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CLIENT'S COPY



Weil, Akman, Baylin & Coleman, P.A. Certified Public Accountants
201 West Padonia Road • Suite 600 • Timonium, MD 21093-2186
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OCTOBER 12, 2022

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 2021 EXEMPT
ORGANIZATION RETURN, AS FOLLOWS...

2021 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, 2021

| | |
|---|---|
| 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-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US AS SOON AS POSSIBLE. |

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC. EIN or SSN ** - * * * * *

Name and title of officer or person subject to tax NICOLE LAMOUREUX EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 3 columns: Form type, Description, and Amount. Row 1a: Form 990 check here [X], Total revenue, 8,345,135.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize WEIL, AKMAN, BAYLIN & COLEMAN, P.A. to enter my PIN 63242. Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax _____ 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 2021 electronically filed return 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 10/12/22

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

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.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC. | Taxpayer identification number (TIN) **-***** |
| 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 | |
| | 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 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 |
| Form 990-T (corporation) | 07 | | |

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2021** 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-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-TE and Form 8879-TE for payment instructions.

▶ 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.

Open to Public Inspection

A For the 2021 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 type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC. Doing business as | | D Employer identification number ** - * * * * * |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1800 DIAGONAL ROAD, SUITE 600 | E Telephone number 703-647-7427 | |
| | City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314 | | G Gross receipts \$ 8,345,135. |
| | F Name and address of principal officer: NICOLE LAMOUREUX 1800 DIAGONAL ROAD, SUITE 600, ALEXANDRIA, VA | | 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.NAFCCCLINICS.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 | | Prior Year | Current Year |
|--|--|---|---------------------------|
| Activities & Governance | 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 2021 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 5,600,284. | 7,703,358. |
| | 9 Program service revenue (Part VIII, line 2g) | 103,010. | 616,955. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 30,323. | 24,822. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,733,617. | 8,345,135. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,969,265. | 5,685,359. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 450,858. | 532,486. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 59,407. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 650,954. | 1,492,600. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,071,077. | 7,710,445. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 662,540. | 634,690. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 1,423,329. | End of Year 2,287,397. |
| | 21 Total liabilities (Part X, line 26) | 254,481. | 483,859. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,168,848. | 1,803,538. |

Part II Signature Block

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

| | | | |
|------------------------|--|-----------------------------|--|
| Sign Here | Signature of officer | | Date |
| | NICOLE LAMOUREUX, EXECUTIVE DIRECTOR Type or print name and title | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | ALLAN C. SANDERS, CPA | | 10/12/22 |
| | Firm's name ▶ WEIL, AKMAN, BAYLIN & COLEMAN, P.A. | Firm's EIN ▶ ** - * * * * * | Check <input type="checkbox"/> if self-employed PTIN P00919875 |
| | 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

NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC.

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 [X] No

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

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

4a (Code:) (Expenses \$ 792,433. including grants of \$ 93.) (Revenue \$ 514,591.) THE NAFC ANNUAL SYMPOSIUM AND ADDITIONAL EDUCATION SERVICES ARE 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 \$ 6,437,434. including grants of \$ 5,685,266.) (Revenue \$ 60,000.) 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,229,867.

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 Schedule B, Schedule of Contributors? See instructions | 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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions | | 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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 on Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 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 on 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 | | |
| | 2a | | 0 |
| 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 on 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? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | 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. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC.

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

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

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 on Schedule O. | 1a | 9 | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b | 9 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | 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? | 7a | | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | 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 on Schedule O | 9 | | | 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? | 10a | | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X | |
| b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 12c | | X | |
| 13 Did the organization have a written whistleblower policy? | 13 | | X | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | | 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? | | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | | X | |
| b Other officers or key employees of the organization | 15b | | X | |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) NICOLE LAMOUREUX PRESIDENT/CHIEF EXECUTIVE | 40.00 | | | | X | | | 206,032. | 0. | 0. |
| (2) KERRY THOMPSON VICE PRESIDENT | 40.00 | X | | | | | | 125,313. | 0. | 0. |
| (3) ARIANA GORDILLO DIRECTOR OF OUTREACH | 40.00 | X | | | | | | 85,020. | 0. | 0. |
| (4) ANGIE MCLAUGHLIN BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (5) BOBBY KAPUR, MD BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (6) ISI IKHAREBHA GREEN SECRETARY | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (7) LARRY ROBINS BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (8) MAUREEN TOMOSCHUK VICE CHAIRMAN | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (9) NANCY W. HUDSON BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (10) SHANNON WATSON BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (11) STEPHANIE NELSON GARRIS, J.D. CHAIRMAN | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (12) BETH ARMSTRONG TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (13) ADAM BRADLEY BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (14) KAT MASTRANGELO BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (15) DR. HINA AZAM BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (16) GISELA BRETONES BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (17) AVONTE JACKSON BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 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) | (B) | (C) | (D) | |
|---|---|-----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | 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 7,703,358. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ 653,870. | | | | | |
| | h Total. Add lines 1a-1f | | 7,703,358. | | | | |
| Program Service Revenue | 2 a MEMBERSHIP DUES | Business Code 621400 | 397,079. | 397,079. | | | |
| | b SYMPOSIUM | 621400 | 117,512. | 117,512. | | | |
| | c BIOGEN | 621400 | 60,000. | 60,000. | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | 621400 | 42,364. | | | 42,364. | |
| | g Total. Add lines 2a-2f | | 616,955. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 24,822. | | | 24,822. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 8,345,135. | 574,591. | 0. | 67,186. | |

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 5,685,359. | 5,685,359. | | |
| 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 | 416,365. | 288,286. | 128,079. | |
| 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 | 64,298. | 20,623. | 11,817. | 31,858. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 51,823. | 33,206. | 15,222. | 3,395. |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 279,178. | 132,672. | 129,906. | 16,600. |
| b Legal | | | | |
| c Accounting | | | | |
| 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.) | 653,870. | 653,870. | | |
| 12 Advertising and promotion | 116,318. | 63,464. | 52,854. | |
| 13 Office expenses | 1,378. | 371. | 1,007. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 120,364. | 67,656. | 45,154. | 7,554. |
| 17 Travel | 9,226. | 9,138. | 88. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,159. | | 3,159. | |
| 23 Insurance | 8,294. | | 8,294. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a SYMPOSIUM EXPENSE | 227,563. | 227,563. | | |
| b TELEPHONE & WEBSITE | 46,248. | 35,231. | 11,017. | |
| c BANK FEES | 13,599. | | 13,599. | |
| d POSTAGE/SHIPPING | 10,815. | 10,815. | | |
| e All other expenses | 2,588. | 1,613. | 975. | |
| 25 Total functional expenses. Add lines 1 through 24e | 7,710,445. | 7,229,867. | 421,171. | 59,407. |
| 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 | 264,662. | 1 | 538,605. |
| | 2 Savings and temporary cash investments | 290,824. | 2 | 826,273. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 58,963. | 4 | 146,048. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 207,344. | 9 | 24,620. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 65,467. | | |
| | b Less: accumulated depreciation | 10b 47,277. | 13,939. | 10c 18,190. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 553,527. | 12 | 692,378. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 34,070. | 15 | 41,283. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1,423,329. | 16 | 2,287,397. | |
| Liabilities | 17 Accounts payable and accrued expenses | 54,714. | 17 | 220,994. |
| | 18 Grants payable | 10,000. | 18 | 10,000. |
| | 19 Deferred revenue | 189,767. | 19 | 252,865. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 254,481. | 26 | 483,859. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,168,848. | 27 | 1,803,538. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 1,168,848. | 32 | 1,803,538. |
| 33 Total liabilities and net assets/fund balances | 1,423,329. | 33 | 2,287,397. | |

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 | 8,345,135. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,710,445. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 634,690. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,168,848. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,803,538. |

Part XII Financial Statements and Reporting

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

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

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))..... | 14 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/> |

NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC.

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,377,807. | 3,517,698. | 3,180,507. | 4,631,838. | 7,108,792. | 19,816,642. |
| 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 | 1,377,807. | 3,517,698. | 3,180,507. | 4,631,838. | 7,108,792. | 19,816,642. |
| 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.) | | | | | | 19,816,642. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 1,377,807. | 3,517,698. | 3,180,507. | 4,631,838. | 7,108,792. | 19,816,642. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 16,366. | 16,704. | 42,284. | 30,323. | 25,335. | 131,012. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 16,366. | 16,704. | 42,284. | 30,323. | 25,335. | 131,012. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | 299,573. | | 299,573. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 1,394,173. | 3,534,402. | 3,222,791. | 4,961,734. | 7,134,127. | 20,247,227. |

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

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | 97.87 % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | 96.89 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|-------|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | .65 % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | .96 % |

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

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

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

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b 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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 line 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> | | |

NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC.

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>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.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by 0.035. | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|--------------------------------|
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 Enter 0.85 of line 1. | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 Enter greater of line 2 or line 3. | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 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 | 1 |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 Amounts paid to acquire exempt-use assets | 4 |
| 5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 Total annual distributions. Add lines 1 through 6. | 7 |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 Line 8 amount divided by line 9 amount | 10 |

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

**NATIONAL ASSOCIATION OF FREE AND
CHARITABLE CLINICS, INC.**

Employer identification number

-***

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

| | |
|--|---|
| Name of organization NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC. | Employer identification number ** - * * * * * |
|--|---|

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 | NEW YORK STATE DEFERRED COMP PLAN 385 JORDAN ROAD TROY, NY 12180-7620 | \$ 18,838. | 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 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | PETER HANAUER 95 FOREST LANE BERKELEY, CA 94708 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ROBERT MITCHELL 5813 PEACH HEATHER TRL VALRICO, FL 33596 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | CONTINENTAL TIRE 1830 MACMILLAN PARK DR FORT MILL, SC 29707 | \$ 5,000. | 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 ** - * * * * * |
|--|---|

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 | CVS ONE CVS DRIVE WOONSOCKET, RI 02895 | \$ 3,280,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | VOLUNTEERS IN MEDICINE AMERICA PO BOX 21177 HILTON HEAD, SC 29925 | \$ 288,063. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | FIDELITY CHARITY 1906 SW EDGEWOOD ROAD PORTLAND, OR 97201 | \$ 65,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | AMERICARES FREE CLINICS 88 HAMILTON AVENUE STANFORD, CT 06902 | \$ 112,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | DIRECT RELIEF 6100 BECKNELL ROAD SANTA BARBARA, CA 93117-3265 | \$ 2,565,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | ENTERTAINMENT INDUSTRY FOUNDATION 10880 WILSHIRE BLVD LOS ANGELES, CA 90024 | \$ 50,000. | 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 ** - * * * * * |
|--|--|

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 | BECTON, DICKSON AND COMPANY <hr/> 1 BECTON DRIVE <hr/> FRANKLIN LAKES, NJ 07417 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | MICHAEL SPEYER <hr/> 10061 WALLINGFORD AVE N <hr/> SEATTLE, WA 98133 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | SUSTAINABLE SOLUTION <hr/> 189 COULTER RD <hr/> SEQUIM, WA 98382 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | CENTER FOR DISASTER PHILANTHROPY <hr/> 1 THOMAS CIRCLE NW, SUITE 700 <hr/> WASHINGTON, DC 20005-5802 | \$ 300,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ <hr/> _____ <hr/> _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ <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 ** - * * * * * |
|--|--|

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 ** - * * * * * |
|--|--|

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

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

2021

Open to Public Inspection

Name of the organization NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC. Employer identification number ** - * * * * *

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 29,180. | 13,815. | 15,365. |
| e Other | | 36,286. | 33,461. | 2,825. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 18,190. |

**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 | 692,378. | 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.) ▶ | 692,378. | |

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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (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 FASB 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 | 8,345,135. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 8,345,135. |
| 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 | 8,345,135. |

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 | 7,710,445. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 7,710,445. |
| 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 | 7,710,445. |

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

STOCK SALES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

**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

2021

**Open to Public
Inspection**

Name of the organization **NATIONAL ASSOCIATION OF FREE AND
CHARITABLE CLINICS, INC.**

**Employer identification number
_*****

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| UBUNTU BLACK FAMILY WELLNESS COLLECTIVE - 2611 GOVERNOR PRINTZ BLVD - WILMINGTON, DE 19702 | **_***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| BRAZOS MATERNAL & CHILD HEALTH CLINIC, INC (THE PRENATAL CLINIC) - 3370 S. TEXAS AVE, STE G, - BRYAN, TX 77802 | **_***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VA 24505 | **_***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| IMANI CLINIC 1213 ALVARADO AVE, APT 30 DAVIS, CA 95616 | **_***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET, SW, SUITE 309 ATLANTA, GA 30312 | **_***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| VIDA, INC 720 W ASSOCIATION DRIVE APPLETON, WI 54914-1482 | **_***** | 501(C)(3) | 20,000. | 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) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

NATIONAL ASSOCIATION OF FREE AND
CHARITABLE CLINICS, INC.

Schedule I (Form 990)

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Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| THE LUKE CLINIC 9615 MAI STREET, SUITE B WHITMORE LAKE, MI 48189 | **-***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| HEALING HANDS MINISTRIES, INC. 8515 GREENVILLE AVENUE, N-112 DALLAS, TX 75243 | **-***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CHIKARE HEALTH SERVICES, INC 915 WEST CHICAGO AVENUE EAST CHICAGO, IN 46312 | **-***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DR RALEIGH, NC 27610-2593 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| APPNA COMMUNITY HEALTH CENTER OF SAN FRANCISCO BAY AREA - 1505 GRANT ROAD - LOS ALTOS, CA 94024 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| BPSOS-ATLANTA 6107 OAKBROOK PKWY NORCROSS, GA 30093 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CAMINO COMMUNITY DEVELOPMENT CORPORATION - 131 STETSON DR. - CHARLOTTE, NC 28262 | **-***** | 501(C)(3) | 100,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CARE RING 601 E. 5TH ST., SUITE 140 CHARLOTTE, NC 28202 | **-***** | 501(C)(3) | 75,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CASA EL BUEN SAMARITANO PO BOX 20487 HOUSTON, TX 77225 | **-***** | 501(C)(3) | 75,000. | 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)

-***

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET, SW, SUITE 309 ATLANTA, GA 30312 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CHICAGO WOMEN'S HEALTH CENTER 1025 W. SUNNYSIDE SUITE 201 CHICAGO, IL 60626 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CLARA'S HOUSE 2700 L STREET SACRAMENTO, CA 95816 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622 | **-***** | 501(C)(3) | 100,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| FOUNDATION FOR BETTER EDUCATION 11006 LONDON LN HOUSTON, TX 77024 | **-***** | 501(C)(3) | 75,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| GET UP PROJECT 8101 CAMERON RD. SUITE 101 AUSTIN, TX 78759 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| GRACE MEDICAL HOME 1417 E. CONCORD STREET ORLANDO, FL 32803 | **-***** | 501(C)(3) | 100,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| IBN SINA FOUNDATION, INC 11226 S. WILCREST DR, HOUSTON, TX 77099 | **-***** | 501(C)(3) | 100,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| INDIAN AMERICAN MEDICAL ASSOCIATION CHARITABLE FOUNDATION - 2645 WEST PETERSON - CHICAGO, IL 60659 | **-***** | 501(C)(3) | 40,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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|--|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| JUDEO CHRISTIAN HEALTH CLINIC 4118 N. MACDILL AVENUE TAMPA, FL 33607 | **_***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| LATINO LEADERSHIP, INC. 8617 E. COLONIAL DRIVE SUITE 1600 ORLANDO, FL 32817 | **_***** | 501(C)(3) | 100,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| MIAMI RESCUE MISSION CLINIC, INC. 2015 NW 1ST AVENUE MIAMI, FL 33127 | **_***** | 501(C)(3) | 100,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| MINISTRY CENTER COMMUNITY CLINIC 5516 REDLAND DRIVE SAN DIEGO, CA 92115 | **_***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| PROJECT 658 3646 CENTRAL AVE. CHARLOTTE, NC 28205 | **_***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| ROOTS COMMUNITY HEALTH CENTER 7272 MACARTHUR BLVD OAKLAND, CA 94605 | **_***** | 501(C)(3) | 100,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002 | **_***** | 501(C)(3) | 75,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SHEPHERDS CLINIC INC 2800 KIRK AVENUE BALTIMORE, MD 21218 | **_***** | 501(C)(3) | 75,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SHIFA HEALTHCARE & COMMUNITY SERVICES USA - 9494 SOUTHWEST FREEWAY SUITE 450 - HOUSTON, TX 77074 | **_***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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| THE GOOD SAMARITAN HEALTH CENTER, INC. - 1015 DONALD LEE HOLLOWELL PKWY - ATLANTA, GA 30318 | **_***** | 501(C)(3) | 75,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| THE TEXAS INTERNATIONAL INSTITUTE OF HEALTH PROFESSIONS - 8121 BROADWAY ST, STE 103 - HOUSTON, TX 77061-1341 | **_***** | 501(C)(3) | 100,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| UHPHEALTH 6846 ANTOINE DR HOUSTON, TX 77091 | **_***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| UNDERGROUND NETWORK, INC. PO BOX 75157 TAMPA, FL 33675 | **_***** | 501(C)(3) | 75,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| UNIVERSAL HERITAGE INSTITUTE, INC. 4745 NW 183RD STREET MIAMI, FL 33055 | **_***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PKWY AUSTIN, TX 78756 | **_***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| VOLUNTEERS IN MEDICINE SAN FRANCISCO - DBA: CLINIC BY THE BAY - 4877 MISSION STREET - SAN FRANCISCO, CA 94112 | **_***** | 501(C)(3) | 65,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| AL-SHIFA CLINIC 2334 NORTH SIERRA WAY SAN BERNARDINO, CA 92405 | **_***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| BERKELEY COMMUNITY HEALTH PROJECT 2339 DURANT AVE BERKELEY, CA 94704 | **_***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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|---|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| CLARA'S HOUSE 2700 L STREET SACRAMENTO, CA 95816 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CLINICA TEPATI 513 ISLA PLACE DAVIS, CA 95616 | **-***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COACHELLA VALLEY VOLUNTEERS IN MEDICINE - 45805 FARGO STREET, #10090 - INDIO, CA 92202 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITY SERVICE, EDUCATION AND RESEARCH FUND OF SEDMS - 5380 ELVAS AVENUE, SUITE 219 - SACRAMENTO, CA 95819 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CONEJO FREE CLINIC 80 E. HILLCREST DRIVE, SUITE 102 THOUSAND OAKS, CA 91360 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| HEALING GROVE HEALTH CENTER INC., A SOCIAL PURPOSE CORPORATION - 226 W. ALMA AVE. STE 10 - SAN JOSE, CA 95110 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| IMANI CLINIC 2425 ALHAMBRA BLVD. SACRAMENTO, CA 95817 | **-***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| JEWISH COMMUNITY FREE CLINIC 50 MONTGOMERY DRIVE SANTA ROSA, CA 95404 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| KNIGHTS LANDING ONE HEALTH CENTER 513 ISLA PLACE DAVIS, CA 95616 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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| MCCC MINISTRY CENTER COMMUNITY CLINIC - 5516 REDLAND DR - CARLSBAD, CA 92115 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| NADEZHDA CLINIC CSI, BOX #795, UC DAVIS, 1 SHIELDS DAVIS, CA 95616 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| NAPA ACUPUNCTURE PRACTICE 411 FREEWAY DR NAPA, CA 94558 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| ONE LOVE CENTER FOR HEALTH 826 CARLSTON AVE OAKLAND, CA 94610 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SAMARITAN HOUSE 4031 PACIFIC BLVD SAN MATEO, CA 94403 | **-***** | 501(C)(3) | 22,266. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SAVIE HEALTH 136 N. THIRD STREET LOMPOC, CA 93436 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SHIFA COMMUNITY CLINIC 419 V STREET SACRAMENTO, CA 95818 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SOUTHERN CALIFORNIA CARE COMMUNITY 1249 E OHIO AVE ESCONDIDO, CA 92009 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| ST JEANNE DE LESTONNAC FREE CLINIC 1215 E. CHAPMAN AVENUE ORANGE, CA 92866 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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|--|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| STANFORD CARDINAL FREE CLINICS ALWAY BUILDING SUITE M116 MC: 5629, 300 PASTEUR DRIVE - STANFORD, CA 94305 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SYMBA CENTER 20601 HWY 18, SUITE 171 APPLE VALLEY, CA 92307 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| UCSD STUDENT-RUN FREE CLINIC PROJECT - 9500 GILMAN DR DEPT 0696 - LA JOLLA, CA 92093-0696 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| UMI COMMUNITY IMAGING CLINIC 24901 VIA VERDE LAGUNA NIGUEL, CA 92677 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| VIDA MOBILE CLINIC 10718 WHITE OAK AVE GRANADA HILLS, CA 91344 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| VINEYARD FREE CLINIC 935 N MCKINLEY STREET CORONA, CA 92879 | **-***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| VOLUNTEERS IN MEDICINE - SAN DIEGO 1457 E MADISON AVE EL CAJON, CA 92019 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| VOLUNTEERS IN MEDICINE SAN FRANCISCO DBA CLINIC BY THE BAY - 4877 MISSION ST - SAN FRANCISCO, CA 94112 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| WELL-ONE HEALTH INC. 300 E 5TH ST. PERRIS, CA 92570-2006 | **-***** | 501(C)(3) | 20,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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|---|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| WOMEN & INFANTS MOBILE HEALTH - CAL POLY SAN LUIS OBISPO - 1 GRAND AVENUE, 43A-456 - SAN LUIS OBISPO, CA 93407 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| MEDICAL MISSION ADVENTURES 425 SIERRA MADRE VILLA AVE PASADENA, CA 91107 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| OPTIONS FOR WOMEN OF CA (DBA OPTIONS HEALTH) - 5167 CLAYTON RD, SUITE H - CONCORD, CA 94521 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CALIFORNIA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 2752 ABEJORRO STREET - CARLSBAD, CA 92009-5803 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| ROOTS COMMUNITY HEALTH CENTER 7272 MACARTHUR BLVD. OAKLAND, CA 94605 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 2100 W. 45TH STREET - WEST PALM BEACH, FL 33407 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| GRACE MEDICAL HOME 1417 E. CONCORD STREET ORLANDO, FL 32803 | **-***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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| JFK GLOBAL PRAYER MINISTRY 9494 SOUTHWEST FREEWAY, SUITE 450-R HOUSTON, TX 77074 | **_***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| PLACE OF HOPE 5405 JONESBORO ROAD, LAKE CITY, GA 30260 | **_***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| PREMIER MOBILE HEALTH SERVICE CORPORATION - 317 PENNFIELD STREET - LEHIGH ACRES, FL 33974 | **_***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SERVOLUTION HEALTH SERVICES 181 POWELL VALLEY SCHOOL LANE SPEEDWELL, TN 37870 | **_***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SYMBA CENTER 20601 HWY 18 SUITE 171 APPLE VALLEY, CA 92307 | **_***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| THE GOOD SAMARITAN HEALTH CENTER 1015 DONALD LEE HOLLOWELL PARKWAY ATLANTA, GA 30318 | **_***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| UH FOUNDATION 651 ILALO STREET, MEB-OME HONOLULU, HI 96813 | **_***** | 501(C)(3) | 30,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| BOAT PEOPLE SOS-ATLANTA 6107 OAKBROOK PARKWAY NORCROSS, GA 30093 | **_***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| BRADLEY FREE CLINIC 1240 THIRD STREET ROANOKE, VA 24016 | **_***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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|--|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| BREAD OF HEALING CLINIC 1821 N. 16TH ST MILWAUKEE, WI 53205 | **_***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| C-ASIST 24513 FORD ROAD DEARBORN, MI 48128 | **_***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CARE BEYOND THE BOULEVARD 3617 N 112TH TERRACE KANSAS CITY, KS 66109 | **_***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CARE CLINIC 906 COLLEGE AVENUE RED WING, MN 55066 | **_***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CARING HEARTS FREE CLINIC OF PATRICK COUNTY - 835 WOODLAND DRIVE, SUITE 101 - STUART, VA 24171 | **_***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE STATE COLLEGE, PA 16803 | **_***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CHURCH HEALTH CENTER OF MEMPHIS, INC. - 1350 CONCOURSE AVE., STE 142 - MEMPHIS, TN 38104 | **_***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CITY ON A HILL MINISTRIES 100 PINE ST ZEELAND, MI 49464 | **_***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CLINICA COLORADO 8300 ALCOTT ST, SUITE 300 WESTMINSTER, CO 80031 | **_***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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| CLINICA ESPERANZA/ HOPE CLINIC 60 VALLEY ST, STE 104 PROVIDENCE, RI 02909 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITY CARE CENTER FOR FORSYTH COUNTY, INC. - 2135 NEW WALKERTOWN ROAD - WINSTON-SALEM, NC 27101 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITY CLINIC OF SHELBYVILLE AND BEDFORD COUNTY, INC - 200 DOVER STREET, SUITE 202 - SHELBYVILLE, TN 37160 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITY CLINIC OF SWMO 701 SOUTH JOPLIN AVE JOPLIN, MO 64801 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITY HEALTH PARTNERS PO BOX 2853 LONGVIEW, WA 98632 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITY HEALTH-IN-PARTNERSHIP SERVICES - 2431 N. GRAND BLVD - ST. LOUIS, MO 63106 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITY HELPING PLACE FREE CLINIC - PO BOX 712 - DAHLONEGA, GA 30533 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DR WEST CHESTER, PA 19380 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622 | ***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCCASIN RD, SUITE 101 RICHMOND, VA 23229 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| FAITH FAMILY MEDICAL CENTER 326 21ST AVE. N. NASHVILLE, TN 27303 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| FAMILY HEALTH PARTNERSHIP CLINIC 401 E. CONGRESS PARKWAY CRYSTAL LAKE, IL 60014 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VA 24504 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| GOOD SHEPHERD CLINIC OF DAWSON CO., INC. - 452 HIGHWAY 53 E #1009 - DAWSONVILLE, GA 30534 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| GRAPEVINE RELIEF AND COMMUNITY EXCHANGE - PO BOX 412 - GRAPEVINE, TX 76099 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| GRASSROOTS HEALTHCARE FOUNDATION 732 PLACER CIRCLE VACAVILLE, CA 95687 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604 | **-***** | 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 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| HEALTH BRIGADE 1010 N. THOMPSON STREET RICHMOND, VA 23230 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| HEALTH FOR ALL PO BOX 5913 BRYAN, TX 77805 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| HEALTHFINDERS COLLABORATIVE, INC. PO BOX 731 NORTHFIELD, MN 55057 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| HEALTHNET OF ROCK COUNTY, INC. 23 W. MILWAUKEE STREET JANESVILLE, WI 53548 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| HEALTHREACH COMMUNITY CLINIC P.O. BOX 1265 MOORESVILLE, NC 28115 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| HELPING HANDS OF TENNESSEE 1408 N HIGHLAND AVE STE 102 JACKSON, TN 38301 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| IBN SINA FOUNDATION 11226 S WILCREST DR HOUSTON, TX 77099 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| JEWISH COMMUNITY FREE CLINIC 50 MONTGOMERY DRIVE SANTA ROSA, CA 95404 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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|---|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| JOHNSTOWN FREE MEDICAL CLINIC 315 LOCUST STREET, 2ND FLOOR JOHNSTOWN, PA 15901 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| LIFESPRING COMMUNITY HEALTH 1042 E. 3RD ST. STE 103 CHATTANOOGA, TN 37404 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| LOWER RIO GRANDE VALLEY COMMUNITY HEALTH MANAGEMENT CORPORATION, INC. - 901 E. VERMONT AVE. - MCALLEN, TX 78503 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| MERCY CLINIC, INC. 1315 TATUM DR. NEW BERN, NC 28560 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| MIDVALE COMMUNITY BUILDING COMMUNITY, INC. - 49 W CENTER STREET - MIDVALE, UT 84103 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| MOUNTAIN HOPE GOOD SHEPHERD CLINIC, INC. - PO BOX 5937 - SEVIERVILLE, TN 37864 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, SUITE 100 NAPLES, FL 34102 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| PARKER FAMILY HEALTH CENTER 211 SHREWSBURY AVENUE RED BANK, NJ 07701 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| PEDIPLACE 502 S. OLD ORCHARD LANE, SUITE 126 LEWISVILLE, TX 75067 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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|--|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| SHEEP INC HEALTH CARE CENTER 11817 FRANKSTOWN ROAD PENN HILLS, PA 15235 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SHEPHERDS CLINIC INC 2800 KIRK AVENUE BALTIMORE, MD 21218 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SHIFRA FREE CLIMIC 1092 JOHNNIE DODDS BLVD, STE 108 MT PLEASANT, SC 29464 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SOCIETY OF ST. VINCENT DE PAUL PO BOX 13600 PHOENIX, AZ 85002-3600 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| ST. CLAIR COMMUNITY HEALTH CLINIC 205 EDWIN HOLLADAY PLACE STE 125 PELL CITY, AL 35125 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| THE GOOD SAMARITAN HEALTH CENTER 1015 DONALD LEE HOLLOWELL PARKWAY ATLANTA, GA 30318 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| THE HEALTH HUT 310 WEST MISSISSIPPI AVE. RUSTON, LA 71270 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| THE NIGHT MINISTRY 1735 NORTH ASHLAND AVENUE, SUITE 20 CHICAGO, IL 60622 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| THE OLYMPIA FREE CLINIC PO BOX 6310 OLYMPIA, WA 98507 | **-***** | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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|---|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| THE TEXAS INTERNATIONAL INSTITUTE OF HEALTH PROFESSIONS - 8121 BROADWAY ST STE 103 - HOUSTON, TX 77061-1341 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| TRS HEALTH 12805 CAPRICORN STREET HOUSTON, TX 77477 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| UBI CARITAS 4450 HIGHLAND AVE. BEAUMONT, TX 77705 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| UHPHEALTH 6846 ANTOINE DR HOUSTON, TX 77091 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| WILL-GRUNDY MEDICAL CLINIC 213 E CASS JOLIET, IL 60432 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| WV HEALTH RIGHT, INC. 1520 WASHINGTON ST. E CHARLESTON, WV 25311 | **-***** | 501(C)(3) | 50,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCCASIN RD, SUITE 101 RICHMOND, VA 23229 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| CHURCH HEALTH CENTER OF MEMPHIS, INC. - 1350 CONCOURSE AVE., STE 142 - MEMPHIS, TN 38112 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| ROPHE FREE CLINIC, INC 4374 WEST 52ND STREET INDIANAPOLIS, IN 46245 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| SINCLAIR HEALTH CLINIC 301 N CAMERON STREET SUITE 100, VA 22601 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| LAHAI HEALTH 19820 SCRIBER LAKE ROAD, SUITE 2 LYNNWOOD, WA 98036 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| FAITH FAMILY MEDICAL CENTER 326 21ST AVE. N. NASHVILLE, TN 37203 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| OUTREACH FREE CLINIC AND RESOURCE CENTER - 517 N. PARSONS AVENUE - BRANDON, FL 33510 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES-BARRE, PA 18702 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| WEST VIRGINIA HEALTH RIGHT, INC. 1520 WASHINGTON STREET EAST, CHARLESTON, WV 25311 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| C-ASSIST 24513 FORD RD. DEARBORN, MI 48128 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |
| WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360 | **-***** | 501(C)(3) | 25,000. | 0. | | | TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED |

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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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
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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:

UBUNTU BLACK FAMILY WELLNESS COLLECTIVE

(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:

BRAZOS MATERNAL & CHILD HEALTH CLINIC, INC (THE PRENATAL CLINIC)

(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 CENTRAL VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: IMANI CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR BLACK WOMEN'S WELLNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: VIDA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: THE LUKE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: HEALING HANDS MINISTRIES, 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: CHIKARE HEALTH SERVICES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: A.D.R.O.P.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE MEDICAL MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

APPNA COMMUNITY HEALTH CENTER OF SAN FRANCISCO BAY AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: BPSOS-ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

CAMINO COMMUNITY DEVELOPMENT CORPORATION

(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: CARE RING

(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: CENTER FOR BLACK WOMEN'S WELLNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO WOMEN'S HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CLARA'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITYHEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR BETTER 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: GET UP PROJECT

(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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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:

INDIAN AMERICAN MEDICAL ASSOCIATION CHARITABLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: JUDEO CHRISTIAN HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: LATINO LEADERSHIP, 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, INC.

(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: MINISTRY CENTER COMMUNITY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT 658

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: ROOTS COMMUNITY HEALTH CENTER

(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: SHEPHERDS CLINIC INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

SHIFA HEALTHCARE & COMMUNITY SERVICES USA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

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THE GOOD SAMARITAN HEALTH CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

THE TEXAS INTERNATIONAL INSTITUTE OF HEALTH PROFESSIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: UHPHEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: UNDERGROUND NETWORK, 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, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEER HEALTHCARE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS IN MEDICINE SAN FRANCISCO - DBA: CLINIC BY THE BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH

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HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: AL-SHIFA CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: BERKELEY COMMUNITY HEALTH PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CLARA'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CLINICA TEPATI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

COACHELLA VALLEY VOLUNTEERS IN MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY SERVICE, EDUCATION AND RESEARCH FUND OF SEDMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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NAME OF ORGANIZATION OR GOVERNMENT: CONEJO FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

HEALING GROVE HEALTH CENTER INC., A SOCIAL PURPOSE CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: IMANI CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: KNIGHTS LANDING ONE HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: MCCC MINISTRY CENTER COMMUNITY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: NADEZHDA CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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NAME OF ORGANIZATION OR GOVERNMENT: NAPA ACUPUNCTURE PRACTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: ONE LOVE CENTER FOR HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SAMARITAN HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SAVIE HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SHIFA COMMUNITY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN CALIFORNIA CARE COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: ST JEANNE DE LESTONNAC FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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NAME OF ORGANIZATION OR GOVERNMENT: STANFORD CARDINAL FREE CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SYMBA CENTER

(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: UMI COMMUNITY IMAGING CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: VIDA MOBILE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: VINEYARD FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS IN MEDICINE - SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS IN MEDICINE SAN FRANCISCO DBA CLINIC BY THE BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: WELL-ONE HEALTH INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: WESTMINSTER FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN & INFANTS MOBILE HEALTH - CAL POLY SAN LUIS OBISPO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: MEDICAL MISSION ADVENTURES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

OPTIONS FOR WOMEN OF CA (DBA OPTIONS HEALTH)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA ASSOCIATION OF FREE AND CHARITABLE CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: ROOTS COMMUNITY HEALTH CENTER

(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:

COMMUNITY HEALTH CENTER OF WEST PALM BEACH

(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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: JFK GLOBAL PRAYER MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: PLACE OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH

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HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

PREMIER MOBILE HEALTH SERVICE CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SEROLUTION HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SYMBA CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: THE GOOD SAMARITAN HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: UH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: BOAT PEOPLE SOS-ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: BRADLEY FREE CLINIC

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: BREAD OF HEALING CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: C-ASIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CARE BEYOND THE BOULEVARD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CARE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

CARING HEARTS FREE CLINIC OF PATRICK COUNTY

(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.

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NAME OF ORGANIZATION OR GOVERNMENT: CHURCH HEALTH CENTER OF MEMPHIS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CITY ON A HILL MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CLINICA COLORADO

(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:

COMMUNITY CARE CENTER FOR FORSYTH COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY CLINIC OF SHELBYVILLE AND BEDFORD COUNTY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CLINIC OF SWMO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH

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HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HEALTH-IN-PARTNERSHIP SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HELPING PLACE FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY VOLUNTEERS IN MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITYHEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CROSSOVER HEALTHCARE MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: FAITH FAMILY MEDICAL CENTER

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HEALTH PARTNERSHIP CLINIC

(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 CENTRAL VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

GOOD SHEPHERD CLINIC OF DAWSON CO., INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

GRAPEVINE RELIEF AND COMMUNITY EXCHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: GRASSROOTS HEALTHCARE FOUNDATION

(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 HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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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: HEALTH BRIGADE

(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: HEALTHFINDERS COLLABORATIVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHNET OF ROCK COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHREACH COMMUNITY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS OF TENNESSEE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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NAME OF ORGANIZATION OR GOVERNMENT: HOPE MEDICAL CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: IBN SINA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: JOHNSTOWN FREE MEDICAL CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: LIFESPRING COMMUNITY HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

LOWER RIO GRANDE VALLEY COMMUNITY HEALTH MANAGEMENT CORPORATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: MERCI CLINIC, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH

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HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

MIDVALE COMMUNITY BUILDING COMMUNITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

MOUNTAIN HOPE GOOD SHEPHERD CLINIC, INC.

(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: PARKER FAMILY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: PEDIPLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SHEEP INC HEALTH CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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NAME OF ORGANIZATION OR GOVERNMENT: SHEPHERDS CLINIC INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SHIFRA FREE CLIMIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: SOCIETY OF ST. VINCENT DE PAUL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: ST. CLAIR COMMUNITY HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: THE GOOD SAMARITAN HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: THE HEALTH HUT

(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.

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NAME OF ORGANIZATION OR GOVERNMENT: THE OLYMPIA FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT:

THE TEXAS INTERNATIONAL INSTITUTE OF HEALTH PROFESSIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: TRS HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: UBI CARITAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: UHPHEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: WILL-GRUNDY MEDICAL CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: WV HEALTH RIGHT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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NAME OF ORGANIZATION OR GOVERNMENT: CROSSOVER HEALTHCARE MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: OPEN ARMS CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH HEALTH CENTER OF MEMPHIS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: ROPHE 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: SINCLAIR HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: LAHAI HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

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.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

OUTREACH FREE CLINIC AND RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS IN MEDICINE

(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: C-ASSIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: WESTMINSTER FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE WITH HEALTHCARE TO UNINSURED AND UNDERINSURED INDIVIDUALS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC.

Employer identification number

-***

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 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) 2021

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 and/or 1099-NEC 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 PRESIDENT/CHIEF EXECUTIVE | (i) | 206,032. | 0. | 0. | 0. | 0. | 206,032. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

NATIONAL ASSOCIATION OF FREE AND
CHARITABLE CLINICS, INC.

Employer identification number
-***

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, LINE 12C:

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

Schedule O (Form 990) 2021

| | |
|---|---|
| Name of the organization NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC. | Employer identification number ** - ***** |
|---|---|

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.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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| 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. | 982. | | 0. | 982. |
| 9 | TABLE | 10/09/11 | SL | 10.00 | MC | 16 | 629. | | | | 629. | 629. | | 0. | 629. |
| 23 | 3 DESKS | 08/30/18 | SL | 5.00 | MC | 16 | 2,054. | | | | 2,054. | 993. | | 411. | 1,404. |
| 24 | 7 CHAIRS | 08/31/18 | SL | 5.00 | MC | 16 | 1,265. | | | | 1,265. | 611. | | 253. | 864. |
| 25 | WAYFAIR - OFFICE FURNITURE | 09/05/18 | SL | 5.00 | MC | 16 | 488. | | | | 488. | 228. | | 98. | 326. |
| 26 | WAYFAIR - OFFICE FURNITURE \$144 CREDIT | 09/07/18 | SL | 5.00 | MC | 16 | 863. | | | | 863. | 404. | | 173. | 577. |
| 27 | WAYFAIR - OFFICE FURNITURE | 10/04/18 | SL | 5.00 | MC | 16 | 156. | | | | 156. | 70. | | 31. | 101. |
| 28 | NICOLE - MACYS | 10/20/18 | SL | 5.00 | MC | 16 | 2,695. | | | | 2,695. | 1,213. | | 539. | 1,752. |
| 29 | WAYFAIR - OFFICE FURNITURE | 01/18/19 | SL | 5.00 | | 16 | 817. | | | | 817. | 326. | | 163. | 489. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES | | | | | | 9,949. | | | | 9,949. | 5,456. | | 1,668. | 7,124. |
| | 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. |

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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| 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 | (D)APPLE COMPUTER | 06/21/16 | SL | 5.00 | | 16 | 1,917. | | | | 1,917. | 1,724. | | 193. | 1,916. |
| 21 | (D)APPLE LAPTOP FOR KERRY | 11/01/17 | SL | 5.00 | | 16 | 3,073. | | | | 3,073. | 1,947. | | 0. | 1,947. |
| 22 | PHARMACY REFRIGERATORS | 04/30/17 | SL | 10.00 | | 16 | 14,912. | | | | 14,912. | 5,467. | | 1,491. | 6,958. |
| 30 | APPLE COMPUTER | 01/17/20 | SL | 5.00 | | 16 | 2,013. | | | | 2,013. | | | 0. | |
| 31 | APPLE LAPTOP FOR KERRY | 01/08/21 | SL | 5.00 | | 16 | 3,984. | | | | 3,984. | | | 0. | |
| 32 | APPLE IPHONE 13 PRO | 12/23/21 | SL | 5.00 | | 16 | 1,414. | | | | 1,414. | | | 0. | |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT | | | | | | 34,170. | | | | 34,170. | 15,995. | | 1,684. | 17,678. |
| | MANAGEMENT AND GENERAL | | | | | | | | | | | | | | |
| 5 | SOFTWARE | 08/07/11 | SL | 3.00 | HY | 16 | 2,108. | | | | 2,108. | 2,108. | | 0. | 2,108. |
| 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. | 20,064. | | 0. | 20,064. |
| 33 | APPLE MACBOOK | 12/26/20 | SL | 5.00 | | 16 | 3,073. | | | | 3,073. | 3,073. | | 0. | 3,073. |
| | * 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL | | | | | | 26,337. | | | | 26,337. | 26,337. | | 0. | 26,337. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 70,456. | | | | 70,456. | 47,788. | | 3,352. | 51,139. |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 65,058. | | | 0. | 65,058. | 47,788. | | | 51,139. |
| | ACQUISITIONS | | | | | | 5,398. | | | 0. | 5,398. | 0. | | | 0. |

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment
Sequence No. 179

| | | |
|---|--|---|
| 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 ** _ * * * * * |
|---|--|---|

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 | 1,050,000. |
| 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 | 2,620,000. |
| 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 2020 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 2022. 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 | 3,352. |

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 2021 | 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 2021 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 2021 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 | 3,352. |
| 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? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **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.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | |
| 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.

| | Yes | No |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 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 2021 tax year: | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2021 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |