29492202037 | 9 EXTENDED TO NOVEMBER 15, 2018 Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Ā	For 4h-	a 2017 calendar year artex year baginning			
В	Check if	e 2017 calendar year, or tax year beginning and ending	D E	nlaver i	identification number
_	applicab	C Name of organization	lo em	piuyer	identification number
Ļ	=	ress change	_		000044
卢	Name	FREE CLINIC OF MEDINA COUNTY, INC.			092944
늗		Number and street (or P.O. box, if mail is not delivered to street address) Room/si			number
늗	termii	inated 9/0 EAST WASHINGTON STREET 104	 		764-9300
Ļ	⊢Amen	ended return City or town, state or province, country, and ZIP or foreign postal code	. .		emption
<u>L</u>		cation pending MEDINA, OH 44256	//	mber 🕽	
		nting Method: X Cash	-	eck 🕨	
		ite: ► WWW.FCOMC.ORG		•	ed to attach Schedule B
			527 (Fo	orm 990), 990-EZ, or 990-PF).
		of organization: X Corporation Trust Association Other			
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>▶</u> \$	81,656.
LP.	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	nstruction	s for Pa	rt I)
_	1	Check if the organization used Schedule O to respond to any question in this Part I		_	X
	1	Contributions, gifts, grants, and similar amounts received		1_1_	34,823.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory 5a		4	
	b	· · · · · · · · · · · · · · · · · · ·		4	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
ā	a	Gross income from gaming (attach Schedule G if greater than			
ē		\$15,000) 6a		_	
Revenue	b	Gross income from fundraising events (not including \$ of contributions			
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such			
			<u>,833.</u>		
	C	Less: direct expenses from gaming and fundraising events 6c 7	<u>,508.</u>	4	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		_6d	39,325.
	7a	· · · · · · · · · · · · · · · · · · ·		4	
	b			4	
	C			7c	
	8	Other revenue (describe in Schedule 0) Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8	F
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	74,148.
	10	Grants and similar amounts paid (list in Schedule 0)	וטַר	10	
	11	Benefits paid to or for members Salaries, other compensation, and employee benefits	181	11	CE 554
es Ses	12	Salaries, other compensation, and employee benefits	[<u>w</u>]	12	67,571.
ĕ	13	Professional fees and other payments to independent contractors	7戻	13	941.
Expenses	14	Occupancy, rent, utilities, and maintenance	_	14	2,334.
	15	Printing, publications, postage, and shipping	~	15	2,817.
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE	Ü	16	11,952.
	17	Total expenses. Add lines 10 through 16	<u> </u>	17	85,615.
ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-11,467.
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A))			404 000
Net Assets		(must agree with end-of-year figure reported on prior year's return)		19	131,282.
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	119,815.

73217 1 11-22-17

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2017)

	990-EZ (2017) FREE CLINIC OF MEDINA COU	JNTY, INC.		30-	<u>-00929</u>	44 Page 2
ı a	Check if the organization used Schedule O to re-	spond to any dues	tion in this Part I	1		X
	Check in the Organization assu conclude o to re-	spond to any ques	(A) Beginning of year	<u>. </u>	(B) F	nd of year
22	Cash, savings, and investments	<u> </u>	128,892	2 . 22	т 	118,410.
23	Land and buildings	<u> </u>	120,002	23	+	110, 110.
24	Other assets (describe in Schedule 0) SEE SCHEDULE (,	2,390	_	 	1,822.
		/	131,282		 	120,232.
25	Total assets	、 ⊢			1	
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE (' ⊢		26	1	417.
27 Da		nto (oce the instru	131,282			119,815.
<u>Fa</u>	<u> </u>	,		,		xpenses I for section
	Check if the organization used Schedule O to re-			<u> </u>		and 501(c)(4)
wha	t is the organization's primary exempt purpose? <u>TO_PROVIDE_HEA</u>	ALTHCARE_FOR	THE NEEDY			ons; optional for
	tibe the organization's program service accomplishments for each of its three largest program er, describe the services provided, the number of persons benefited, and other relevant inform		enses in a clear and concise	•	others.)	
	STRENGTHEN THE QUALITY OF COMMUNITY					
	<u>HEALTHCARE SERVICES TO APPROXIMATEI</u> INDIVIDUALS PER MONTH IN A CLINICAI		LE			
	(Grants \$ 22,790.) If this amount includes foreign				28a	77,989.
•	Quants \$ 22, 130.) If this amount includes loreign	grants, check here			208	11,303.
29						
	(0.1.0)					
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		29a	
30						
•						
•	(Grants \$) If this amount includes foreign	grants, check here	>		30a	
31	Other program services (describe in Schedule O)		>			
31 !	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign		>		31a	77 000
31 32	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here	<u> </u>		31a 32	77,989.
31 32	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E	grants, check here Employees (list each o			31a 32	
31 32	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here Employees (list each o spond to any ques	tion in this Part I	V	31a 32 e instructions	for Part IV)
31 32	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign of the service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to reserve the service expenses of the service expenses (add lines 28a through 31a) Check if the organization used Schedule O to reserve the service expenses (add lines 28a through 31a)	grants, check here Employees (list each o spond to any ques (b) Average hours	(c) Reportable	V (d) не	31a 32	for Part IV) (e) Estimated
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			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	l		
25.	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
33 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25.0		х
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000	-17	
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>. </u>		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			٠,,
h	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A	38a		Х
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) Organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
ч	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
u	by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed OH			
42 a	The organization's books are in care of \triangleright PHIL BREWER Telephone no. \triangleright 330 – 72			
	Located at ► 340 ROSHON DRIVE, MEDINA, OH ZIP+4 ► 4	425	6	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vaa	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	405	Yes	
	If "Yes," enter the name of the foreign country:	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	If "Yes," enter the name of the foreign country:	<u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
44-	Did the expension of montes and department founds distinct the use of 16 N/ce # Ferry 000 must be a second of		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440		v
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		<u>X</u>
•	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	<u> </u>		
	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-EZ (2017)

orm	990-EZ (2	2017)	FREE	CLINI	C OF	MEDIN	IA COUN	ITY, INC	! • _		30-0092	944		Page 4
46	•				ectly, in pol	litical campa	aign activities	on behalf of or i	n opposition to	candidates for p	ublic office?		Yes	
Pa		omplete Sch		art (3) organi	zations	only					-	46		X
						-	estions 47-4	9b and 52, and	d complete th	e tables for line	es 50 and 51			
				-				question in this						
								<u> </u>					Yes	No
47	Did the or	ganization e	engage in l	obbying activ	rities or hav	e a section	501(h) electro	on in effect durin	ig the tax year?	If "Yes," complet	e Sch. C, Part II	47		X
48	is the org	an ization a s	school as	described in s	section 170	(b)(1)(A)(ii))? If "Yes," cor	mplete Schedule	E			48		X
49 a	Did the or	ganızatıon r	nake any t	ransfers to a	n exempt n	on-charitabl	le related orga	anization?				49a		X
b		was the related organization a section 527 organization? e this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees)										49b		
50									rs, directors, tri	istees, and key e	mployees) who	each r	eceived	more
	than \$100					If there is n	one, enter "No	_	 -		T			
		(a)	Name and	d title of each				(b) Average per week dev positio	oted to	(C) Reportable mpensation (Forms N-2/1099-MISC)	(d) Health beneft contributions to employee bene plans, and defer	at am	e) Estimount of ount of ompens	other
					NON	IE				<u> </u>	compensation	- 00	pens	
					-			· <u>-</u> .			 -			
				<u>-</u> .							ļ	_		
														
ſ	Total num	nber of other	r employe	es paid over S	\$100,000				•					
51						ompensated	d independent	contractors who	o each received	more than \$100	,000 of compen	sation	rom the	е
		ion. If there			NON									
	(a) N	lame and bu	isiness ad	dress of each	ındepende	nt contracto	or		(b) Typ	e of service	(c	Comp	ensatio	n
				· <u> </u>										
	_													
							-							
	Total num	nher of other	r indenend	dent contracto	ors each rea	relving over	r \$100 000							
52			,			•	•	ons must attach	n a		 -			
-		d Schedule	•				/(-, -: gaa		. •		•	XY	es 🗆	□No
Unde				hat I have ex	amined this	return, incl	luding accom	panying schedul	es and stateme	nts, and to the be				f, it is
rue,	correct, ar	nd complete	Declarati	on of prepare	r (other tha	an officer) is	s based on all	information of v	vhich preparer h	as any knowled	ge. ,	•		
		PA		KBr	June	سيا					6/28/	<u> 8 </u>		
Sig		Signature o	- 1								Date			
He	re		BRE		<u>REASU</u>	JRER								
		Type or prin				Dross !	0.010004:		Dete	Charle	J of DTIM			
		Print/Type	; preparer	s па те		1	s signature	O TOTAL	Date	Check self- emplo	if PTIN			
Pai	d	TOTT	n ~	OD Grew	CD.	1	F. GOF	KSEK,	06/10/1	1 .	· 1	1761	E1 C	
	parer	Firm's nar		ORSEK,		CPA			06/18/1				516	
Use	e Only			ORRIGA			CITTO	1E 200	Firm's EIN ► 37-1574855 Phone no. 440-471-0800					
		" " S aut					, SUIT 145-196			Phone no	. 440-4	1-6	000	
Mav.	the IRS dis	SCUSS this re		the preparer				<i>,</i> =				ΧY	es	No
,.u.j													990-EZ	
														. ,

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		FREE	CLINIC OF	MEDINA COUN	TY, I	NC.		3	0-0092944
Pa	τĹ	Reason for Public (Charity Status (A	All organizations must co	mplete th	s part.) Se	e instructions	3	
_ Γhe d	organ	zation is not a private found	lation because it is (For lines 1 through 12, c	heck only	one box)	_	-	
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	\Box	A hospital or a cooperative					i).		
4	司	A medical research organiz					•	Viii). Enter	the hospital's name.
•		city, and state		,			(-), -,,	,,,.	
=		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a go	overnmentalı	init describ	ed in
3		section 170(b)(1)(A)(iv). (C		nege of differency owner	or operat	led by a go	Sverimentare	1111C G G G G T I I	ea III
				anntal contral announted in .	49	70/L\/4\/A\	4.3		
6	<u></u>	A federal, state, or local gov	~				• •		
′	X	An organization that norma	•	ntial part of its support t	rom a gov	ernmentai	unit or from t	ne generai	public described in
		section 170(b)(1)(A)(vi). (C			\				
8	昗	A community trust describe							
9	L	An agricultural research org			-		-		
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state o	f the colleg	e or
		university.							
10	Ш	An organization that norma							
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investmen
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III)						
11	닏	An organization organized a	and operated exclusi	ively to test for public sa	fety See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	purposes of one or
		more publicly supported or	ganızatıons describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section (5 09 (a)(3). C	theck the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	iplete lines	s 12e, 12f, an	d 12g	
а	L		anızatıon operated, s	upervised, or controlled	by its sup	ported org	janization(s), i	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority (of the direc	ctors or truste	es of the s	upporting
		organization You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions) You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	-					_	
		requirement (see instruct	•	-	•		-		
е		Check this box if the orga		•	•			II, Type III	
		functionally integrated, or					<i>,</i> , , , , , , , , , , , , , , , , , ,		
f	Ente	er the number of supported o	* -	, , , , , , , , , , , , , , , , , , , ,	5 0				
a		ride the following information	•	ed organization(s)					<u> </u>
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions
									
					:				
				į					l
									
						·			
				-					

Schedule A (Form 990 or 990-EZ) 2017 FREE CLINIC OF MEDINA COUNTY, INC. 30-0092944 Page 2

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.)

Sec	ction A. Public Support			<u>-</u>			
Cale	ndar year (or fiscal year be ginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		l				
	include any "unusual grants")	22,306.	26,348.	26,175.	24,004.	34,823.	133,656.
2	Tax revenues levied for the organ-						
	ization'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	22,306.	26,348.	26,175.	24,004.	34,823.	133,656.
5	The portion of total contributions						
	by each person (other than a		1			İ	
	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						133,656.
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	22,306.	26,348.	26,175.	24,004.	34,823.	133,656.
8	Gross income from interest,						
_	dividends, payments received on	,					
	securities loans, rents, royalties,		Ì				
	and income from similar sources						
9	Net income from unrelated business						
Ī	activities, whether or not the						
	business is regularly carried on	·					1
10	Other income. Do not include gain						
	or loss from the sale of capital	·					
	assets (Explain in Part VI.)	41,305.	_ 37,849.	43,365.	41,046.	46,833.	210,398.
11	Total support. Add lines 7 through 10				/	207000	344,054.
	Gross receipts from related activities,	etc. (see instruction	ons)		<u> </u>	12	342.
	First five years. If the Form 990 is for	•	•	fourth or fifth tax	x vear as a section		
	organization, check this box and stop	•	,	.,, 5	,	· (*/\ - /	
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2017 (I			olumn (f))		14	38.85 %
	Public support percentage from 2016	• • • • • • • • • • • • • • • • • • • •		.,,		15	42.09 %
	33 1/3% support test - 2017. If the o			line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	•		,		·	$\triangleright X$
b	33 1/3% support test - 2016. If the o		=	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali	•				,	ightharpoons
17 a	10% -facts-and-circumstances test	•			13, 16a, or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	·		▶□
ь	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ						•
10	Private foundation. If the organization						
10	Filvate louiluation. Il the organizatio	an did flot Clieck a	OCK OIL HITE TO, TOO	i, 100, 17a, 01 17b	, 011000 0113 003 8	and see instruction	

(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 be	low, please comp	plete Part II)				
Section A. Public Support						
Calendar year (or fiscal year beginning in) ► 🛚	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						/
membership fees received (Do not						1
ınclude any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		\		1	<i>j*</i>	
are not an unrelated trade or bus-						
iness under section 513					//	
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		{	}]	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						·
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					<u></u>	
8 Public support. (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c).2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6			/			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 5 11 taxes) from businesses acquired after June 30, 1975			;			
c Add lines 10a and 10b					-	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2017 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15	9
16 Public support percentage from 2016	Schedule A, Part	III, line 15			16	9
Section D. Computation of Inves						
17 Investment income percentage for 20	17 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 2			, , ,		18	9
19a 33 1/3% support tests - 2017. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box an						▶ -
b 33 1/3% support tests - 2016. If the d	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
			•		•	
20 Private foundation. If the organization	тою пот спеск а	DOX OF LINE 14, 19	a, or 190, cneck ti	nis dox and see in	ธเกินตินอกร	

Part IV Supporting Organizations

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

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

10a

10b

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

		<u>-009294</u>	4 Pa	<u> 1995</u>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations		L	L
000	tion b. Type reappointing organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	'	
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ļ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	11		
Sec	tion 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			ļ
	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			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Ĭ		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	
	the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ļ
500	supported organizations played in this regard	3	<u> </u>	J
	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruct			
1	The organization satisfied the Activities Test. Complete line 2 below	uons).		
a b	The organization satisfied the Activities rest complete line 2 below.			
	The organization is the parent of each of its supported organizations. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruction	e)	
2	Activities Test. Answer (a) and (b) below.	ic mondetion	Yes	No
- а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			}
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		l	
	reasons for the organization's position that its supported organization(s) would have engaged in these			Ì
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		Ι	_
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		Į.
b				
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	Sahadula A /E	orm 000 or 0	00 F7	\ 004*

	dule A (Form 990 or 990-EZ) 2017 FREE CLINIC OF MEDINA C			30-0092944 Page 6
Pa	Type in the Library integrated des(a)(e) supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
_	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	_ [
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llv integral	ted Type III supporting ord	ganization (see

instructions)

	dule A (Form 990 or 990 EZ) 2017 FREE CLINIC O			0-0092944 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI) See instructions			
_7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive)	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		· · · · · · · · · · · · · · · · · · ·	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-	· <u> </u>	:	
	able cause required- explain in Part VI) See instructions			<u></u>
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
_ <u>i</u> _	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
_ a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
		i i		I .

Schedule A								MEDINA				30-0092944 Page
Part VI	Part line	Ⅳ, Se 1; Par	ection A, li t IV, Secti	ines 1, 2 on D, Iir	2, 3b, 3c, ies 2 and	, 4b, 4c, 5: d 3, Part I\	a, 6, 9a, 9t /, Section	b, 9c, 11a, 11t E, lines 1c, 2a	o, and 11 , 2b, 3a,	c; Part IV, S and 3b, Part	ection B, lines tV, line 1, Part	or 17b; Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e; Part V, conal information
	(Sec	instr	, ilries 5, 6 uc <u>tions.</u>)	, and 8; 	and Par	T V, Section	on E, lines		so comp	ete tris par	t for any additi	onal information
SCHEDU	LE	Α,	PART	II,	LIN	E 10,	EXPL	ANATION	FOR	OTHER	INCOME	<u> </u>
DTC DO	7 CI	n -				· <u>_</u>	_			-		
PIG RO	<u> </u>	<u>-</u>			_				<u>_</u>			
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

Internal Revenue Service Name of the organization Employer identification number FREE CLINIC OF MEDINA COUNTY, 30-0092944 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events А In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? □No Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraise (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1 PIG ROAST	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
an.			(event type)	(event type)	(total number)	col (c))
Ž.						
Revenue	1	Gross receipts	46,833.		<u> </u>	46,833.
_	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)	46,833.			46,833.
	4	Cash prizes				
Se.	5	Noncash prizes				
xpense	6	Rent/facility costs	600.		ļ	600.
Direct Expenses	7	Food and beverages	4,738.			4,738.
u	8	Entertainment				
	9	Other direct expenses	2,170.			2,170.
	10	Direct expense summary. Add lines 4 through	→	7,508.		
_	11	39,325.				
Pa	art		answered "Yes" on Form	n 990, Part IV, line 19, oi	r reported more than	
	_	\$15,000 on Form 990-EZ, line 6a		1	<u> </u>	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes	}			
Direct	4	Rent/facility costs			-	
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	7 from line 1, column (d)			<u></u>
_	_					
	ls 1	ter the state(s) in which the organization condi- the organization licensed to conduct gaming a No," explain.	ctivities in each of these			Yes No
	_					
		ere any of the Organization's gaming licenses r Yes," explain:		_	•	Yes No
	-					
	_					
7320	82 0	9-13-17			Schedule G (Fo	orm 990 or 990-EZ) 2017

30-0092944 Page 2

Schedule G (Form 990 or 990 EZ) 2017 FREE CLINIC OF MEDINA COUNTY, INC.

Sch	edule G (Form 990 or 990-EZ) 2017 FREE CLINIC OF MEDINA COUNTY, INC. 30-0	092944	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
17	the file hame and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
•	If "Yes," enter name and address of the third party		
	• •		
	Name		
	Address		· · · · · · · · · · · · · · · · · · ·
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
•	organization's own exempt activities during the tax year \$\frac{1}{2} or distributed to differ exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt organization or spent in the control exempt or spent		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	nee Q Qh 1	Ob 15b
	15c, 16, and 17b, as applicable Also provide any additional information. See instructions	1163 5, 50, 1	05, 105,
	13c, 10, and 17b, as applicable Also provide any additional information See instructions		
		_	
_			

Schedule G	(Form 990 or 990-EZ)	FREE CLINIC	OF	MEDINA	COUNTY,	INC.	30-0092944 Page 4
Part IV	(Form 990 or 990 EZ) Supplemental Info	rmation (continued)					
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

FREE CLINIC OF MEDINA COUNTY, INC. Employer identification number 30-0092944

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES	5:	
DESCRIPTION OF OTHER EXPENSES:		
VOLUNTEER EXPENSES		329.
OFFICE SUPPLIES/TRAINING		2,726.
MEDICAL SUPPLIES		1,448.
TRAVEL AND MEETING		100.
INTEREST EXPENSE		16.
INSURANCE - NONEMPLOYEE		5,953.
DUES		600.
LICENSE - PHARMACY		112.
ORGANIZATIONAL EXPENSE - DUES		100.
DEPRECIATION EXPENSE		568.
TOTAL TO FORM 990-EZ, LINE 16		11,952.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	2,390.	1,822.
FORM 990-EZ, PART II, LINE 26, OTHER LIABIL	ITIES:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES	0.	417.
FORM 990-EZ, PART V, INFORMATION REGARDING	PERSONAL BENEFIT CON	NTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, 1	RECEIVE ANY FUNDS, I	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL	BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 99		DIRECTLY, m 990 or 990-EZ) (2017)

<u>Schedule O (Form 990 or 990-EZ) (2017)</u> Page 2								
Nam	e of the organization	FR	EE	CLINIC (OF MEDINA	A COUNTY,	INC.	Employer identification number 30-0092944
<u>OR</u>	INDIRECTLY,	ON	<u>A</u> _	PERSONAL	BENEFIT	CONTRACT	•	
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