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2018 Tax Return(s)

Prepared for National Association of Free and
Charitable Clinics, Inc.
Client Code: 12442.01

Account Number 352569
Release Number 2018.05070

Prepared by Weil, Akman, Baylin & Coleman, P.A.
201 West Padonia Road, Suite 600
Timonium, MD
21093-2186

410-561-4411

Processing Date: 04/13/2020
Time: 11:20:01

**Special
Instructions**

Messages

Return Information

CAUTION

- Form 990. Page 11, Part X. The ending cash amount includes a rounding adjustment of \$ 3. (20051)
Signed-off by keneshia at 09/10/2019 02:35:01PM
- Form 990. Part XII, line 2c. If the organization has answered line 2c as "Yes" it should use Schedule O to explain if the process has changed from the prior year. Use the Schedule O worksheet with an explanation code of "23." The explanation will appear on Schedule O in the appropriate sequence. (26012)
Signed-off by keneshia at 09/10/2019 03:56:28PM

INFORMATIONAL

- Form 990, Item B. The Amended Return checkbox has been checked. The amended return must provide all the information called for by the form and instructions, not just the new or corrected information. Schedule O should be used to explain which parts and schedules were amended and describe the amendments. (33412)
Signed-off by sandy at 04/08/2020 10:03:22AM
- Form 990. Page 8, Part VII, line 2. The total number (2) of individuals who received more than \$100,000 in reportable compensation from the organization has been calculated from the entries on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section. This should be reviewed. If there were any individuals who received more than \$100,000 in reportable compensation from the organization that were not included on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section, this calculated number will be incorrect. An entry may be made on the Form 990 worksheet, Other Compensation Information section to override this item. (33424)
Signed-off by keneshia at 09/10/2019 03:07:26PM
- Electronic Filing. The following EFIN 273423 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)
Signed-off by sandy at 04/08/2020 10:03:49AM

Return Information

- Electronic Filing. The following Name Control NATI has been computed and is being used to electronically file Form 990 for National Association of Free and Charitable Clinics, Inc.. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on the Electronic Filing worksheet, General Information section, Organization name control - override field. (37026)
Signed-off by sandy at 04/08/2020 10:03:51AM
- Electronic Filing. The option to be notified if Form 8879 has not been received within a certain time frame has been selected in this return. You will receive an email reminder in 10 day(s) at carol.giese@wabccpas.com if the "Signature Form-Received" column on the ELF status has not been filled out. (37611)
Signed-off by sandy at 04/08/2020 10:03:55AM
- Electronic Filing. Client's email notification has been selected for Form 990 and will be sent to the organization's email address (nlamoureux@freeclinics.us) as entered on the General worksheet, Organization Name, Mailing Address and Other Information section. (37631)
Signed-off by sandy at 04/08/2020 10:03:58AM
- Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)
Signed-off by sandy at 04/08/2020 10:04:00AM
- Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before May 15, 2019. (34477)
Signed-off by keneshia at 09/10/2019 03:06:48PM

Electronic Filing History and Return Results

Taxing Authority Federal Form 990		
	Prior Export	Current Export
Date	04/08/2020	04/08/2020
Time	10:40:39	15:04:31
Release Number	2018.05070	2018.05070
Taxable Income	297,990.	297,990.
Tax	0.	0.
Refund / Balance Due	0.	0.

Taxing Authority Form		
	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority Form		
	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority Form		
	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority Form		
	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

12442.01

Reversed Tick Marks Report (All)

04/13/20

Form

Entity

990 Page 2

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Prior Year Revenue

Total revenue - O/R.....1,239,832

Section: Prior Year Expenses

Revenue less expenses - O/R.....-166,577

Section: Balance Sheet Assets

Ending investment buildings.....62,229

Ending accum depr.....38,431

Section: Statement of Functional Expenses

Officer comp - program service.....241,265

Officer comp - mgmt & general.....23,389

Officer comp - fundraising.....14,771

Depreciation - mgmt & general.....10,301

Worksheet: Schedule D - Supplemental Financial Statements

Section: Land, Buildings and Equipment Overrides

Equipment other.....38,964

Equipment depreciation.....18,367

Other other.....23,265

Part VI, Line 1ec.....20,064

annap - 09/10/19 11:02AM Interview Form 990-3

total program exp.	3091500.00
less - alloc. to Annual Sympos	-246,657.00
	<hr/>
	2,844,843.00
	<hr/>

Jen - 09/09/19 01:09PM Worksheet Form 990

Advocacy	100,000.00
Google Grant	16,800.00
	<hr/>
	116,800.00
	<hr/>

Jen - 09/09/19 01:10PM Worksheet Form 990

State Fees	6,175.00
	<hr/>
	6,175.00
	<hr/>

keneshia - 07/18/19 02:01PM Worksheet Form 990

Accounting	59,490.00
Audit Service	10,000.00
	<hr/>
	69,490.00
	<hr/>

keneshia - 07/16/19 02:41PM Worksheet Form 990

8,802.00
220.56
4,621.74
3,711.65
12.74
5,000.00
<hr/>
22,368.69
<hr/>

keneshia - 07/16/19 02:49PM Worksheet Form 990

182,283.00
46,530.00
<hr/>
228,813.00
<hr/>

keneshia - 07/18/19 02:06PM Worksheet Form 990

Deferred Revenue	145,248.00
Deffered Rent	7,377.00
	<hr/>
	152,625.00
	<hr/>

keneshia - 09/10/19 02:31PM Worksheet Form 990

	378,271.00
	-80,281.00
	<hr/>
	297,990.00
	<hr/>

Quante - 05/18/18 10:10AM Worksheet Form 990

	1.00
	24,573.00
	3,690.00
	13.00
	30,000.00
	33,199.00
	<hr/>
	91,476.00
	<hr/>

Quante - 05/18/18 10:18AM Worksheet Form 990

	118,004.00
	106,146.00
	<hr/>
	224,150.00
	<hr/>

keneshia - 07/16/19 03:23PM Worksheet Schedule D

	29,832.00
	9,132.10
	<hr/>
	38,964.10
	<hr/>

keneshia - 07/16/19 03:23PM Worksheet Schedule D

	3,200.51
	20,064.00
	<hr/>
	23,264.51
	<hr/>

keneshia - 07/15/19 02:30PM Worksheet Form 990

Donations	2055903.00
Grants	786,636.00
	<hr/>
	2,842,539.00
	<hr/>

brandon - 07/08/15 09:32AM Worksheet Schedule A

Dividend	
Interest	
	<hr/>
	<hr/>

Brandon - 07/19/17 04:25PM Worksheet Schedule A

Dividends	
Interest	
	<hr/>
	<hr/>

Brandon - 07/19/17 04:28PM Worksheet Schedule A

Donations	
Grants	
Membership Dues	
Other Income	
Symposium	
CARE Clinic Sponsorship	
	<hr/>
	<hr/>

Jen - 05/25/16 01:12PM Worksheet Schedule A

Interest	
Dividend	
	<hr/>
	<hr/>

keneshia - 07/16/19 03:14PM Worksheet Schedule A

Donation	2055903.00
Grants	786,636.09
Membership Dues	243,838.67
Donated Services	200,090.00
Symposium	231,230.00
	<hr/>
	3,517,697.76
	<hr/>

keneshia - 07/16/19 03:18PM Worksheet Schedule A

Dividend Income	16,375.00
Interest Income	329.00
	<hr/>
	16,704.00
	<hr/>

Quante - 06/18/18 04:15PM Worksheet Schedule A

Donations	743,696.00
Grants	113,769.00
Membership Dues	210,389.00
Symposium	160,053.00
Donated Services	149,900.00
	<hr/>
	1,377,807.00
	<hr/>

Quante - 06/18/18 04:16PM Worksheet Schedule A

Dividend	16,292.00
Interest	74.00
	<hr/>
	16,366.00
	<hr/>

annap - 09/10/19 11:21AM Interview Form 990-18A

Google	88,000.00
Network for Good	11,000.00
Kleinfield	95,520.00
	5,570.00
	<hr/>
	200,090.00
	<hr/>

2018 Return Summary

National Association of Free and
Charitable Clinics, Inc.

56-2273242

Form 990:

Total Revenue	3,329,463.
Total Expenses	3,381,137.
Excess <Deficit>	-51,674.
Beginning Net Assets	378,271.
Changes in Net Assets	-28,607.
Ending Net Assets (1)	297,990.

Balance Sheet Analysis

Ending Total Assets	679,428.
Ending Total Liabilities	381,438.
Ending Total Net Assets or Fund Balances (2)	297,990.

Ending Total Assets Minus Liabilities and Net Assets	0.
Ending Net Assets Difference Between Items (1) and (2)	0.

2018 Return Summary

National Association of Free and
Charitable Clinics, Inc.

56-2273242

	Federal	990 Extn
Form Name	990	8868
E-file Requested	Yes	No
Due Date	05/15/19	05/15/19
Extended Due Date	11/15/19	11/15/19
Direct Deposit	N/A	N/A
Electronic Withdrawal	N/A	N/A
Date Calculated	04/08/20	04/08/20
Time Calculated	14:58:57	14:58:57
Release Version	2018.05070	2018.05070
Date Exported	04/08/20	
Time Exported	15:04:31	
Export Version	2018.05070	



Weil, Akman, Baylin & Coleman, P.A. Certified Public Accountants
201 West Padonia Road • Suite 600 • Timonium, MD 21093-2186
410-561-4411 • Fax 410-561-4586 • <http://www.wabccpas.com>

April 8, 2020

National Association of Free and
Charitable Clinics, Inc.
1800 Diagonal Road, Suite 600
Alexandria, VA 22314

National Association of Free and Charitable Clinics, Inc.:

Enclosed are the original and one copy of the 2018 Exempt
Organization return, as follows...

2018 Form 990

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Very truly yours,

Allan C. Sanders, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2018

Prepared for	National Association of Free and Charitable Clinics, Inc. 1800 Diagonal Road, Suite 600 Alexandria, VA 22314
Prepared by	Weil, Akman, Baylin & Coleman, P.A. 201 West Padonia Road, Suite 600 Timonium, MD 21093-2186
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us as soon as possible.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

National Association of Free and Charitable Clinics, Inc.

Employer identification number

56-2273242

Name and title of officer

**Nicole Lamoureux Busby
Executive Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,329,463.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Weil, Akman, Baylin & Coleman, P.A. to enter my PIN 63242
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27342352164

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 04/08/20

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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.

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization National Association of Free and Charitable Clinics, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1800 Diagonal Road, Suite 600 City or town, state or province, country, and ZIP or foreign postal code Alexandria, VA 22314 F Name and address of principal officer: Nicole Lamoureux Busby 1800 Diagonal Road, Suite 600, Alexandria, VA	D Employer identification number 56-2273242 E Telephone number 703-647-7427 G Gross receipts \$ 3,433,000. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.nafcclinics.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2003 M State of legal domicile: VA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: To ensure that the medically underserved have access to affordable quality health care.		
2	Check this box <input type="checkbox"/> 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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,067,854.	3,086,377.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	160,053.	231,320.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,925.	11,766.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,239,832.	3,329,463.
14	Benefits paid to or for members (Part IX, column (A), line 4)	230,500.	2,199,647.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	398,199.	413,535.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,996.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	777,710.	767,955.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,406,409.	3,381,137.
19	Revenue less expenses. Subtract line 18 from line 12	-166,577.	-51,674.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	713,087.	679,428.
22	Net assets or fund balances. Subtract line 21 from line 20	334,816.	381,438.
		378,271.	297,990.

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 Nicole Lamoureux Busby, Executive Director Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name Allan C. Sanders, CPA	Preparer's signature _____
	Date 04/08/20	Check if self-employed <input type="checkbox"/> PTIN P00919875
	Firm's name ▶ Weil, Akman, Baylin & Coleman, P.A.	Firm's EIN ▶ 52-1645472
	Firm's address ▶ 201 West Padonia Road, Suite 600 Timonium, MD 21093-2186	Phone no. 410-561-4411

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: Create and maintain a national Organization for the benefit of free clinics throughout the country.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 246,657. including grants of \$) (Revenue \$ 231,320.) The NAFC Annual Symposium is the only national meeting solely dedicated to providing health education and training for NAFC staff and volunteers who provide health care to the medically underserved.

4b (Code:) (Expenses \$ 2,844,843. including grants of \$ 2,199,647.) Clinics establish and maintain services that support and benefit the work of the members in their efforts to provide health care to the uninsured and underinsured.

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 3,091,500.

**National Association of Free and
Charitable Clinics, Inc.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

National Association of Free and Charitable Clinics, Inc.

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

National Association of Free and Charitable Clinics, Inc.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
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.		X
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.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **VA, WV**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 **The Organization - 703-647-7427**
1800 Diagonal Road, Suite 600, Alexandria, VA 22314

National Association of Free and Charitable Clinics, Inc.

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) ANGIE MCLAUGHLIN SECRETARY	3.00	X		X				0.	0.	0.
(2) ANTHONY YOUNG, ESQ GENERAL COUNSEL	5.00	X						0.	0.	0.
(3) Ariana Gordillo Director of Outreach	40.00	X					53,581.	0.	0.	
(4) BOBBY KAPUR CHAIRMAN	3.00	X		X				0.	0.	0.
(5) Isi Ikharebha Green, MPH BOARD MEMBER	3.00	X						0.	0.	0.
(6) JOHANNA HENZ BOARD MEMBER	3.00	X						0.	0.	0.
(7) Kerry Thompson Vice President	40.00	X					110,313.	0.	0.	
(8) LARRY ROBINS BOARD MEMBER	3.00	X						0.	0.	0.
(9) LINDA D. WILKINSON BOARD MEMBER	3.00	X						0.	0.	0.
(10) Maureen Tomoschuk Board MEMBER	3.00	X						0.	0.	0.
(11) NANCY W. HUDSON BOARD MEMBER	3.00	X						0.	0.	0.
(12) Randy Jordan BOARD MEMBER	3.00	X						0.	0.	0.
(13) SHANNON WATSON TREASURER	3.00	X		X				0.	0.	0.
(14) SHERI WOOD BOARD MEMBER	3.00	X						0.	0.	0.
(15) STEPHANIE NELSON GARRIS VICE CHAIRMAN	3.00	X		X				0.	0.	0.
(16) Beth Armstrong BOARD MEMBER	3.00	X						0.	0.	0.
(17) Sarah Anderson COMMUNICATIONS COORDINATOR	3.00	X		X				0.	0.	0.

National Association of Free and Charitable Clinics, Inc.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) NICOLE LAMOUREUX BUSBY CHIEF EXECUTIVE OFFICER	40.00				X			201,032.	0.	0.
1b Sub-total								364,926.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								364,926.	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 **2**

	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		X
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	X	
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		X

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
NONE		

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 **0**

National Association of Free and Charitable Clinics, Inc.

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 Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	243,838.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,842,539.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,086,377.				
Program Service Revenue	2 a <u>Symposium</u>	Business Code 621400	231,320.	231,320.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		231,320.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,705.			16,705.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		98,598.					
		b Less: cost or other basis and sales expenses		103,537.			
		c Gain or (loss)		-4,939.			
	d Net gain or (loss)		-4,939.			-4,939.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			3,329,463.	231,320.	0.	11,766.	

National Association of Free and Charitable Clinics, Inc.

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 ...	2,199,647.	2,199,647.		
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	279,425.	241,265.	23,389.	14,771.
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	89,229.	46,112.	43,075.	42.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	44,881.	28,124.	15,335.	1,422.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	122,975.	116,800.	6,175.	
b Legal	3,000.		3,000.	
c Accounting	69,490.		69,490.	
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 Sch O.)	39,700.	30,757.	8,943.	
12 Advertising and promotion	41,286.	22,969.	18,067.	250.
13 Office expenses	13,679.	1,394.	12,285.	
14 Information technology				
15 Royalties				
16 Occupancy	110,050.	88,162.	17,377.	4,511.
17 Travel	24,231.	23,713.	518.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	13,649.	114.	13,535.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,301.		10,301.	
23 Insurance	8,626.	708.	7,918.	
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 Symposium Expense	246,656.	246,644.	12.	
b Telephone & Website	27,654.	27,474.	180.	
c Bank Fees	15,636.		15,636.	
d Postage/Shipping	14,922.	14,389.	533.	
e All other expenses	6,100.	3,228.	2,872.	
25 Total functional expenses. Add lines 1 through 24e	3,381,137.	3,091,500.	268,641.	20,996.
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)

National Association of Free and Charitable Clinics, Inc.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	56,401.	1	63,554.
	2 Savings and temporary cash investments	91,476.	2	22,369.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	34,922.	4	36,964.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,540.	9	43,321.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	62,229.		
	b Less: accumulated depreciation	38,431.		
		26,578.	10c	23,798.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	451,410.	12	455,352.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	26,760.	15	34,070.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	713,087.	16	679,428.	
Liabilities	17 Accounts payable and accrued expenses	224,150.	17	228,813.
	18 Grants payable		18	
	19 Deferred revenue	110,666.	19	152,625.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			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	334,816.	26	381,438.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	252,145.	27	297,990.
	28 Temporarily restricted net assets	126,126.	28	0.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	378,271.	33	297,990.	
34 Total liabilities and net assets/fund balances	713,087.	34	679,428.	

National Association of Free and Charitable Clinics, Inc.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,329,463.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,381,137.
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	378,271.
5	Net unrealized gains (losses) on investments	5	-28,607.
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 33, column (B))	10	297,990.

Part XII Financial Statements and Reporting

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

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

National Association of Free and Charitable Clinics, Inc.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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		<input type="checkbox"/>
b 33 1/3% support test - 2017. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,305,279.	1,310,511.	812,984.	1,377,807.	3,517,698.	9,324,279.
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	2,305,279.	1,310,511.	812,984.	1,377,807.	3,517,698.	9,324,279.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						9,324,279.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2,305,279.	1,310,511.	812,984.	1,377,807.	3,517,698.	9,324,279.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,671.	32,541.	28,644.	16,366.	16,704.	121,926.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	27,671.	32,541.	28,644.	16,366.	16,704.	121,926.
11 Net income from unrelated business activities not included in 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.)	2,332,950.	1,343,052.	841,628.	1,394,173.	3,534,402.	9,446,205.

14 First five 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 2018 (line 8, column (f), divided by line 13, column (f))	15	98.71 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	98.26 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	1.29 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	1.74 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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

National Association of Free and Charitable Clinics, Inc.

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the 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.		
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.		

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).		

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?		
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).		
3 By reason of the relationship described in (2), 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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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.			
b Did the activities described in (a) 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.			
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .			
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.			

**National Association of Free and
Charitable Clinics, Inc.**

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):		
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 1-1/2% 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 .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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

National Association of Free and
Charitable Clinics, Inc.

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

National Association of Free and Charitable Clinics, Inc.

Employer identification number

56-2273242

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization National Association of Free and Charitable Clinics, Inc.	Employer identification number 56-2273242
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AstraZeneca 1800 Concord Pike Wilmington, DE 19897	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	The Powers Foundation, Inc. 333 Texas Street, 15th Floor Shreveport, LA 71101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Holmes Family Donor Advised Fund P.O. Box 49587 Sarasota, FL 34230-6587	\$ 5,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CVS One CVS Dr Woonsocket, RI 02895	\$ 230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Fidelity Charity 1906 SW Edgewood Road Portland, OR 97201	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AmeriCares Free Clinics 88 Hamilton Avenue Stanford, CT 06902	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization National Association of Free and Charitable Clinics, Inc.	Employer identification number 56-2273242
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Direct Relief 27 S. La Patera Lane Goleta, CA 93117	\$ 2,261,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Moyse Family Foundation 9422 Common Street, Suite 4 Baton Rouge, LA 70809	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Rx Outreach, Inc. 3171 Riverport Tech Center Drive Maryland Hts, MO 63043	\$ 14,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Becton, Dickson and Company 1 Becton Drive Franklin Lakes, NJ 07417	\$ 19,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Facebook 1 Hacker Way Menlo Park, CA 94025	\$ 6,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Athena Health 311 Arsenal St Waterwon, MA 02472	\$ 14,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization National Association of Free and Charitable Clinics, Inc.	Employer identification number 56-2273242
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Estate of Carol Elaine Colip 310 W Williams Ave Fallon, NV 89406	\$ 5,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Google 1600 Ampitheatre Parkway Mountain View, CA 94043	\$ 88,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Henry Schein 135 Duryea Rd Melville, NY 11747	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Kleinfeld, Kaplan & Becker LLP 1850 M St NW Suite 800 Washington, DC 20036	\$ 95,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Michael Speyer 10061 Wallingford Ave N Seattle, WA 98133	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	National Philanthropic Trust 165 Township Line Rd Ste 1200 Jenkintown, PA 19046	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization National Association of Free and Charitable Clinics, Inc.	Employer identification number 56-2273242
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Network for Good <hr/> 1140 Connecticut Ave NW #700 <hr/> Washington, DC 20036	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Sustainable Solution <hr/> 189 Coulter Rd <hr/> Sequim, WA 98382	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization National Association of Free and Charitable Clinics, Inc.	Employer identification number 56-2273242
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization National Association of Free and Charitable Clinics, Inc.	Employer identification number 56-2273242
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization National Association of Free and Charitable Clinics, Inc. Employer identification number 56-2273242

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		38,964.	18,367.	20,597.
e Other		23,265.	20,064.	3,201.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,798.

**National Association of Free and
Charitable Clinics, Inc.**

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) Investments	455,352.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	455,352.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Security Deposits	34,070.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	34,070.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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

**National Association of Free and
Charitable Clinics, Inc.**

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	3,500,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-28,607.
b	Donated services and use of facilities	2b	200,090.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	171,483.
3	Subtract line 2e from line 1	3	3,329,463.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,329,463.

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	3,581,227.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	200,090.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	200,090.
3	Subtract line 2e from line 1	3	3,381,137.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,381,137.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 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.

Part X, Line 2:

The Association believes that it has appropriate support for any tax position taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Association files its Forms 990 in the U.S. federal jurisdiction and various states. The Association is generally no longer subject to examination by the Internal Revenue Service for years before 2015.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **National Association of Free and Charitable Clinics, Inc.** Employer identification number **56-2273242**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UBI Caritas 4442 Highland Ave Beaumont, TX 77705	76-0558225	501(c)(3)	150,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Ibn Sina Foundation Inc. 11226 South Wilcrest Dr. Houston, TX 77099	76-0698464	501(c)(3)	150,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
TOMAGWA Ministries Inc 455 School Suite 30 Tomball, TX 77375	76-0280324	501(c)(3)	149,906.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Christ Clinic Inc. 2207 Shawnee Ct Fort Collins, CO 80525-1849	45-5300042	501(c)(3)	150,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Loan Star Association of Charitable Clinics - PO Box 684127 - Austin, TX 76768	33-1115138	501(c)(3)	20,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
San Jose Clinic 2615 Fannin Street Houston, TX 77002	76-0373703	501(c)(3)	150,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

See Part IV for Column (h) descriptions

National Association of Free and
Charitable Clinics, Inc.

Schedule I (Form 990)

56-2273242

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas International Institute of Health Professionals - 8121 Broadway St Suite 103 - Houston, TX 77061	46-1267820	501(c)(3)	114,504.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Health Access, Inc. 489 Washington Ave Clarksburg, WV 26301	55-0715066	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Casa El Buen Samaritano 4265 San Felipe 110 Houston, TX 77027	37-1546805	501(c)(3)	58,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Health for All Po Box 5913 Bryan, TX 77802	74-2624477	501(c)(3)	25,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Pedi Place 502 S. Old Orchard Lane Suite 126 Lewisville, TX 75067	75-2512752	501(c)(3)	50,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
United Health Partners 6846 Antoine Drive Houston, TX 77091	61-1757254	501(c)(3)	40,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Good Health Clinic 91555 Overseas Hwy Suite 2 Tavernier, FL 33070	04-3745805	501(c)(3)	150,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Grace Medical Home, Inc. 51 Pennsylvania Street Orlando, FL 32806	26-1817966	501(c)(3)	55,244.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Miami Rescue Mission Clinic 2015 Nw 1 Ave Miami, FL 33127	45-1481860	501(c)(3)	61,378.	0.			To provide financial assistance with healthcare to uninsured and underinsured

Schedule I (Form 990)

**National Association of Free and
Charitable Clinics, Inc.**

Schedule I (Form 990)

56-2273242

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Neighborhood Health Clinic 121 Goodlette Road North Naples, FL 34102	59-3546884	501(c)(3)	83,500.	0.			To provide financial assistance with healthcare to uninsured and underinsured
North Miami Beach Medical Center Po Box 680158 Miami, FL 33168	65-1032266	501(c)(3)	100,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Osceola County Council on Aging 700 Generation Point Kissimmee, FL 34744	59-1595398	501(c)(3)	150,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Shepherd's Hope, Inc 4821 S Apopka-Vineland Road Orlando, FL 32819	59-3420727	501(c)(3)	121,115.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Universal Heritage Institute 4851 NW 183rd St Miami Gardens, FL 33055	65-0268904	501(c)(3)	23,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Florida Association of Free & Charitable Clinics - 8095 NW 12th Street #300 - Doral, FL 33126	46-3502696	501(c)(3)	5,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Kansas City CARE Clinic 3515 Broadway Blvd Kansas City, MO 64111	43-0967292	501(c)(3)	15,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
St. Vincent De Paul Charitable Pharmacy - 1125 Bank Street - Cincinnati, OH 45214	30-0272954	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
OPEN M Medical Clinic 941 Princeton St Akron, OH 44311	34-1046107	501(c)(3)	15,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured

Schedule I (Form 990)

National Association of Free and
Charitable Clinics, Inc.

Schedule I (Form 990)

56-2273242

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beacon Charitable Pharmacy 408 9th St SW Suite 150 Canton, OH 44707	20-0797475	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Viola Startzman Clinic 1874 Cleveland Rd Wooster, OH 44691	34-1758151	501(c)(3)	15,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Arlington Free Clinic 2921 11th Street South Arlington, VA 22204	54-1671883	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Centre Volunteers in Medicine 2520 Green Tech Drive Ste D State College, PA 16803	25-1897969	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Faith Family Medical Center 326 21st Ave North Nashville, TN 37203	62-1816811	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Free Clinic of Meridan 4707 Poplar Springs Drive Meridian, MS 39302	45-5309446	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Free clinic of Rome 1018 John Maddox Dr Rome, GA 30161	20-5296305	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Good News Clinic Po Box 2683 Gainesville, GA 30503	58-2058853	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Grace Clinic of Yadkin Valley Po Box 978 Elkin, NC 28621	76-0800084	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured

Schedule I (Form 990)

National Association of Free and Charitable Clinics, Inc.

Schedule I (Form 990)

56-2273242

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Killeen Free Clinic DBA Greater Killeen Community Clinic - 718 N 2nd St Ste A - Killeen , TX 76541	74-2724725	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Greenville Free Medical Clinic Po Box 8993 Greenville, SC 29604	57-0855205	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Health and Hope Clinic, Inc. 1718 E Olive Road Pensacola, FL 32514	26-4336638	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Hope Health Clinic, Inc 1025 Sanivel Way Ste E La Grange, KY 40031	46-5509958	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Hope Within Ministries 4748 E Harrisburg Pike Elizabethtown , PA 17022	16-1643004	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Lake County Free Clinic 54 S State St Ste 302 Painesville, OH 44077	34-1081191	501(c)(3)	15,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Nova Scriptscentral Inc 6400 Arlington Blvd Ste 120 Falls Church, VA 22042	65-1275162	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Of One Accord Inc Po Box 207 Rogersville, TN 37857	62-1391365	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Reach Out of Montgomery County 25 E Foraker St Dayton, OH 45409	31-1434282	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured

Schedule I (Form 990)

National Association of Free and
Charitable Clinics, Inc.

Schedule I (Form 990)

56-2273242

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of The University of Michigan - 500 S State St - Ann Arbor, MI 48109	38-6006309	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
St. Vincent De Paul Charitable Pharmacy - 1125 Bank Street - Cincinnati, OH 45214	30-0272954	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
The Night Ministry 4711 N Ravenswood Ave Chicago, IL 60640	36-3145764	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
The University of North Carolina at Chapel Hill - 103 South Building Campus Box 9100 - Chapel Hill, NC 27599	56-6001393	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
West Virginia Health Right, Inc 1520 Washington St Charleston, WV 25311	31-1066881	501(c)(3)	3,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Center for Family Health & Education - 8727 Van Nuys Blvd Ste 101 - Panorama City, CA 91402	27-0224623	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Volunteers in Medicine of the Olympics - Po Box 639 - Port Angeles, WA 98362	01-0590704	501(c)(3)	15,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
UCSD Student-Run Free Clinic Project - 9500 Gilman Dr MC 0952 - La Jolla, CA 92093	95-6006144	501(c)(3)	5,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Luke's House A Clinic for Hope and Healing - 143 Church St - Phoenixville, PA 19460	23-3072363	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured

Schedule I (Form 990)

**National Association of Free and
Charitable Clinics, Inc.**

Schedule I (Form 990)

56-2273242

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Prince William Area Free Clinic, Inc. - 13900 Church Hill Dr - Woodbridge, VA 22191	54-1619202	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
Clinica Esperanza/Hope Clinic 60 Valley St Ste 104 Providence, RI 02909	26-1714340	501(c)(3)	10,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured
St. Vincent De Paul Community Healthcare, Inc			50,000.	0.			To provide financial assistance with healthcare to uninsured and underinsured

National Association of Free and Charitable Clinics, Inc.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Grant Funding Clinics must sign a letter that states they understand the requirements of the grant and they must report two times a year using an electronic portal. Then, we make a report summarizing the funds status.

Part II, line 1, Column (h):

Name of Organization or Government: UBI Caritas

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Part IV Supplemental Information

Name of Organization or Government: Ibn Sina Foundation Inc.

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: TOMAGWA Ministries Inc

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Christ Clinic Inc.

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government:

Loan Star Association of Charitable Clinics

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: San Jose Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government:

Texas International Institute of Health Professionals

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Health Access, Inc.

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Casa El Buen Samaritano

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Health for All

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Pedi Place

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: United Health Partners

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Good Health Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Grace Medical Home, Inc.

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Miami Rescue Mission Clinic

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Neighborhood Health Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: North Miami Beach Medical Center

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Osceola County Council on Aging

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Shepherd's Hope, Inc

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Universal Heritage Institute

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government:

Florida Association of Free & Charitable Clinics

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Part IV Supplemental Information

Name of Organization or Government: Kansas City CARE Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government:

St. Vincent De Paul Charitable Pharmacy

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: OPEN M Medical Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Beacon Charitable Pharmacy

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Viola Startzman Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Arlington Free Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Centre Volunteers in Medicine

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Part IV Supplemental Information

Name of Organization or Government: Faith Family Medical Center

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Free Clinic of Meridan

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Free clinic of Rome

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Good News Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Grace Clinic of Yadkin Valley

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government:

Greater Killeen Free Clinic DBA Greater Killeen Community Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Greenville Free Medical Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with

Part IV Supplemental Information

healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Health and Hope Clinic, Inc.

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Hope Health Clinic, Inc

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Hope Within Ministries

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Lake County Free Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Nova Scriptscentral Inc

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Of One Accord Inc

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Reach Out of Montgomery County

(h) Purpose of Grant or Assistance: To provide financial assistance with

Part IV Supplemental Information

healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Regents of The University of Michigan

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government:

St. Vincent De Paul Charitable Pharmacy

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: The Night Ministry

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government:

The University of North Carolina at Chapel Hill

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: West Virginia Health Right, Inc

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Center for Family Health & Education

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Part IV Supplemental Information

Name of Organization or Government:

Volunteers in Medicine of the Olympics

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: UCSD Student-Run Free Clinic Project

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government:

Luke's House A Clinic for Hope and Healing

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Prince William Area Free Clinic, Inc.

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government: Clinica Esperanza/Hope Clinic

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

Name of Organization or Government:

St. Vincent De Paul Community Healthcare, Inc

(h) Purpose of Grant or Assistance: To provide financial assistance with healthcare to uninsured and underinsured individuals.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **National Association of Free and Charitable Clinics, Inc.** Employer identification number **56-2273242**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

National Association of Free and Charitable Clinics, Inc.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NICOLE LAMOUREUX BUSBY CHIEF EXECUTIVE OFFICER	(i)	201,032.	0.	0.	0.	0.	201,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

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 the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization	National Association of Free and Charitable Clinics, Inc.	Employer identification number	56-2273242
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Form 990, Part VI, Section A, line 6:

THE MEMBERSHIP IS COMPOSED OF FREE CLINICS AROUND THE COUNTRY THAT PAY DUES TO BE A MEMBER. THE BOARD IS ELECTED AT AN ANNUAL MEETING OF THE MEMBERSHIP OF THE ORGANIZATION.

Form 990, Part VI, Section A, line 7a:

THE MEMBERS ELECT OFFICERS AT THE ANNUAL MEETING OF THE MEMBERS.

Form 990, Part VI, Section B, line 11b:

DURING THE IRS'S DEVELOPMENT OF THIS FORM, THE AICPA SUGGESTED THAT COMPLIANCE AND FIDUCIARY DUTIES WOULD BE BEST MET IF A NON-PROFIT BOARD OF DIRECTORS, AUDIT COMMITTEE OR OTHER APPROPRIATE COMMITTEE RECEIVED CONFIRMATION FROM THE PARTY OR PARTIES RESPONSIBLE FOR FILING THE TAX RETURN THAT IT HAD BEEN PREPARED BY A QUALIFIED PERSON(S) OR FIRM AND HAD BEEN FILED IN A TIMELY MANNER, RATHER THAN REVIEWING THE FORM IN LINE-BY-LINE DETAIL WITH MANAGEMENT. WE ARE CONCERNED THAT THE VAST MAJORITY OF NON-PROFIT BOARD MEMBERS ARE NOT IN A POSITION TO REVIEW A FORM 990 AND FURTHER CONCERNED AS TO WHAT A REQUEST OF THIS NATURE MAY IMPLY ABOUT COMPLIANCE. MOST NON-PROFITS HIRE CPA FIRMS OR OTHER TAX PROFESSIONALS TO PREPARE FORMS 990 AND BOARD MEMBERS GENERALLY FEEL THIS IS THE APPROPRIATE FIDUCIARY PROCESS. THE BOARD OR AUDIT COMMITTEE'S ROLE THEN IS TO EVALUATE THE COMPETENCY OF THE PERSON(S) OR FIRM HIRED TO PREPARE THE RETURN AND TO DETERMINE IT IS APPROPRIATELY FILED. WE HAVE TAKEN THESE STEPS WITH OUR BOARD.

Form 990 Part VI Section B - Policies

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	National Association of Free and Charitable Clinics, Inc.	Employer identification number	56-2273242
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The tax return is amended to update Policies that were omitted in error.

The Organization has policies governing:

- 1 Conflict of Interest
- 2 Whistleblower
- 3 Records Retention
- 4 Compensation Procedures for the CEO, Executive Director and other top management positions

The Board Policy Manual explains in detail each part of the NAFC Board governance and responsibilities. All policies are reviewed annually.

Form 990, Part VI, Section B, Line 12c:

The Board must sign the Conflict of Interest Form and Board Commitment Form annually and return to the NAFC staff.

Form 990, Part VI, Section B, Line 15:

There is an Executive Committee established who reviews and sets the goals for the CEO position. The CEO is then assessed and evaluated annually based on these goals. The committee researches industry wage reports and annually reviews salary levels for comparability. Other top management positions are reviewed by the Board Members based on annual goal criteria.

Form 990, Part VI, Section C, Line 19:

ALL DOCUMENTS ARE MADE AVAILABLE AT THE OFFICES OF THE ORGANIZATION UPON REQUEST.

2018 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Furniture & Fixtures														
8	Office Furniture	10/05/11	SL	10.00	MC	16	982.				982.	932.		50.	982.
9	Table	10/09/11	SL	10.00	MC	16	629.				629.	598.		31.	629.
23	3 Desks	08/30/18	SL	5.00	MC	16	2,054.				2,054.			171.	171.
24	7 Chairs	08/31/18	SL	5.00	MC	16	1,265.				1,265.			105.	105.
25	Wayfair - office furniture	09/05/18	SL	5.00	MC	16	488.				488.			32.	32.
26	Wayfair - office furniture \$144 credit	09/07/18	SL	5.00	MC	16	863.				863.			58.	58.
27	Wayfair - office furniture	10/04/18	SL	5.00	MC	16	156.				156.			8.	8.
28	Nicole - Macys	10/20/18	SL	5.00	MC	16	2,695.				2,695.			135.	135.
	* 990 Page 10 Total Furniture & Fixtures						9,132.				9,132.	1,530.		590.	2,120.
	Machinery & Equipment														
11	Ipad	06/17/12	SL	5.00		16	879.				879.	879.		0.	879.
12	iphone5	09/21/12	SL	5.00		16	901.				901.	901.		0.	901.
13	HP Laserjet Pro 400 Color MFP	12/31/12	SL	5.00		16	758.				758.	758.		0.	758.
14	Apple Macbook Air	12/31/12	SL	5.00		16	2,204.				2,204.	2,204.		0.	2,204.
15	Mac mini with OS X Server	12/31/12	SL	5.00		16	1,469.				1,469.	1,469.		0.	1,469.
16	Western Digital 4 TB My Book	12/31/12	SL	5.00		16	646.				646.	646.		0.	646.
18	Apple Computer	12/26/16	SL	5.00		16	3,073.				3,073.	615.		615.	1,230.

2018 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	Apple Computer	06/21/16	SL	5.00		16	1,917.				1,917.	575.		383.	958.
21	Apple Laptop for Kerry	11/01/17	SL	5.00		16	3,073.				3,073.	102.		615.	717.
22	Pharmacy Refrigerators	04/30/17	SL	10.00		16	14,912.				14,912.	994.		1,491.	2,485.
	* 990 Page 10 Total Machinery & Equipment						29,832.				29,832.	9,143.		3,104.	12,247.
	Management and General														
5	Software	08/07/11	SL	3.00	HY	16	2,108.				2,108.	1,933.		0.	1,933.
17	Software	12/31/13	SL	3.00		16	1,092.				1,092.	1,092.		0.	1,092.
20	Website	01/15/16	SL	3.00		16	20,064.				20,064.	13,376.		6,688.	20,064.
	* 990 Page 10 Total Management and General						23,264.				23,264.	16,401.		6,688.	23,089.
	* Grand Total 990 Page 10 Depr						62,228.				62,228.	27,074.		10,382.	37,456.
	Current Year Activity														
	Beginning balance						54,707.			0.	54,707.	27,074.			36,947.
	Acquisitions						7,521.			0.	7,521.	0.			509.
	Dispositions						0.			0.	0.	0.			0.
	Ending balance						62,228.			0.	62,228.	27,074.			37,456.
	Ending accum depr											37,456.			
	Ending book value											24,772.			

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return National Association of Free and Charitable Clinics, Inc.	Business or activity to which this form relates Form 990 Page 10	Identifying number 56-2273242
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,000,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	10,382.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	10,382.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

National Association of Free and Charitable Clinics, Inc.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year:					
43 Amortization of costs that began before your 2018 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. National Association of Free and Charitable Clinics, Inc.	Employer identification number (EIN) or 56-2273242
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1800 Diagonal Road, Suite 600	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Alexandria, VA 22314	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The Organization

- The books are in the care of ▶ **1800 Diagonal Road, Suite 600 - Alexandria, VA 22314**
Telephone No. ▶ **703-647-7427** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **November 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2019)

**Mail to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045**