, aluminum frames, or any other materials provided and installed by Jennings Glass Contractors, if they become damaged by others. (i.e. weld-splatter, roofing tar, concrete or mortar stains, scratch or gouge markings.
- **n.** Performance test reports will be submitted to substantiate that the proposed glazing systems are able to perform in accordance with the specified design criteria. Field and/or professional laboratory test are excluded as part of this proposal document.
- **o.** This proposal does not incorporate labor to perform overtime work, non-regular work schedules, shift work, or other non-standard work times.
- **p.** "Attic" stock, extra or additional glass and glazing materials are excluded, unless noted within the *Inclusion Attachment "A"* of this proposal document.
- **q.** All fasteners set in, or exposed to "wet" conditions shall be type #300 stainless steel materials. "Drilflex" self-tapping fasteners will be used for anchoring aluminum frame products to the building's structural conditions. All frame assembly screws shall be per accepted industry standards.
- **r.** After installation of our materials, the General Contractor shall adequately protect exposed elements of the aluminum frames and glass from damage caused by other Trades. This includes damage caused by grinding and polishing compounds, plaster, lime, mortar, cement, roofing tar, construction adhesives, acid washing, or any other

construction contaminants. Jennings Glass Contractors includes "construction" cleaning whereby pencil marks, sealant, stickers, smudges, labels, etc., will be removed at the time of installation. "Final" cleaning is excluded as part of this proposal document.

s. The General Contractor shall provide a protected storage area or protected space for a storage trailer as necessary for storing incorporated project materials prior to the start of material installation, if required.

t. This proposal does not incorporate any non-definitive scope of work items that may not be specifically included, excluded, or otherwise addressed within the narrative content of this proposal document. Any future subcontract agreement will include Jennings Glass Contractors Attachment "A", Attachment "B", and Attachment "C" of this proposal document, as mutually agreed to, during final contract negotiations. This proposal will expire in 30 days from proposal date, unless reconfirmed prior to the end of the 30-day expiration period.

u. Jennings Glass Contractors will incorporate the following non-bonded warranties as part of this proposal:

- **i.** Jennings Glass Contractors' "Workmanship" warranty – Two years from date of substantial completion.
- **ii.** Selected Glass Manufacturer's "Insulated Glass" warranty – 10 years from date of shipment.
- **iii.** Selected Glass Manufacturer's "Glass Coating" warranty – 10 years from date of shipment.
- **iv.** Selected Sealant Manufacturer's "Material" performance warranty – 10 years from date of substantial completion.
- **v.** Selected Mirror Manufacturer's "Coating" warranty – 5 years from date of shipment.
- **vi.** Selected Door Manufactures warranty – 3 years from date of material shipment.

v. State of Texas, P.E. stamped shop drawings and calculations will be provided if specified. Stamped shop drawings and calculations will be provided approximately 2 – 3 weeks *after* our company's receipt of *approved* shop drawings from the Architect and General Contractor.

w. Our proposed glazing systems will be "thermally" improved by maintaining separation between interior and exterior frame sections by the use of thermal isolator clips. "Poured and de-bridged" thermal breaks are not included as part of this cost proposal unless specifically identified in material descriptions.

x. Insurance Coverage Amounts:

- **i.** General Liability - $2,000,000 (general aggregate), $1,000,000 (each occur).
- **ii.** Automobile Liability - $1,000,000 (combined single limit).
- **iii.** Excess Liability - $5,000,000 (each occurrence), $5,000,000 (aggregate).
- **iv.** Workers Comp/Liability - $1,000,000 (statutory limits for each).
- **v.** Property Coverage - $500,000 (contents coverage @ Jennings' Warehouse.

DPPD

Commercial Estimate 4080-1

Issue Date March 3, 2026
Expires April 2, 2026

PREPARED BY
Victor Lopez
Dallas Pro Painting & Drywall, LLC
(972) 418-1098
victor@dallaspropaint.com
PO Box 117130 Carrollton, TX 75011

PREPARED FOR
Randall Morgarn
SLAMR , LLC
(214) 908-2889
randall@gen2214.com
2750 Virginia Pkwy, McKinney, TX 75071, USA

COMMERCIAL ESTIMATE DETAILS
2750 Virginia Pkwy, McKinney, TX 75071, USA

ONE YEAR LIMITED WARRANTY: DPPD warrants against peeling and blistering due to defective workmanship. Doors will receive one year warranty. The following are NOT warranted: Caulk, horizontal surfaces, galvanized metal, rust, decks, water damage, mildews or any damages due to shifting or settling.

DESCRIPTION	QTY	UNIT PRICE	TOTAL
Common Good Clinic			$12,500.00
Exterior scope of work	1 Each	$12,500.00	$12,500.00

Pressure Washing:
Pressure wash all exterior surfaces (2,000–3,000 PSI) to remove dirt, dust, and mildew. Scrape and remove any loose or peeling paint as needed.

Priming:
Prime all exposed wood surfaces to ensure proper adhesion and coverage.

Caulking:
Caulk all windows and entryways as needed to seal gaps and prevent moisture intrusion.

Wood Trim Repairs:
Repair damaged wood trim on the rear doors.

Painting/Staining:
Paint or stain all fascia, soffit, front French doors, and the cedar ceiling at the front entrance.

Protection:
Protect brick surfaces and flooring from overspray and paint splatter.

TOTAL **$12,500.00**

IN CONSIDERATION of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of all which is hereby acknowledged, Contractor: Dallas Pro Painting & Drywall, LLC and Client, agree as follows:

1. Description of Work:
Contractor agrees to make repairs to the existing building, in accordance with the Proposal Scope and specifications of the Client. The work to be performed by Contractor includes providing all labor and materials in accordance with said plans and specifications above.

2. Client's Responsibilities:
In connection with the work to be undertaken by remodel work in accordance herewith, Client agrees to the following: Remove loose items and valuables.

3. Payment:
The contract price for the work to be performed by Contractor, including labor and materials, shall be payable as follows:
a.) payment due at the completion of each trade or as follows:
Invoice emailed with 30 day terms.
Payment via checks (Payable to "Dallas Pro Paint") can be mailed to: 1614 S Broadway St., Suite 200 Carrollton, TX 75006
Online payments subject to fees: Payments via Card (3.6%) or ACH Bank Transfer ($10) through QuickBooks Online Payments.

4. Changes in Work:
Changes in work, as agreed upon in writing by the parties, shall be paid to the Contractor upon completion following an invoice for added scope. Change Orders become part of the original scope.

5. Insurance:
Client shall not be responsible for and Contractor agrees to indemnify and hold Client harmless from any suit, claim, or liability resulting from alleged damages to any persons or property including, but not limited to, personal injury and death, arising from the performance of the work, unless the alleged damages arise from Client's sole negligence.

6. Delays:

Contractor shall not be liable for any loss or damage resulting from delay in construction caused by changes made by Client, or occurrences beyond the control of Contractor, labor difficulties, labor or material shortages, governmental orders or regulation, the elements, and other “Acts of God”.

7. Agreement:

This contract incorporates all prior agreements between the parties, contains the entire and final agreement of the parties, and cannot be changed except by written consent. Each party acknowledges that he has read and understands this contract. This contract shall be governed by the laws of the State of Texas. The provisions of this contract shall apply to and bind the heirs, executors, administrator, successors and assigns of the respective parties hereto. Gender in number, as herein used, shall be changed as the contract may require.

Please acknowledge your acceptance of the agreement to the terms set forth above by signing below in the space provided.

The above specifications, costs, and terms are hereby accepted.

SLAMR , LLC	**DATE**

RICHARDSON FIRE EQUIPMENT LLC

724 S. SHERMAN STREET RICHARDSON, TX 75081 (972) 699-3473

April 7, 2026

COMMON GOOD MEDICAL
2750 Virginia Parkway
McKinney, TX 75071

Hello,

Richardson Fire Equipment LLC (RFE) is pleased to submit this proposal to modify the fire alarm system at 2750 Virginia Parkway. Our scope of work includes installing notification appliances in the new construction space and connecting them to the existing fire alarm power supply in the building's fire riser room.

The system modification will be designed and installed in accordance with the 2021 International Fire Code, as amended by the City of McKinney for a Group B occupancy in a fully sprinklered building.

Total Proposal Amount: **$11,900.00** (plus applicable tax)

Parts & Services Included:

- 24 Qty. System Sensor® Indoor Notification Appliances
- 1 Qty. FireLite® BB-17F Battery Box
- 2 Qty. UltraTech® IM-12120F2 12V/12AH Sealed Lead Acid Batteries
- 1 Lot Misc. Hardware & Wiring
- 1 Lot Permit, Plan Submittal, and Acceptance Test with the Fire Department
- 13-Month Warranty against defects in materials and workmanship

Provisos:

- Exclusion: This proposal does not provide for an Ambulatory health care occupancy.
- Scope: Work is strictly limited to the areas shown in the construction plan and the fire alarm equipment in the building's riser room. The existing fire alarm devices will remain in service where possible.
- Schedule: Work will be performed during normal business hours (Mon-Fri, 7am–5pm).
- HVAC/Duct Detectors: Per mechanical plans, HVAC AHUs do not exceed 2000 CFM and do not require duct smoke detectors. If detectors are found to be present, the cost of connecting them to the fire alarm system is not included in this proposal.
- Circuit Separation: To comply with power-limited circuit requirements, existing fire alarm wiring will be removed and replaced as part of this scope.

Terms:

- A deposit of 50% is due upon acceptance of this proposal, with the remaining balance due upon completion of the installation.

I appreciate the invitation to bid and look forward to your response.

Thank you,

RickAllen
Fire Alarm Planning Superintendent
Richardson Fire Equipment LLC
(214) 837-1898

Subject: Fire Alarm System - Carbon Monoxide Detectors for 2740 Virginia Pkwy.
Date: Thursday, April 30, 2026 at 12:52:29 PM Central Daylight Time
From: Rick Allen
To: Randall Morgan

Hello Randall,

Following up on our discussion, the City of McKinney now requires carbon monoxide detectors in buildings with CO-producing forced-air furnaces. This impacts the fire alarm system at 2740 Virginia Parkway in two ways:

1. The detectors must be integrated into the fire alarm system.
2. A new panel must be installed to accommodate these additional devices.

To minimize the number of detectors required, I will be utilizing an exception in the 2024 IFC, Section 915.2.4. This section allows for a single detector in the first room or space served by each main duct leaving the furnace, provided the signals are automatically transmitted to an approved location. See below:

> 2021 INTERNATIONAL FIRE CODE
> 915.2.4: CO-producing forced air furnace.
>
> Carbon monoxide detection complying with Item2 of Section 915.1.1 shall be installed inall enclosed rooms and spaces served by a fuel-burning, forced-air furnace.
>
> Exceptions:
>
> 1. **Where a carbon monoxide detector is provided in the first room or space served by each main duct leaving the furnace, and the carbon monoxide alarm signals are automatically transmitted to an approved location.**
> 2. Dwelling units that comply with Section 915.2.1

The McKinney Fire Department should allow this exception instead of requiring a detector in every occupiable room. Given this, the cost for the detectors, a new panel, and related devices in the riser room will be **$11,600.00**. This cost is in addition to the cost of the previous proposal for installing the notification appliances.

I am calling the Fire Department to confirm the code interpretation for carbon monoxide detectors so that we can be sure before moving forward.

Please call me if you have any questions.

Thank you,

Rick Allen
--
RICK ALLEN
Richardson Fire Equipment LLC
(214) 837-1898 mobile
(972) 699-3473 office

ESTIMATE	#370
ESTIMATE DATE	Mar 25, 2026
EXPIRATION DATE	Apr 24, 2026

Devard's Heat, Air, Electric & Plumbing

Randall Morgan
PO BOX 1309
Van Alstyne, TX 75495

(214) 908-2889
randall@gen2214.com

SERVICE ADDRESS

2750 Virginia Pkwy
McKinney, TX 75071

CONTACT US

925 22nd St, #102
Plano, TX 75074

(972) 422-1505
scheduling@devards.com

ESTIMATE

5 TON SPLIT SYSTEM

Services	qty	unit price	amount
Installation - 5 ton complete gas/AC system (AHU and CU #'s - 102, 105, 107, 108) -Removal and disposal of existing HVAC equipment -Installation of new furnace, evaporator coil, and outdoor condensing unit -New supply and return plenums with sealed connections -Concrete equipment pad for condenser with proper leveling and placement -Hung-Rite (or equivalent) indoor support system for suspended installation (as applicable) -Condensate drain system with secondary pan and float safety switch(s) (as applicable) -Refrigerant line connection, pressure test, evacuation, and system charge -Gas piping connection with sediment trap and leak test -Electrical connections (high/low voltage), disconnect, and whip -Wi-Fi thermostat installation and setup -Surge protection for indoor and outdoor equipment -High-efficiency media filter upgrade (4” cabinet) -Hail guards for outdoor condenser -Condensate overflow protection enhancements -System startup, testing, and commissioning Includes: standard installation materials, labor, and jobsite cleanup 5 YEARS COMPRESSOR WARRANTY 1 YEAR PARTS WARRANTY 1 YEAR LABOR WARRANTY Excludes: duct modifications beyond plenums, electrical or gas service upgrades, structural changes, permits (unless noted), and unforeseen conditions	4.0	$18,787.00	$75,148.00

Services subtotal: $75,148.00

Materials	qty	unit price	amount
TRANE XR15 CONDENSER - 5 TON Trane XR15 AC condenser - 5 ton	1.0	$0.00	$0.00
TRANE 90% GAS FURNACE - 100,000 BTU Trane 90% condensing gas furnace, 100000 btu input	1.0	$0.00	$0.00

TRANE HIGH EFFICIENCY BOX COIL - 5 TON Trane high efficiency cased, box coil	1.0	$0.00	$0.00

Materials subtotal: $0.00

Subtotal	$75,148.00
Tax (Commercial tax rate 8.25%)	$6,199.71
Total	**$81,347.71**

2.5 TON SPLIT SYSTEM

Services	qty	unit price	amount
Installation - 2.5 ton complete gas/AC system (AHU and CU #'s - 104 & 106) -Removal and disposal of existing HVAC equipment -Installation of new furnace, evaporator coil, and outdoor condensing unit -New supply and return plenums with sealed connections -Concrete equipment pad for condenser with proper leveling and placement -Hung-Rite (or equivalent) indoor support system for suspended installation (as applicable) -Condensate drain system with secondary pan and float safety switch(s) (as applicable) -Refrigerant line connection, pressure test, evacuation, and system charge -Gas piping connection with sediment trap and leak test -Electrical connections (high/low voltage), disconnect, and whip -Wi-Fi thermostat installation and setup -Surge protection for indoor and outdoor equipment -High-efficiency media filter upgrade (4” cabinet) -Hail guards for outdoor condenser -Condensate overflow protection enhancements -System startup, testing, and commissioning Includes: standard installation materials, labor, and jobsite cleanup 5 YEARS COMPRESSOR WARRANTY 1 YEAR PARTS WARRANTY 1 YEAR LABOR WARRANTY Excludes: duct modifications beyond plenums, electrical or gas service upgrades, structural changes, permits (unless noted), and unforeseen conditions	2.0	$16,889.00	$33,778.00

Services subtotal: $33,778.00

Materials	qty	unit price	amount
TRANE XR15 CONDENSER - 2.5 TON Trane XR15 ac condenser - 2.5 ton	1.0	$0.00	$0.00
TRANE 90% CONDENSING GAS FURNACE - 60,000 BTU Trane 90% condensing gas furnace, 60000 btu	1.0	$0.00	$0.00
TRANE HIGH EFFICIENCY BOX COIL Trane high efficiency cased, box coil	1.0	$0.00	$0.00

Materials subtotal: $0.00

Subtotal	$33,778.00
Tax (Commercial tax rate 8.25%)	$2,786.69
Total	**$36,564.69**

Client: Common Good
Address: 2750 Virgina PKWY
McKenney TX
Project:Phase 2
Attn: Jeff Williams

Proposal: 63026.1

Kairos PSALM 118:8 CONSTRUCTION MANAGEMENT

Kairos Const. Mgmt.
103 Whitham
Irving Tx 75060
Kiaroscms@gmail.com
Sales Rep: Frank Ch.
Cell 682.461.1313

Project	Sales Rep	Date	Terms
2750 Virgina PKWY	Frank Ch	6/30/2026	

HVAC

Scope	Replace 5 ton Seer System
Equipment	Disposal of old System
Material	Supply New R454B Condensor/Furnace/Evaporator coil
All labor for completion	Flush copper lines with RX-11 chemical
	Supply/install new returns air plenum
	Supply/install new supply air plenum
	Reconnect supply and return ducts to new system
	Modify some ducts to existing rooms
	Seal all joints with air sealer
	New Drawing Pan
	New Safety float switches on primary & secondary drains
	Supply and install new WI-FI programable thermostat
	Start up

Total: $20,000

**Includes all equipment, material, and labor for completion.
1 year labor warranty.
10 year manufacturer parts warranty.
1 year maintenance on new system.

GENERAL NOTES:

- Deposit is required for mobilization and procurement of material.
- Material Samples will provided for approval before production.
- Install date will be given after final template
- Any alternation or deviation from the above specs involving extra coste will be excuted only upon written orders and will become an extra cost
- Material Samples will provided for approval before production.
- The Material to complete the order needs procured to the Dallas Hub. Material will be tranfered once orde is placed.
- Upon material procurement due to lead time a schedule will be issued.

To accept this quote, please sign here and return:

_____

Thank you for giving us the opportunity to earn your business.

LIC# TACLA54547C

PROPOSAL

WILLIAMSON'S AC CONTRACTING

8200 White Settlement Road
White Settlement, TX 76108
Office:(817)367-2074; Fax:(817)246-3504
Wesley.Conner@WilliamsonAC.com

DATE:	June 29, 2026
ATTN:	Randall
TO:	SLAMR VII, LLC
EMAIL/FAX:	randall@gen2214.com
JOB NAME:	Common Good Medical
JOB ADDRESS:	2750 Virginia pkwy McKinney, TX 75071

Disclaimer

Please read our proposal carefully. Any items not specifically addressed in our proposal are not included. We make no claims that our proposal is exactly per the blueprint unless stated as such.

Exclusions

- Exterior work scope and equipment are approx. 45% of total amount.
- Proposal based on 95% MEP drawings dated 6-26-26.
- Roofing is not included in this proposal.
- Structural steel under roof top units is not included in this proposal.
- Cutting or coring of concrete is not included in this proposal.
- No electrical or disconnects included in this proposal.
- Connection to third party or landlord fire alarm systems is not included in this proposal.
- Shop drawing of duct work not included in this proposal unless specifically listed in the scope of work.
- EMS or controls are excluded in this proposal.

REGULATED BY THE TEXAS DEPARTMENT OF LICENSING AND REGISTRATION, P.O. BOX 1257, AUSTIN, TX. (800)803-9292

LIC# TACLA54547C

WORK PROPOSED

- Furnish and Install (1) Trane split systems w/ the following options:
  - Split System Cooling Outdoor Unit, R-454B
  - 208 Volt / 60 Hz / 1 Phase
  - Nominal Tonnage as Scheduled
  - Touchscreen Programmable Thermostat (Field Installed)
  - 1 Year Parts Warranty – Excludes Labor and Refrigerant
  - 5 Year Compressor Parts Warranty – Excludes Labor and Refrigerant
  - Economizers not included.
- Provide 1-year parts and labor warranty.

****TOTAL BID PRICE**** **$ 20,000.00 no remodel tax**

NOTES/COMMENTS

- Failure of customer to perform routine maintenance (ex: change air filters regularly) will void all warranties.

AUTHORIZED SIGNATURES

X_____ DATE:_____

X_____ DATE:_____

WILLIAMSON'S A/C CONTRACTING

THANK YOU FOR THE OPPORTUNITY TO PRESENT YOU WITH THIS BID.

REGULATED BY THE TEXAS DEPARTMENT OF LICENSING AND REGISTRATION, P.O. BOX 1257, AUSTIN, TX. (800)803-9292

Client: Common Good
Address: 2750 Virgina PKWY
McKenney TX
Project:Phase 2
Attn: Jeff Williams

Proposal: 63026.1

Kairos Const. Mgmt.
103 Whitham
Irving Tx 75060
Kiaroscms@gmail.com
Sales Rep: Frank Ch.
Cell 682.461.1313

Project	Sales Rep	Date	Terms
2750 Virgina PKWY	Frank Ch	6/30/2026	

This Proposal is for the Renovation to included demo of exising wall to build out as per specs per plans isussed by Conduit Architetucal+Desing for Phase 2 of Common Good medical offices located at 2750 Virgina Pkwy. This proposal includes offcies finish outs as per plans, removal of old HVAC unit, new HVAC unit and Start Up, Upgrade electrical 1 phase panel to accept and service 3 phase needed on for new medical epquipment as per plans issued 6.17.2026.

Scope	Description	Rate	AMOUNT
Office Space Finsih Out	Demo and Remove Wall as Sheet A1.00		
	Finishes as per Sheet A4.01		
As Per Finish Schedule	Vinyl Plank		
Sheet A4.01	Acoustical Celing Tile		
	Typical Paint		
	Selective New Walls and Door per plans		
	Floor Transitions		
	Intake Window / Countertops		
	X-Ray led protections is excluded		
	Offcie Furnishings are excluded		
	Medical Equipment is excluded		$ 38,000.00
HVAC	As Per Plans M1.00 to M3.01		
Furnish Equipment	Replace 5 ton Seer System		
Furnish Material	Disposal of old System		
All Labor for Completion	Supply New R454B Consdesor/Furnace/Evaportor coil		
	Flush copper llines with RX-11 chemical		
	Supply/instal new returns air plenum		
	Supply/instal new supply air plenum		
	Reconnect supply and return ducts to new system		
	Modify some ducts to existing rooms		
	Seal all joints with air sealer		
	New Drawin Pan		
	New Safety float switches on primary & secondary drains		
	Supply and instal new WI-FI programable thermostat		
	Start up		
	1 Year Labort Warranty		
	10 Year Manufacture Parts Warranty		
	1 year maintenace on new system		$ 20,500.00

Scope	Description	Rate	AMOUNT
Electrical Service	As Per Plans E2.00 to E4.02		
Furnish Equipment	Coordiante with Oncor to supply 3 Phase Service		
Furnish Material	Oncor project fee's are included in proposal		
All Labor for Completion	Replace 120/240v 1PH Service		
	Install new 120/208 3ph service		
All instal shall be by	Remove existing feeders and Cap Conduit at both ends		
Power Company Requirements	New Grounding Requirements 1/E4.02		
	Demo Existing grounding system		
	Newly 1ph system to be removed back to source		
	Service to panel 107 to be disconected and demo		
	Service to panel 103 to be disconected and demo		
	Provide a waterhproof 1600a service enclosure		
	Flash Study to be Preformed Calc		
	Selective Coordination study of all equimpment before oder		
	New Time Clock at Switched Recepacles		$ 106,500.00
		Subtotal	$ 165,000.00
		Tax	n/a
		Total	$ 165,000.00

GENERAL NOTES:

- Deposit is required for mobilization and procurement of material.
- Material Samples will provided for approval before production.
- Install date will be given after final template
- Any alternation or deviation from the above specs involving extra coste will be excuted only upon written orders and will become an extra cost
- Material Samples will provided for approval before production.
- The Material to complete the order needs procured to the Dallas Hub. Material will be tranfered once orde is placed.
- Upon material procurement due to lead time a schedule will be issued.

To accept this quotation, sing here and return:

For KAIROS

Thank you for giving us the opportunity to earn you business

COMMON GOOD MEDICAL

Financial Statements

and Independent Auditor's Report

December 31, 2023

KARI REDDICK, CPA

Independent Auditor's Report

We have audited the accompanying balance sheets of CommonGood Medical (the “Clinic”) as of December 31, 2023, and the related statements of activities, net assets, and cash flows for the fiscal year then ended. These financial statements are the responsibility of the Clinic’s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above, present fairly, in all material respects, the financial position of CommonGood Medical as of December 31, 2023, and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Kari Reddick, CPA

November 11, 2024

COMMONGOOD MEDICAL

Statement of Financial Position

December 31, 2023

ASSETS

CURRENT ASSETS		
Cash and cash equivalents	$	964,548
Accounts receivable		23,046
Medication inventory, net		45,108
Vaccine inventory		8,432
Total current assets		1,041,134
EQUIPMENT, NET		15,637
LEASEHOLD IMPROVEMENTS, NET		47,383
DEPOSITS		2,200
TOTAL ASSETS	**$**	**1,106,354**

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts payable and accrued liabilities	$	7,072
Total current liabilities		7,072
NET ASSETS		
Without donor restrictions		1,056,140
With donor restrictions		43,142
Total net assets		1,099,282
TOTAL LIABILITES AND NET ASSETS	**$**	**1,106,354**

COMMONGOOD MEDICAL

Statements of Activities

Year ended December 31, 2023

Support and Revenue:	
Contributions	$ 1,011,083
In-kind goods and services	252,198
Interest income	21,942
Total unrestricted support and revenue	**$ 1,285,224**
Expenses:	
Salaries and related	591,168
Medication expenses	291,783
Volunteer expenses	121,327
Patient expenses	100,657
Supplies	36,440
Labs	47,198
Vaccines	13,267
Rent and utilities	69,064
Insurance	8,330
Meals, travel, and meetings	7,991
Marketing	43,954
Telecommunications	4,171
Depreciation expense	28,439
Contract services	44,460
Software subscriptions	11,718
Bank charges	3,434
Fees and dues	3,084
Other	2,777
Total expenses	**$ 1,429,262**
Change in net assets	**$ (144,038)**
Net assets at beginning of year	$ 1,243,320
Net assets at end of year	$ 1,099,282

COMMONGOOD MEDICAL

Statement of Cash Flows

Year ended December 31, 2023

Cash flows from operating activities	
Change in net assets	($144,038)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:	
Depreciation expense	28,439
Non-cash donations of medication inventory	(105,151)
Non-cash distributions of medication inventory	291,783
(Increase) decrease in receivables	3,218
(Increase) decrease in other assets	(2,284)
Increase (decrease) in accounts payable and other liabilities	1,047
Net cash used by operating activities	73,014
Cash flows from investing activities	
Leasehold improvements	(9,007)
Net cash used by investing activities	(9,007)
Net change in cash	64,007
Cash and cash equivalents at beginning of year	900,541
Cash and cash equivalents at end of year	$ 964,548

Supplemental disclosure of cash flow information	
Non-cash transactions:	
Donations of medication inventory	$ 105,151
Distributions of medication inventory	$ 291,783

COMMONGOOD MEDICAL

Statement of Functional Expenses

Year ended December 31, 2023

		Supporting Services			
	Clinic	Management & General	Fundraising	Total Support Services	Total Expenses
Salaries and related	478,240	72,152	40,776	112,928	$ 591,168
Medication	291,783				291,783
Volunteer expenses	119,648	1,679		1,679	121,327
Patient expenses	100,657				100,657
Supplies and equipment	34,875	1,043	522	1,565	36,440
Labs	47,198				47,198
Vaccines	13,267				13,267
Rent and utilities	69,064				69,064
Insurance	5,831	2,499		2,499	8,330
Meals, travel, and meetings		7,991		7,991	7,991
Marketing		11,967	31,987	43,954	43,954
Telecommunications	3,128	834	209	1,043	4,171
Depreciation expense	19,931	8,508		8,508	28,439
Contract services	8,616	35,844		35,844	44,460
Software subscriptions	2,828	6,931	1,959	8,890	11,718
Bank charges		3,434		3,434	3,434
Fees and dues	2,641	343	100	443	3,084
Other	2,777				2,777
	1,200,484	153,225	75,553	228,778	**1,429,262**

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General Information

Common Good Medical ("the Clinic") was incorporated as a 501(c)(3) nonprofit organization in the state of Texas in 2016. The Clinic was formerly known as Hope Clinic of McKinney. The Clinic exists to share the love of Jesus Christ by partnering with our community to provide quality, compassionate healthcare and resources to our medically underserved neighbors. The Clinic's primary revenue sources are from patient donations, contributions, grants, and in-kind goods and services. The Clinic's program is as follows:

> The Clinic provides health care services and resources to low-income, uninsured McKinney residents. The Clinic does not charge a fee for its services. The Clinic asks that patients participate in their care by making a donation to help cover the costs of another patient who utilizes the Clinic. However, no patient will ever be denied services based on their inability to donate.

Basis of Presentation

The financial statements are presented in conformance with accounting principles generally accepted in the United States of America. These principles require management to make estimates and assumptions that affect the amounts and disclosures reported in the financial statements and accompanying notes. The significant estimates used in preparing these financial statements include depreciation on property and equipment and a reserve for obsolete medication. Actual results could differ from these estimates.

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

> Net assets without donor restrictions: Net assets available for use in general operations and not subject to donor restrictions.
>
> Net assets with donor restrictions: Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, such as when stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Contributions received with donor-imposed

restrictions that are met in the same year as received are reported as revenues classified as net assets without donor restrictions. See Note 5.

Cash and cash equivalents

The Clinic considers all highly liquid instruments with an original maturity of ninety days or less to be cash and cash equivalents. The FDIC deposit insurance insures deposits, money market accounts, and certificates of deposit up to $250,000 per depositor, per insured bank for each ownership category. There were no uninsured cash and cash equivalents balances at December 31, 2023.

Medication Inventory

The Clinic maintains inventory consisting of various medications. The majority of inventory is donated by three companies: Americares, Direct Relief, and MAP. The Clinic typically values the medication at fair value as determined by the donors at the time of donation; however, in some cases, the value may be adjusted based on retail prices available if the donor value is unreasonably high. Medication is purchased on occasion as needed. See Note 3. There is no intention to sell inventory, as it is used to accomplish the Clinic's mission. A reserve is established for excess, obsolete, and slow-moving inventory.

Equipment

Equipment is recorded at cost if purchased or at fair value if donated, less accumulated depreciation. See Note 4. The Clinic capitalizes expenditures for equipment in excess of $2,500 and with an estimated useful life greater than one year. Maintenance and repairs that do not improve or extend the lives of the respective assets are expensed as incurred. Depreciation is calculated using the straight-line method over the assets' estimated useful lives as follows:

Furniture, fixtures, and equipment	5-7 years

Depreciation expense related to equipment was $4,747 in 2023.

Leasehold Improvements

The Clinic began an expansion project in 2021. The Clinic leased additional space adjacent and began construction in October 2021. The costs associated with additions and modifications made to make both the current and expanded spaces usable were capitalized as Leasehold Improvements during 2021, put into service on January 1, 2022, and depreciated through the lease termination date of December 31, 2025 (4 years.) The Clinic began an additional expansion project in December 2022. The costs associated with this project were capitalized and started being depreciated once put into service on January 1, 2023.

Depreciation expense related to leasehold improvements was $23,692 in 2023.

Contributions

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. Conditional promises to give are not included as support until the conditions are substantially met. Included in contributions are patient donations. The Clinic does not charge its patients fees for services. The Clinic asks for voluntary donations from its patients in lieu of fees. Proceeds from the Employee Retention Credit (ERC) were received in June 2023 and are also included in contributions. See Note 2.

In-kind Goods and Services

In-kind services are reflected in the financial statements at the fair value of the services received if the services received (a) create or enhance nonfinancial assets or (b) require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

Many individuals volunteer their time and perform a variety of tasks that help the Clinic. The value of this contributed time is not reflected in the Clinic's financial statements because it does not meet the above criteria.

In-kind goods and services consist of the following at December 31, 2023:

Equipment and supplies	$ 35,116
Medication	105,151
Volunteers	117,346
Fundraising	5,125
	$ 262,738

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Such allocations are determined by management on an equitable basis.

The expenses that are allocated include the following:

	Method of Allocation
Salaries and employee benefits	Time and effort
Rent	Usage
Other	Usage

Financial Instruments

The carrying value of cash and cash equivalents, deposits, accounts payable, and accrued liabilities approximate fair value due to the short-term maturities of these assets and liabilities.

Income Tax Status

The Clinic is exempt from federal income taxes under Section 501(c) (3) of the Internal Revenue Code, except to the extent it has unrelated business income. For the year ended December 31, 2023, the Clinic had no material net unrelated business income. Accordingly, no provision for income taxes has been provided in the accompanying financial statements. The Clinic is not recognized as a private foundation.

The Clinic has concluded that it does not have any unrecognized tax benefits resulting from the current or prior period tax positions. Accordingly, no additional disclosures have been made on the financial statements regarding ASC 740, *Income Taxes*. The Clinic does not have any outstanding interest or penalties, and none have been recorded in the statement of activities and changes in net assets for the year ended December 31, 2023, respectively.

2. EMPLOYEE RETENTION TAX CREDIT

The Employee Retention Credit (ERC) is a government assistance program established under the CARES Act to help businesses, including nonprofits, retain employees during the COVID-19 pandemic. The credit rewards employers who continued to pay employee wages and healthcare benefits and were subjected to government orders which suspended or interrupted productivity during the pandemic. The credit is calculated as 50% of qualifying wages (including allocable health benefits) up to $10,000 per employee for the period of March 13-December 31, 2020 and 70% of qualifying wages up to $10,000 per employee per quarter in 2021.

The Clinic applied for the credit for qualifying wages in 2020 and the first three quarters of 2021 and received $182,527 in June 2023. The credit was recognized as a government grant and included in Contribution Revenue in the Statement of Activities in accordance with ASC 958-605, *Not-for-Profit Entities: Revenue Recognition*. Typically in accrual-basis accounting, the revenue would have been recognized and a related receivable established in 2020 and 2021 when the conditions for receiving the credit were met, but Clinic management determined the receipt of the credit was not sufficiently guaranteed to recognize at that point and opted to recognized it once it was approved and received.

The Clinic paid $17,632 to an outside consultant to prepare the ERC application. This expense is included in the Professional Services line item of Contract Services (see Note 6.)

3. MEDICATION INVENTORY – NET

Medication inventory consists of the following at December 31, 2023:

Beginning balance, gross	297,466
Medication inventory, donated at fair value	105,151
Medication used or discarded in 2023	(353,509)
Ending balance before reserve	49,108
Less: reserve for obsolete, expired medication	(4,000)
Medication inventory, net	**$ 45,108**

4. EQUIPMENT

Equipment consists of the following at December 31, 2023:

Medical equipment	27,000
Office equipment	4,493
Total property and equipment	31,493
Less accumulated depreciation	(15,856)
Equipment, net	**$ 15,637**

Depreciation expense was $4,747 for the year ended December 31, 2023.

5. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consist of the following at December 31, 2023:

Project Access grant (interpreter salaries and prescriptions)	15,000
Texas Women's Foundation grant (women's health)	10,642
Coserv Charitable grant (patient benevolence)	10,000
Encore Wire grant (patient benevolence)	5,000
Southern Land grant (medical supplies	2,500
Total restricted net assets	**$ 43,142**

6. SIGNIFICANT EXPENSES

Patient expenses: Primarily patient prescription assistance where the Clinic pays 50% of patients' prescription costs. This assistance is paid directly to the pharmacy, and the patient pays the other 50%.

Contract services consists of the following at December 31, 2023:

Grant writing services	$ 11,855
Professional services	21,257
Clinic maintenance and administration	8,617
Software subscriptions	2,731
Total contract services	**$ 44,460**

7. FINANCIAL CONDITION

The Clinic depends heavily on contributions and grants for its revenue. The ability of the donors and grantors to continue giving amounts comparable with prior years may be dependent, among other things, upon current and future overall economic conditions and the continued deductibility for income tax purposes of donations to the Clinic. While management believes the Clinic has the resources to continue its program, its ability to do so and the extent to which it continues may be dependent on the above factors.

8. SUBSEQUENT EVENTS

Management has evaluated subsequent events for recognition or disclosure in the financial statements. The Clinic changed its name from Hope Clinic of McKinney to CommonGood Medical effective February 27, 2024. However, Clinic management communicated with the Internal Revenue Service and was instructed to use the new name on the 2023 tax return, so it was also used in these financial statements. Additionally, Dr Steve Twyman was hired as the CEO in December 2023.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMONGOOD MEDICAL
% Melissa Willmarth
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
103 E LAMAR ST

City or town, state or province, country, and ZIP or foreign postal code
MCKINNEY, TX 750693860

D Employer identification number
81-3813928

E Telephone number
(469) 712-4246

G Gross receipts $ 2,625,971

F Name and address of principal officer:
Kyle A Redel
PO Box 477
Mckinney,TX 75070

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: COMMONGOODMEDICAL.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2016

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Share love of Jesus Christ by partnering with community to provide quality compassionate health care to the medically underserved

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	20
6	Total number of volunteers (estimate if necessary)	**6**	104
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,263,282	2,583,573
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,942	42,398
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,285,224	2,625,971
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	497,272	788,727
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 115,703		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	931,990	919,810
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,429,262	1,708,537
19	Revenue less expenses. Subtract line 18 from line 12	-144,038	917,434

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,106,354	2,016,716
21	Total liabilities (Part X, line 26)	7,072	0
22	Net assets or fund balances. Subtract line 21 from line 20	1,099,282	2,016,716

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2025-11-11
MELISSA WILLMARTH Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name | Firm's EIN

Firm's address | Phone no.

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:

SHARE THE LOVE OF JESUS CHRIST BY PARTNERING WITH OUR COMMUNITY TO PROVIDE QUALITY, COMPASSIONATE HEALTH CARE AND RESOURCES TO OUR MEDICALLY UNDERSERVED NEIGHBORS

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 ☑ 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 ☑ 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 $ including grants of $) (Revenue $)

Share the love of Jesus Christ by partnering with our community to provide quality, compassionate health care and resources to our medically underserved neighbors.

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

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

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

4e **Total program service expenses**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	10		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in 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:
MELISSA L WILLMARTH 103 E Lamar Street MCKINNEY,TX 75069 (214) 585-2994

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(1) KYLE A REDEL President	5.00 0.00	X		X				0	0	0
(2) JEFF WILLIAMS Vice President	5.00 0.00	X		X				0	0	0
(3) MELISSA WILLMARTH Treasurer	15.00 0.00	X		X				0	0	0
(4) NICK BENAVIDEZ Director	10.00 0.00	X						0	0	0
(5) KEVIN LEMARCA Director	4.00 0.00	X						0	0	0
(6) RACHEL DARLING Secretary	4.00 0.00	X		X				0	0	0
(7) JULIA WIENER Director	4.00 0.00	X						0	0	0
(8) LACIE REITMEYER Director	10.00 0.00	X						0	0	0
(9) JERALD ABRAHAM Director	4.00 0.00	X						0	0	0
(10) JEFF KERR Director	4.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A . .										
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c	56,782			
d Related organizations 1d				
e Government grants (contributions) 1e	46,500			
f All other contributions, gifts, grants, and similar amounts not included above 1f	2,480,291			
g Noncash contributions included in lines 1a - 1f:$ 1g	348,995			
h **Total.** Add lines 1a-1f	2,583,573			
Program Service Revenue — 2a	Business Code			
b				
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f				
3 Investment income (including dividends, interest, and other similar amounts)	42,398	42,398		
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
Other Revenue — 6a Gross rents 6a	(i) Real	(ii) Personal		
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
7a Gross amount from sales of assets other than inventory 7a	(i) Securities	(ii) Other		
b Less: cost or other basis and sales expenses 7b				
c Gain or (loss) 7c				
d Net gain or (loss)				
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events . .	0			
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . .				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . .				
OtherRevenueMiscAmt — 11a	Business Code			
b				
c				
d All other revenue				
e **Total.** Add lines 11a–11d				
12 **Total revenue.** See instructions	2,625,971	42,398	0	0

Part IX Statement of Functional Expenses

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

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

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				
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	670,448	517,955	88,649	63,843
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,501	7,316	1,235	950
9 Other employee benefits	52,960	40,938	7,024	4,998
10 Payroll taxes	55,818	43,122	7,380	5,315
11 Fees for services (non-employees):				
a Management	83,459	83,459		
b Legal	1,172		1,172	
c Accounting	2,500		2,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	56,541	34,027	21,087	1,427
12 Advertising and promotion	61,425		22,865	38,560
13 Office expenses	18,379	12,508	5,499	372
14 Information technology	21,183	13,447	7,498	238
15 Royalties				
16 Occupancy	70,709	70,709		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,690	2,196	4,495	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,324	23,459	5,865	
23 Insurance	7,549	6,040	1,510	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Expenses	467,747	467,747		
b In-Kind Medical Vol Value	93,132	93,132		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,708,537	1,416,055	176,779	115,703
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ 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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	331,043	1	533,516
	2	Savings and temporary cash investments	633,505	2	1,383,636
	3	Pledges and grants receivable, net	23,046	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	53,541	8	47,169
	9	Prepaid expenses and deferred charges	2,200	9	2,200
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 130,125			
	b	Less: accumulated depreciation — 10b: 79,930	63,019	10c	50,195
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	1,106,354	16	2,016,716
Liabilities	17	Accounts payable and accrued expenses	7,072	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	7,072	26	0
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	1,056,140	27	1,991,716
	28	Net assets with donor restrictions	43,142	28	25,000
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,099,282	32	2,016,716
	33	Total liabilities and net assets/fund balances	1,106,354	33	2,016,716

Part XI Reconcilliation 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	2,625,971
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,708,537
3	Revenue less expenses. Subtract line 2 from line 1	3	917,434
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,099,282
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 in 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	10	2,016,716

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: ☑ Cash ☐ Accrual ☐ 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?	2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
COMMONGOOD MEDICAL

Employer identification number
81-3813928

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2023 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support test—2023.** 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 **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2024.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2023.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c 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

15	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** 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 . . . . . ▶☐

b **33 1/3% support tests—2023.** 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	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* ***Part VI.***	3a		
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* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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	**Adjusted Net Income** (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):	1		
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	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-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 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Facts And Circumstances Test	
Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization
COMMONGOOD MEDICAL

Employer identification number
81-3813928

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

Name of organization	**Employer identification number**
COMMONGOOD MEDICAL	81-3813928

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
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
COMMONGOOD MEDICAL

Employer identification number
81-3813928

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

Name of organization
COMMONGOOD MEDICAL

Employer identification number
81-3813928

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 information once. See instructions.) $ ____________

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

(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

(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

(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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

(Rev. January 2025)
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 for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMONGOOD MEDICAL

Employer identification number
81-3813928

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education)
☐ Preservation of an 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 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 July 25, 2006, 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 ▶ $ _____

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 are a 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 programs
- **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 in 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 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	82,132		58,440	23,692
d Equipment	47,993		21,490	26,503
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				50,195

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)		
Total. *(Column (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)		
Total. *(Column (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)	
Total. *(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	
Total. *(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMONGOOD MEDICAL

Employer identification number
81-3813928

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Annual Gala (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	56,782			56,782
	2 Less: Contributions	4,946			4,946
	3 Gross income (line 1 minus line 2)	51,836			51,836
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,430			1,430
	8 Entertainment	26,133			26,133
	9 Other direct expenses	7,264			7,264
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				34,827
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				17,009

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
COMMONGOOD MEDICAL

Employer identification number
81-3813928

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	4,644	232,184	Avg Cost
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Medical Equipment)	X	4	17,900	FMV
26	Other ▶ (Office Equipment)	X	3	833	FMV
27	Other ▶ (Misc Fundraising Items)	X	16	4,946	FMV
28	Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

(Rev. January 2025)
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 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMONGOOD MEDICAL

Employer identification number

81-3813928

Return Reference	Explanation
Part VI Line 11b	Reviewed by board at regular board meeting
Part VI Line 19	Available upon request

Additional Data

Return to Form

Software ID:

Software Version:

FRANCHISE TAX ACCOUNT STATUS

This record as of June 30, 2026 at 15:29:23

COMMONGOOD MEDICAL

Texas Taxpayer Number:	32061508050
Mailing Address:	PO BOX 477 MCKINNEY, TX 75070 - 8138
Right to Transact Business in Texas:	ACTIVE
State of Formation:	TX
SOS Registration Status (SOS status updated each business day):	ACTIVE
Effective SOS Registration Date:	09/08/2016
Texas SOS File Number:	0802538203
Registered Agent Name:	MELISSA L WILLMARTH
Registered Office Street Address:	103 E. LAMAR STREET MCKINNEY, TX 75069

Public Information Report

Title	Name and Address	
Report not on File		

Information on this site is obtained from the most recent Public Information Report (PIR) submitted to the Comptroller of Public Accounts (CPA) or from the most recent PIR processed by the Secretary of State (SOS). Annual PIRs submitted to the CPA are forwarded to the SOS.

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

DEPARTMENT OF THE TREASURY

Date: DEC 05 2016

HOPE CLINIC OF MCKINNEY
C/O CAITLIN TWYMAN
PO BOX 2543
MCKINNEY, TX 75070-2543

Employer Identification Number:
81-3813928
DLN:
17053274303006
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 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
September 8, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

HOPE CLINIC OF MCKINNEY

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
CommonGood Medical

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☒ Other (see instructions) ▶ nonprofit exempt under code 501(c)(3)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
103 E. Lamar Street

Requester's name and address (optional)

6 City, state, and ZIP code
McKinney, TX 75069

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
			–		–				

or

Employer identification number
8	1	–	3	8	1	3	9	2	8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▶** *Daniel Moreno* **Date ▶** 03.23.26

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor[2]
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee[1] The actual owner[1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity[4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.