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		000	1	Change of	Accounts	ng Poriod			OME No.	1545-0047	
•	Form	990	B.4			-	-				
			Return o	t Organizati	ion Exemi	pt From Inco venue Code (except p	ome I	ax	20	116 9	20170
Попа	denominal th	ha Transiini	► Do not	enter social security.	numbers on this f	orm as it may be mad	a nublic	10/	Open	lo Public	250
		ne Treasury a Service	► Informati	on about Form 990 ar	nd its instructions	is at www.irs.gov/	10rm990	1100	, al Insp	ection _	1,
			year, or tax year beg	inning 1/01		2016, and ending	6/		. 2017		
В	Check if app			Clinta Tur					dentification nu	mber	
	Н .		ommunity Free 28-A Lake Conc		:•			58-21 E Telephone	31301		
	Initial	IC.	oncord, NC 280					" '	782-065	50	
	H	turn/termented						17097	702-00.	<i>50</i>	
	Атело	ded return						G Gross rece	ots \$ 1.	365.77	1.
	Applica	ation panding F	Name and address of princi	oal office: Benne	tt Cole			a group return fo		Y02 X	No
			ame As C Above				學 / [8]	subordinates ini attach a fist. (se	duded? e instructions)	Yes	No
<u>Ļ</u>			501(c)(3) 501(c) () ◀ (insert	no) 4947(a)(1) or 527	?				
- -	Websit		1.					exemption numb			
K Pa		Summary	Corporation Trust	Association C	Other -	L Year of formation	n. 199.	3 m Stat	e of legal domicil	e. NU	
<u>, a</u>	1 Bri	efly describe	the organization's mis	sion or most sign	ificant activitie	S: Can Cahad	110 0				
ا ا	. =:	322355				zee-zcuen	we_u				
ğ									·		
Activities & Governance	. =										
ğ			 if the organizat g members of the gov 				2	5% of its ne	t assets. 3		16
~			pendent voting membe					<u> </u>	4		<u>16</u> 16
<u>ٿ</u> .	5 To	tal number of	individuals employed	in calendar year :				<u> </u>	5		0
칉			volunteers (estimate		بعيب وسينيث	· .			6	1	08
ĕ۱	7a Tol	tal unrelated t	business revenue from usiness taxable incomi	Part VIII, column		ED		<u> </u>	7a		<u>0.</u>
	o Ne	t unrelated bu	usiness taxable incom	a from Form 990-	1,4416-34-1			rior Year	7b	V	<u>0.</u>
]	8 Co	ntributions an	nd grants (Part VIII, lin	e 16) . led	INV. S.E.	017 8		, 263, 93		291, 09	i R
3			revenue (Part VIII, III		NOV 1.5 2	S	- -	4,05		2,76	
Kevenue	10 Inv	estment incor	me (Part VIII, column	(A), lines 3, 4, an	d-7d)			13,42		28,20	
2 {	11 OII	her revenue (f	Part VIII, column (A),	lines 5, 6d, 8c, 6 d	COPEN:) []		56,40		31,54	
			add lines 8 through 1 lar amounts paid (Part			(A), line 12)	2	, 337, 81	3. 1.	<u>353, 61</u>	5.
-1			or for members (Part		•		 				_
- 1		•	compensation, employ		•	. lines 5-10)		498,331	·	286, 43	<u> </u>
3			draising fees (Part IX,	•	• •		<u> </u>	470,33	'- -	200, 43	· · ·
Expenses			expenses (Part IX, c	*	· ·	13,532.	1 1 2018			Bales Hen	
ន			(Part IX, column (A),		·	13,532.		, 756, 57		070,67	
		-	Add lines 13-17 (mus		-			, 730, 37.		357,10	
-		' - '	penses. Subtract line	-				82.90		-3,49	
8 8			·				Beginnen	g of Current Y		of Year	
		tal assets (Pa						,677,17		673,60	
2 2	21 Tol	tal habilities (Part X, line 26)					53,22		55,71	
		t assets or fu	nd balances Subtract	line 21 from line	20	<u> </u>	2	,623,952	2,	617,89	1.
_		Signature E									
inde omn	penalties d	of perjury, I declar	re that I have examined this re (other than officer) is based o	turn, including accomp n all information of whi	anying schedules ai ch preparer has anv	nd statements, and to the knowledge.	o best of m	y knowledge and	behef, it is true,	correct, and	
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Sig	n	Signature of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Da	: '' '			
dei	e	Marie	Dockery				Execu	tive Di	r.		
		Type or prin	nt name and title								"
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Pai		Terry W.	Lancaster	James W.	- Sauce	11/2/	17	self-employed	P00096	087	1
	parer	Firm's name			PA, CPAs						1
U\$ŧ	Only	Firm's address		nead Street		0			<u>56-16883</u>		
	Abe Ima	1	Charlotte, 1					Phone no 71	04-372-1		
			return with the prepare					· · · · · ·	. X Ye		
IA/	For Pa	iperwork Red	uction Act Notice, sec	tne separate ins	tructions.	TEEA	(11) JE 11/1	6/16	For	m 990 (20	116)

CIS IMAGE – Do Not Correspond for Signature

<u>m 9</u> 90 ((2016) Community Free Clinic	:, Inc	58-2131301 Page
	Statement of Program Service A	ccomplishments	
		e or note to any line in this Part III	<u></u>
	ly describe the organization's mission		
See	Schedule O		
2 Did th	ne organization undertake any significant prog	ram services during the year which were not liste	ed on the prior
If 'Ye	es,' describe these new services on Schedu		u e
B Did U	he organization cease conducting, or make	significant changes in how it conducts, any	program services? 🔲 Yes 💢 No
	es,' describe these changes on Schedule O		·
Desc Sections	ribe the organization's program service action 501(c)(3) and 501(c)(4) organizations a revenue, if any, for each program service r	complishments for each of its three largest prince required to report the amount of grants an eported.	ogram services, as measured by expenses id allocations to others, the total expenses,
a (Cod	e) (Expenses \$ 1 285	, 000 . including grants of \$) (Revenue \$ 2,766.
	Clinic operates a standal	one free clinic with an in-he	ouse pharmacy located in
		rovides healthcare and pharm	
		s who have chronic health con	
		ease) and other primary medi-	
		d three days and one evening	
		nic served 969 clinic patient	
		macy filled 12,019 prescript	
pha	rmacy was also supported b	y 108 volunteers contributing	g 2,469 hours. The Clinic
<u>al</u> s	o provides patient eligibi	lity, enrollment, and care c	oordination_services_for
		t residents who are low-income	
ser	rvice is part of Cabarrus C	ounty's health care safety no	et program. HealthNet.
			21 F2192227 - 2122222222
		including grants of \$	
b (Cod	e:	including grants of \$) (Revenue \$
b (Cod	e:		
b (Cod	e:	including grants of \$) (Revenue \$
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Form 990 (2016) Community Free Clinic, Inc.

Part IV Checklist of Required Schedules

58-2131301

Par	t IV is Checklist of Required Schedules		T	
•	to the organization described in section E01(a)(2) or 4047(a)(1) (although a private foundation)? If (Year) consists		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yas,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		<u>x</u>
6	Drd the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part 1	6_		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? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		
t	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	116		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? If 'Yes,' complete Schedule D, Part VIII	11 c		<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
e	Did the organization report an amount for other habilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		<u> x</u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12Ь		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>x</u>
t,	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F. Parts I and IV	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		<u>x</u>
BAA	TEEA0103L 11/16/16	Form	990 (2016)

TEEA0104L 11/16/16

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Form 990 (2016)

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RAA

1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .	Check if Schedule O contains a response or note to any line in this Part \	/	П
1a Enter the number reported in Box 3 of Form 1056. Enter 0- if not applicable. 1b 0 0 1b Enter the number of Forms W-2G miculated in line 1a. Enter 0- if not applicable. 1b 0 0 1b 1b 0 0 1b 1b 0 0 0 0 1b 1b 0 0 0 0 1b 1b 0 0 0 0 0 1b 1b 0 0 0 0 0 1b 1b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Yes No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State! 2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State! 2 b It at least one is reported on line 2a, did the organization file all required federal employment tax returns?. 3 b Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Dd the report of the properties of the year year of year year year. 4 a X the properties of the year year or year year year year year. 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization and year year year year year year year year	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
(gambing) winnings to prize winners? 2 a 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. 2 b If at least one is reported on the 2a, did the organization file all required federal employment tax returns?. 2 b Note, if the sum of lines Is and 2a is greater than 250, you may be required to e-file (see instructions) 3 b Id the enginezation have unrelated business gross income of \$1,000 or more during the year? 3 a IV bit If Yes, has it filed a form \$90.1 for this year? If No to this 3b, pronds are explanation a Schedule 0. 3 b If Yes, has the district of the year? 3 b If Yes, has the district of the year? 4 a IV bit If Yes, has the district of the year? 5 b If Yes, has the district of the year of the year? 5 b If Yes, has the district of the year of the year of the year of the year? 5 b If Yes, has the district of the year of the year of the year of the year? 5 a A any time the name of the foreign country. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are narmally restrict than \$100,000, and did the organization state of any distriction that were on lax deductible as charinable contributions or year of	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	le 1 b 0	- }
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ments, filed for the calendar year ending with or within the year covered by this return. 24 0 bit at least one is reported on time 2a, dit the organization file all required federal employment tax returns?. 2b Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 A Dd the enginatation have unrelated business gross income of \$1,000 or more during the yearer? 3 as X bit 1'res, has it filed a film \$90.1' for this year! If 1'No' to line 3b, pronds are epitantian a Schedule 0. 3 bit 1'res, in discount in a foreign country (such as a bank account, securities account, or other financial account)? 4 a X bit 1'res, inter the name of the foreign country; - See enstructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 a X bit of the prograziation in a party to a prohibited tax sheller transaction in a filing that year? 5 a X of 1'res, 'to line 5a or 5b, did the organization that I was or is a party to a prohibited tax sheller transaction? 5 b X or 1'res,' to line 5a or 5b, did the organization that I was or is a party to a prohibited tax sheller transaction of solicit any contributions that were not tax deductible as chantable contributions? 5 c c 3 Dess the organization has annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6 a V bit 1'res, 'dolf the organization neceive a payment in excass of \$75 made party as a contribution and partly for goods and services provided to the payor? 6 b If 'res, 'dolf the organization neceive a payment in excass of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 b If 'res, 'dolf the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X of the organizat	(gambling) winnings to prize winners?	1c	
b If at least one is reported on time 2a, did the organization file all required federal employment tax returns?. 2b Note: If the sum of lines 1a and 2a segreater than 250, you may be equired to e-rife (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did 1f Yes, that if file a form \$90.1 for this year? If We're time 3b, prombe an explantion in Schedule 0. 4 a All any time during the celeradry year, did the organization buse an interest in, or a signalure or other authority over, a file organization of the foreign country? See enstructions for filip requirements for FinoCEN Form 114. Report of Foreign Bank and Financial Accounts (*BAR). 5 a Was the organization a party to a prohibitoral tax sheller transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that it was or is a party to a prohibitoral tax sheller transaction? 5 b X or 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 charable contributions? 6 a Does the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5 b If Yes, did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6 c Do and the organization shall may receive deductible as contributions under section 170(c). 7 b If Yes, did the organization notify the donor of the value of the goods or services provided? 7 c July 1f Yes, indicate the number of Forms 8292 filed during the year and the property of the which it was required? 7 b If Yes, indicate the number of Forms 8292 filed during the year. 9 b If Yes, indicate the number of Forms 8292 filed duri	2 a Enter the number of employees reported on Form W-3, Transmittal of Wage a	nd Tax State-	
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3 a Dat the organization have unrelated business gross income of \$1,000 or more during the year? 3 b bf Yes, has it filed a Ferm 990-T for this year? If Yo' to the 3b, prende an epitantion in Schedule 0. 4 a Al any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization have annual gross receipts that the was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5 a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soluted any contributions that were not lax deductables a foreign Bank and Financial Accounts of the product of the programation include with every solicitation an express statement that such contributions or gifts were more tax deductables as charitable contributions? 5 b Tyres, 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? 5 b If Yes, did the organization notify the donor of the value of the goods or services provided? 6 b Tyres, did the organization notify the donor of the value of the goods or services provided? 7 b If Yes, did the organization notify the donor of the value of the goods or services provided? 7 b If Yes, did the organization notify the donor of the value of the goods or services provided? 7 c If the organization service any funds, directly or indirectly or indirectly, or payers that the services provided to the payor? 8 b Tyres, did the organization organization notify the donor of the value of the goods or services provided to the payor? 9 c Potential Section 501(cXZ) organizati	•	· · · · · · · · · · · · · · · · · · ·	
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	· · · · · · · · · · · · · · · · · · ·		
a Initiation fees and capital contributions included on Part VIII, line 12		or related persons	 ,
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. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 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. 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 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 in Schedule O. 14b		1100	
a Gross income from members or shareholders			- [
a Gross income from members or shareholders		100	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a bif 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(2) qualified nonprofit health insurance issuers. 13 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. 13 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 14b bif 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b	• • • •		
against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a bif '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. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 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,' enter the amount of tax-exempt interest received or accrued during the year	against amounts due or received from them.)	11 b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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 in Schedule O. 14b	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing For	m 990 in lieu of Form 1041? 12a	
a is the organization licensed to issue qualified health plans in more than one state?	bilf 'Yes,' enter the amount of tax-exempt interest received or accrued during the	ne year 12b	
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 Section 501(c)(29) qualified nonprofit health insurance issuers.		[]
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	a is the organization licensed to issue qualified health plans in more than one s	tate?	
c Enter the amount of reserves on hand		r ,	
14a Did the organization receive any payments for indoor tanning services during the tax year?	b Enter the amount of reserves the organization is required to maintain by the s which the organization is licensed to issue qualified health plans	states in	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			
	• • • • • • • • • • • • • • • • • • • •		X
		<u> </u>	

1 , 4			
Form 990 (2016) Community Free Clinic, Inc. 58-213130	1	Р	age 6 ·
Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b to	elow,	and	
a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha Schedule O. See instructions.	_		
Check if Schedule O contains a response or note to any line in this Part VI		· · · · ·	X
Section A. Governing Body and Management		V	
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 1	6	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	Ĭ	,	
b Enter the number of voting members included in line 1a, above, who are independent 1b	6		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			
	. 3		<u>_x</u>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		х
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			$\frac{\hat{x}}{x}$
6 Did the organization have members or stockholders?			X
7 a 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		<u>X</u>
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		х_
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?	8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	. 9		x
Section B. Policies (This Section B requests information about policies not required by the Internal I		ie Co	
The state of the s		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10 a		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?	. 10 ь		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12ь		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	12 c		
13 Did the organization have a written whistleblower policy?	. 13		X
14 Did the organization have a written document retention and destruction policy?	74		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 See .Schedule. 0	15a	X	
b Other officers or key employees of the organization See Schedule . O	15 b		
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 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	<u> </u>	
Section C. Disclosure			
17 List the states with which a copy of this Form 990 is required to be filed None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)))s only	avail	able
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)		•	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available.	ılable to		
the public during the tax year. See Schedule 0 20 State the name, address, and telephone number of the person who possesses the organization's books and records:			
Marie Dockery 528-A Lake Concord Road Concord NC 28025 (704) 782-0650			
BAA TEEA0106L 11/16/16	Forn	990	(2016)

Form 990 (2016) Community Free Clinic, Inc. Section Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check If Schedulo Contains a response or note to any line in this Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1 Complete his bate for all persons required to le listed. Report compensation for the claimed year ending who within the organization's say year. Compensation Fine Fine Programments of the claimed year ending who within the organization's current efficies, directors, Insides (whether individuals) or organizations), regardless of amount of compensation facilities. Programments of the claimed year ending who within the organization with the organization with the organization of the programments of the compensation of the programment of the programment of the programments of the programment of the program	Family 200 miles of the Family 200 miles	_								** ***	
Independent Contractors Check il Schedulo Contains a response or note to any line in this Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1 Complete his bable for all persons requered to be listed. Report compensation for the cateriatory save and the organization's current reflects, directors, trustees (whether redundated or organizations), regardless of amount of the organization's current reflects, directors, trustees (whether redundated or organizations), regardless of amount of the organization's for current highest compensation was paid. • List all of the organization's force current highest compensated employees (ofter this an officer, firsteef, trustee, or key employees). • List all of the organization's former directors or trustee or the organization and any related organizations. • List all of the organization's former directors or trustees that frecument, in the capacity of a compensated employees who received more than \$100,000 from the organization, more than \$110,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that frecument, in the organization and any related organizations. • List all of the organization's former directors or trustees that frecument, in the organization and any related organizations. • List all of the organization's former directors or trustees that frecument, in the organization and any related organization. • List all of the organization's former directors or trustees that frecument in the organization and any related organization. • List all of the organization's former directors or trustees that frecument in the organization and any related organization. • List all of the organization's former directors or trustees that frecument in the organization and any related organization. • List all of the organization's former such properties and trustees or directors and any organization and any related organization. • List	Part VIII Community Free Clinic,	Inc.	-4	_	<u> </u>	. e.		·	as Wahaat C	58-21313	01 Page 7
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 Compete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's current efficiers, directors, trustees (whether individuals or organizations), regardless of emount of compensation call the organization's current lichaets compensation was paid. • List all of the organization's current lichaets compensated employees (other than an officer, director, trustee, or key employees.) • List all of the organization's form compensation organizations for definition of 'key employees, and the properties of the compensation or the calendary related organizations for organization and any related organizations. Form W.2 and/or Sex 7 of Form W.2 and/or	Independent Contractors	ors, Fru	stee	:5,	ney	/ EI	mpi	oye	es, nignest C	ompensated En	npioyees, and
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1 complete his table for all pessons required to be isled. Report compensation for the calendar year ending with or within the organization's law year. 1 Last all of the organization's current officers, directors, incisees, (whether individuals or organizations), regardless of amount of compensation. Enter 40 in columns (D), (C), and (f) if no compensation was paid. 1 Last all of the organization's current key employees, if any, See instructions for definition of 'key employees," or key employees organization and any related organizations and any related organizations and any related organizations and any related organizations. 2 Last 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. 3 Last persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated amployees of the organization and former such persons. 3 Cheest his box in relities the organization nor any related organization and any related organization and any related organizations and any related organizations. 4 Last all of the organization's former directors or bustees that recoved, in the capacity as a former director or trustee of the organization and any related organizations and any related organization and any related organizations. 5 Long the organization and any related organization and any related organization and any related organizations. 5 Long the organization and any related	•	or note to	any	line	in t	his	Part	VII			П
1 **Complete This table for all presons required to be listed. Report compensation for the calender year ending with or within the organization's current officers, directors, Inustees (whether individuals or organizations), regardless of amount of compensation. Enter **O in columns (O), (C), and (O) in compensation was paid. **List all of the organization's current by employees; if any. See instructions for definition of "key employees" elicity the organization's current key employees; in any. See instructions for definition of "key employees" elicity than an officer, director, inustee, or key employees organization and any related organizations for the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 for eportable compensation and any related organization and any related organization in former officers or subtress that received, in the capacity as a former director or trustees that received. In the organization in the organization in former officers or subtress that received, in the capacity as a former study of the organization and any related organizations. It all persons in the following order: individual trustees of directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Compensation or compensation in the organization and any related organizations. It also the organization and any related organizations. It also the organization former than \$10,000 of reportable compensation from the organization and any related organizations. It also the organization and any related organizations. It also the organization and any related organizations. It also the organization and any related organizations and any related organizations. It also the organization and any related organizations are such as a former than \$100,000 of reportable compensations are such as a former than \$100,000 of reportable compensations are such as a former than \$100,000 of reportable compensations. It also the organiz											
compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See instructions for definition of 'key employee.' List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Bas of Form W-2 and form Boy-MisC) of more than \$100,000 from the organizations and any related organizations. Or form who are considered to any related organizations are any related organizations and any related organizations. In the capacity as a former director or inustee of the organizations from the organization and any related organizations. List lersons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and following order directors; key employees; highest compensated employees; and following order directors; key employees; highest compensated employees; and following order directors; key employees; highest compensated employees; and following order directors; key employees; highest compensated employees; and following order directors; key employees; highest compensated employees; and following order directors; key employees; highest compensation following order directors; key employees; highest comp	1 a Complete this table for all persons required to be listed.										
** List the organization's five current highest compensated employees (other than an officer, director, visuate, or key employee) who received proportable compensation (Bas of a form W-2 and of Bax of a form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ** List all of the organization's former affects or brustees that received, in the capability of the organization from the organization from the organization from the organization of the organization from the organization of the or	 List all of the organization's current officers, direcompensation. Enter -0- in columns (D), (E), and (F) if 	ctors, tru	stees ensa	s (w ation	heth I wa	ner (ndıvı aid.	dua	ls or organization	s), regardless of an	ount of
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations and any related organizations of reportable compensation from the organization and any related organizations. **List all of the organization's former directors or bustees that received, in the capacity as a former director or trustee of the compensation from the organization and any related organizations. **List all of the organization's former directors or bustees that received, in the capacity as a former director or trustee of the compensation from the organization and any related organization. **List there is no the following order: individual trustees or directors: institutional trustees; ordicers: key employees; highest compensated directors in the following order: individual trustees or directors: institutional trustees; ordicers: key employees; highest compensated directors in the following order: individual trustees or directors: institutional trustees; ordicers: key employees; highest compensated directors in the following order: individual trustees or directors: institutional trustees; ordicers: key employees; highest compensated with the following order: individual trustees or directors: institutional trustees; ordicers: key employees; highest compensated with the following order: individual trustees or directors: institutional trustees; ordicers: key employees; highest compensated with the following order: individual trustees or directors: institutional trustees; ordicers: key employees; highest compensated with the following order: individual trustees or directors: institutional trustees; ordicers: key employees; highest compensate order: individual trustees or directors: institutional trustees; ordicers: key employees; highest compensate organization and any related organization and any related organization and any related organizations. (1) Shad Ritchie	 List all of the organization's current key employe 	es, if any	. Se	e in	stru	ctioi	ns fo	r de	finition of 'key em	nployee.'	
* List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation 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 \$110,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors: institutional trustees; officers; key employees; highest compensated employees; and officers such persons. (A) Name and fide (B) (B) (B) (C) (B) (B) (C) (B) (C) (B) (B	who received reportable compensation (Box 5 of Form	ensated e W-2 and/	mplo or B	oyee ox 7	s (c	the: For	r tha n 10	n ar 99.1	officer, director, MISC) of more tha	trustee, or key emp in \$100,000 from the	oloyee) e
Comparison, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.						est c	omp	ens	ated employees v	vho received more t	han \$100,000
Comparison Com	 List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen 	es that red sation fro	eived m th	d, ın e or	the gan	capa ızatı	orty a	es a ind a	former director or to any related organi	rustee of the zations.	
Columber	employees; and former such persons.	or director	rs; ເຄ	stiti	utior	nal t	ruste	es;	officers; key emp	loyees; highest com	pensated
Comparison Com	X Check this box if neither the organization nor any relate	ed organiz	ation	con	npen	sate	d an	y cu	rrent officer, directi	or, or trustee.	
Name and Title									_		
Cost and Part Chair	(A) Name and Title	Average hours	than	one s bot	box, an c	unie: officer /trusti	ss peri and a ee)	50/1 3	Reportable compensation from	Reportable compensation from	Estimated amount of other
1		l week	Q E	ā	윷	3	3 5	व	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the
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Form 990 (2016) Community Free Clinic,									58-213130			ge 8
Part VII Section A. Officers, Directors, T		Key	Em	plo	oye	es, a	and	Highest Con	pensated Emp	loyees	(conti	wed)
(A) Name and title	(A) Average hours per hours per officer and a director/fursitee compensation from co							Reportable compensation from	emo	(F) Slimated int of oth	ner	
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustice	Officer	Key amployed	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com	pensation the anization of the anization	1 1
15) Ryan Hawkins Director	1	x			-			0.	0.			0.
16) Dr. Mara Levitt Director	1 -	х						0.	0.			0.
17) Marie Dockery Executive Dir.	- 40 - 0			х				0.	0.			0.
18)	 											
19)												
20)												
21)	-											
22)												
23)												
24)												
25)												
1 b Sub-total					•		•	0.	0.			0
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)				<u> </u>			ved	0. 0. more than \$100,00	0. 0. 0 of reportable com		า	0.
3 Did the organization list any former officer, dire	neter or tri	ıctna	La.					wahast sampansa	led ampleyee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for so 4 For any individual listed on line 1a, is the sum	uch individi	ual .	-	•••		•				. 3		<u> </u>
the organization and related organizations great such individual	ater than \$	150,0	00?	<i>ዘ ጎ</i>	res, 	com	ple	te Schedule J for		4		_ <u>x</u>
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If 'Y	rue compei 'es,' comple	nsatio	n fr chea	om Iule	any J fo	unre r suc	late h p	d organization or erson	ındividual 	. 5		<u>x</u>
1 Complete this table for your five highest compensation from the organization. Report comp	ensated ind	lepen	deni	t co	ntra	ctors	tha	t received more t	han \$100,000 of			
compensation from the organization. Report compensation from the organization. Report compensation (A) Name and business at		the c	alen	dar	year	endir	ng v	with or within the or (B) Description (,		C)	
ויפטווב מווע טעטוונים אל					_			Description (7. 30. 1.003			
							_					
							_					
Total number of independent contractors (including \$100,000 of compensation from the organization)	-	nted t	o the	se l	liste:	abo	ve) 	who received more	than			
BAA		TEEA	0108L	11/	16/16			-		Form	990 (2016

orm 9	990 (2016) Community Free Clin VIII Statement of Revenue	ic, Inc.			58-2131301	Page
art	Check if Schedule O contains a respon	nse or note to any	line in this Part VIII	1		٢
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from la under sections 512-514
월 1	1 a Federated campaigns 1 a	6,122.				
질	b Membership dues 1b c Fundraising events 1c		j	_		
₹	d Related organizations 1d	15,375.]			
물	e Government grants (contributions) 1 e		1			
and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	1,269,601.				
ğ	g Noncash contributions included in lines 1a-1f; \$	994, 983.				
	h Total. Add lines la-lf	· · · · · · · · · · · · · · · · ·	1,291,098.			
Jue		Business Code				
Program Service Revenue	2a Pharmacy		2,766.	2,766.		<u> </u>
Ş.	d					}
S E	•				···	
8	f All other program service revenue.					
<u> </u>	g Total. Add lines 2a-2f		2,766.			
3	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt be		3,781.			3,781
	5 Royallies	· · ·		 -		 -
- [-	(i) Real	(ii) Personal			•	
16	6 a Gross rents 9,000 .		Į.			
- 1	b Less: rental expenses		[-		
1	c Rental income or (loss) 9,000.					<u></u>
		···· -	9,000.	9,000.		ļ
7	7 a Gross amount from sales of (i) Securities	(ii) Other	1			
İ	assets other than inventory 24,428.					
	b Less: cost or other basis and sales expenses .				d. "	
- }	c Gain or (loss) 24, 428.					04 400
	, · ·		24,428.			24,428
Other Revenue	8a Gross income from fundraising events (not including \$\frac{15,375}{}\$. of contributions reported on line 1c)					
æ	See Part IV, line 18 a	34,698.	1			
<u>할</u>	b Less, direct expenses b	12,156.]_		
ਰ	c Net income or (loss) from fundraising ev	ents 🟲	22,542.			
g	9 a Gross income from gaming activities. See Part IV, line 19 a					
1	b Less' direct expenses b					
	c Net income or (loss) from gaming activit	ca, ,				
10	O a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b					
	c Net income or (loss) from sales of invent	lory				
-	Miscellaneous Revenue	Business Code				
11	1a					
	b					
	d All other revenue					
	e Total. Add lines 11a-11d					
۔ ا	2 Total revenue. See instructions		1,353,615.	11,766.	0.	28,209.

	Check if Schedule O contains a r	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22			, 5 ₅₄ ,	
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	27,822.	25,596.	1,670.	556
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	(
7	Other salaries and wages	193,672.	177,811.	9, 182	6,679
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	133,072.	171,011.	2,102.	<u> </u>
9	Other employee benefits	44,979.	41,310.	2,199.	1,470
10	Payroll taxes	19,957.	18, 328.	976.	653
11	Fees for services (non-employees)				
ē	Management			}	
	Legal				
	: Accounting	12,000.		12,000.	
	Lobbying	12,000.		12,000.	
	Professional fundraising services. See Part IV, line 17			1.	·
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	48,756.	18,602.	30, 122.	32
13	Office expenses	16,121.	14,604.	777.	740
14	Information technology	9,079.	8,475.	145.	459
15	Royalties	3,0151			
16	Occupancy	13,036.	12,514.	261.	261
17	Travel	13,030.			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19					
20	Interest				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,500.	16,800.	350.	350
23	Insurance	6,060.	4,324.	893.	84
24	_				
4	Medicine & medical supplies	946,315.	946, 315.		
ì	Printing and Publications	1,810.	321.		1,48
•		1,010.			
	All other expenses				
25		1,357,107.	1,285,000.	58,575.	13,53
26		2,001,101.	2,200,000	3,3,3,3	
AA	Check here ► ☐ if following SOP 98-2 (ASC 958-720)	TEEA0110L 11/1			Farm 990 (201

Balance Sheet

(A) Beginning of year (B) End of year Cash - non-interest-bearing 411,492 1 394,051. Savings and temporary cash investments 2 2 24,619 43,855. 3 Pledges and grants receivable, net 106,573. 3 45,000. 4 4 2,523. 2,198. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 Notes and loans receivable, net 7 Assets Inventories for sale or use. 320,780 8 379,426. 4,103 9 4,103. 1,133,233. 10ы b Less: accumulated depreciation 813,426 100 332,446. 800,787. 11 993,661. 1,004,187. 12 Investments - other securities, See Part IV, line 11.... 12 13 Investments - program-related. See Part IV, line 11...... 13 Intangible assets..... 14 14 15 Other assets. See Part IV, line 11..... 15 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 2,677,177 16 2,673,607. 17 Accounts payable and accrued expenses 17,921 17 18,065. Grants payable.. 18 19 19 2,500 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, 22 23 24 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 25 37,651. 32,804 Total liabilities. Add lines 17 through 25...... 26 53,225. 26 55,716. Organizations that follow SFAS 117 (ASC 958), check here X and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets....... 2,238,259 27 2,298,712. 28 275,948 28 209,434. Permanently restricted net assets 109,745. 29 109,745. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. ծ 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund.... 31 31 Retained earnings, endowment, accumulated income, or other funds....... 32 32 33 33 2,623,952 <u>2,617,891.</u> Total liabilities and net assets/fund balances............ 34 34 2<u>,677</u>,177. <u>2,673,607.</u> BAA Form 990 (2016)

		2131301	P.	age 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	•••••	<u></u> .	\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,353,	615.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,357,	107.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,	492.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,623,	952.
5	Net unrealized gains (losses) on investments	5	-2,	569.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	2 (17	001
Da	rt XII Financial Statements and Reporting	110	2,617,	891.
Pai	· · ·			
	Check if Schedule O contains a response or note to any line in this Part XII			للينم
_			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1,000	.]]
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			ž šk
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:	ed on a		ar.
	Separate basis Consolidated basis Both consolidated and separate basis			
1	b Were the organization's financial statements audited by an independent accountant?		_2ь	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite	疆市福	
	Separate basis Consolidated basis Both consolidated and separate basis			لـــاذ
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		ali Olim	, ,
3	a 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?		3 a	х
	bif 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion or audits, explain why in Schedule O and describe any steps taken to undergo such audits	lit 	3 b	
BA			Form 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name (of the organization					Employer identific	ation number
Com	munity Free Clinic, 1					58-213130	
Parl							tions.
	rganization is not a private found	•					
1	A church, convention of church				** ** **	i).	N1
2	A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)		りし
3	A hospital or a cooperative h	ospital service organi	zation described in sec	tion 17	о(БХ1Х4	∖Xiii).	
4	A medical research organiza	tion operated in conju	unction with a hospital i	describe	d in sec	tion 170(b)(1)(A)(iii). E	Inter the hospital's
	_ name, city, and state:						
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in
6	A federal, state, or local government	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).	
7	An organization that normally r in section 170(b)(1)(A)(vi). (eceives a substantial p Complete Part II)	art of its support from a	governm	ental un	it or from the general pu	blic described
8	A community trust described						
9	An agricultural research organi	zation described in sec	tion 170(bX1)(A)(ix) oner	ated in c	oniuncte	on with a land-grant colle	ene
_	or university or a non-land-grain university:						
10	An organization that normally r	eceives: (1) more than	33.1/3% of its support fr	om coot	ributions	membership fees and	oross receipts
	from activities related to its e investment income and unre June 30, 1975. See section!	exempt functions—sub lated business taxable	oject to certain exception e income (less section	ons, and	(2) no	more than 33-1/3% of	its support from gross
11	An organization organized at	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).	
12	An organization organized at or more publicly supported of lines 12a through 12d that di	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one ()(3). Check the box in
a	Type I. A supporting organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sur	poorted o	roanizat	ion(s), typically by giving	the supported on. You must
ь	— '		antrallad in anna disa	ماد مالست		and area area leaded. her	basia a santal as
J	Type II. A supporting organia management of the supporting must complete Part IV, Section 11.	organization vested in	the same persons that o	ontrol or	manage	the supported organizat	ion(s) You
c	Type III functionally integrated organization(s) (see instruction)	. A supporting organizat ons). You must comp	ion operated in connection plete Part IV, Sections	n with, ai A, D, an	nd function d E.	onally integrated with, its	supported
d	Type ill non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting orgogogogoporganization generally plete Part IV. Section	anization operated in coing must satisfy a distribute A and D. and Part V.	nnection tion req	with its : uiremen	supported organization(s t and an attentiveness) that is not requirement (see
e	Check this box if the organiz	ation received a writte	en determination from	the IRS			
f	Enter the number of supported						
9	Provide the following information	n about the supported	d organization(s)				
	(i) Name of supported organization	(U) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		ļ
				1			
(A)				1	[
<u> </u>				 	 		
(B)				(ł		
<u> </u>						 	
(C)				1]		1
·							- · · · · · · · · · · · · · · · · · · ·
(D)			•	}	1		
<u> </u>						 	
(E)							
Total							

Schedule A (Form 990 or 990-EZ) 2016

BAA

	t III Support Schedule fo (Complete only if you chec	cked the box on li	me 10 of Part I or	if the organizatio	(a)(2) n failed to qualify	under Part II. If	the organization
_	fails to qualify under the to	ests listed below,	please complete	Part II.)			//
_	tion A. Public Support far year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	III ID Total
l	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2012	(8) 2013	(6)2014	(u) 2015	(e) 2016	(f) Total
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						
	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,	//		
i	The value of services or facilities furnished by a governmental unit to the organization without charge						
a	Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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.						
;	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
_	tion B. Total Support	Jamos Tara managassa, "Tiras	Menter Wilden Shear	[1] 2000年4月5日 1000年1月1日 1000年1月 1000年	Parket Street, Service Case Case Land	AND SECURITION OF SECURITION	·L
end	dar year (or fiscal year beginning in)	(a) 2012'	(b) 2013	(c) 2014	\ (d) 2015	(e) 2016	(f) Total
)	Amounts from line 6		/		1		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in						
:	Part VI.)						(3)
:	Total support. (Add lines 9, 10c, 11, and 12).	es for the organia	ation's first soco	nd third fourth o	e fifth law wase as		(3)
	Total support. (Add lines 9, 10c, 11, and 12)	stop here		nd, third, fourth, o			··· ·· ·· · · · · · · · · · · · · · ·
ct	Total support. (Add lines 9, 10c, 11, and 12)	stop here blic Support P	Percentage				
ct	Total support. (Add lines 9, 10c, 11, and 12)	blic Support P 016 (line 8, colum	Percentage in (f) divided by li	ne 13, column (1)		115	
ct	Total support. (Add lines 9, 10c, 11, and 12). First live years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv	blic Support F 016 (line 8, colum 2015 Schedule A, vestment Incor	Percentage in (f) divided by li , Part III, line 15 me Percentag	ne 13, column (f))		15	
ct	Total support. (Add lines 9, 10c, 11, and 12). First live years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage of	blic Support P 016 (line 8, colum 2015 Schedule A, vestment Incor for 2016 (line 10c,	Percentage in (f) divided by li , Part III, line 15 me Percentag , column (f) divide	ne 13, column (f)) e ed by line 13, colu	mn (f))	15	
ct	Total support. (Add lines 9, 10c, 11, and 12). First live years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv	blic Support F 016 (line 8, colum 2015 Schedule A, vestment Incor for 2016 (line 10c, from 2015 Schedul the organization of	Percentage in (f) divided by li , Part III, line 15 me Percentag , column (f) divide ile A. Part III, line did not check the	eed by line 13, column (f)	mn (f))	15 16 17 18 than 33-1/3%, ar	nd line 17

Section A. All Supporting Organizations

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.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3 b		
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 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		L
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7]
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 4945 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part V I.	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		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Schedule A (Form 990 or 990 EZ) 2016 Community Free Clinic, Inc. 58-21313	01		age 5
Part IV Supporting Organizations (continued)		Yes	No
11 Ha's the organization accepted a gift or contribution from any of the following persons?		-	110
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	· , , \	
Section C. Type II Supporting Organizations			
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees		{	
of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section D. All Type III Supporting Organizations			
		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	-	
Section E. Type III Functionally Integrated Supporting Organizations			
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete fine 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruct	'ions).	
2 Activities Test. Answer (a) and (b) below.	ſ	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for	2a		
the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		1	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	36	\dashv	
BAA TEEA0405L 09/28/16 Schedule A (Form 95	التتبيل	0.52	2016

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	dule A (Form 990 or 990-EZ) 2016 Community Free Clinic, Inc.		58-213	31301 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	Nov. 20, 1970 (explain in ist complete Sections A t	Part VI). See hrough E.
Sec	tion 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		
Sec	tion 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):			.,,
8	Average monthly value of securities	1a	}	
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sec	tion C Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	The state of the s	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting orga	anization
BAA	\		Schedule A (Fo	rm 990 or 990-EZ) 2016

	ule A (Form 990 or 990 EZ) 2016 Community Free Clini		58-213	1301 Page 7
Parl		pporting Organiza	tions (continued)	
<u>Sect</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	on is responsive (provide	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016.			
8			·	
b				
C	From 2013			
	From 2014			
e	From 2015		<u> </u>	
f	Total of lines 3a through e		<u> </u>	
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		, ,,	,, ,
	Distributions for 2016 from Section D, line 7. \$	i		
a	Applied to underdistributions of prior years			
Ъ	Applied to 2016 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		,	
7	Excess distributions carryover to 2017. Add lines 3 ₁ and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
	Excess from 2016 .			
BAA		·	Schedule A (For	m 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 Community Free Clinic, Inc. 58-2131301 Page 8

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016

Department of the Treasury Internal Revenue Service Name of the organization

orm990. Open to Public Sinspection amber

OMB No 1545-0047

	·				1	
	Community Free Clinic, Inc.	•			58-2131301	
Par	t Organizations Maintaining Dono	or Advised Funds or O	her Similar Fun	ds or A		
	Complete if the organization answ			<u>ь.</u>		
		(a) Donor advise	d funds	(ь)	Funds and other ac	counts
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 dor are the organization's property, subject to the					No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in wr of the donor or donor advis	iting that grant fund or, or for any other	s can be u purpose c	used only conferring	— No
Da.	t II. Conservation Easements.				.,,,,,,	
T/-C1	Complete if the organization answers	wered 'Yes' on Form 99	90. Part IV. line	7.		
1	Purpose(s) of conservation easements held by			 -		
	Preservation of land for public use (e.g., re	•		f a historic	ally important land	area
	Protection of natural habitat				d historic structure	
	Preservation of open space		Ш			
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation of	ontribution in the form	of a cons	ervation easement on	the
	last day of the tax year.	,				
				門際	Held at the End of	the Tax Year
	Total number of conservation easements			2 a		
1	Total acreage restricted by conservation easer	ments	<i></i>	2 b		
•	: Number of conservation easements on a certif	fied historic structure include	ed in (a)	. 2c		
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06,	and not on a histor	ic 2 d		
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguishe	d, or terminated by th	e organizal	tion during the	
4	Number of states where property subject to conse	rvation easement is located >				
5	Does the organization have a written policy reand enforcement of the conservation easemer	nts it holds?			Yes	∏ No
6	Staff and volunteer hours devoted to monitoring, i	inspecting, handling of violatio	ns, and enforcing cor	servation e	easements during the	year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, a	and enforcing conserv	ation easer	ments during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the	requirements of sec	tion 170(h	1)(4)(B)(I) Yes	∏ No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in it to the organization's financia	s revenue and expensed statements that de	e statemer escribes th	nt, and balance sheet ne organization's acc	, and counting for
_	conservation easements	aliana ad Ant Iliatania	J. Turananananananan	Odbar C	inalian Assaul	
Pat	Complete if the organization answers	wered 'Yes' on Form 9	90, Part IV, line	8.	imilar Assets.	
1 :	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	r SFAS 116 (ASC 958), not i eld for public exhibition, educat ncial statements that describ	to report in its rever tion, or research in fu ses these items.	iue statem rtherance o	ient and balance sho of public service, provi	eet works of ide,
l	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r SFAS 116 (ASC 958), to re or public exhibition, education,	eport in its revenue : or research in furthe	statement rance of pu	and balance sheet viblic service, provide t	works of art, he
	(i) Revenue included on Form 990, Part VIII,					
	(li) Assets included in Form 990, Part X				►\$	
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to th	iese items:		_	
	Revenue included on Form 990, Part VIII, line	1				
1	Assets included in Form 990, Part X				▶\$	

Schedule D (Form 990) 2016 Commu	mity Free (Clinic, Inc.		58-213		Page 2
Part III Organizations Maintai	ning Collection	ons of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continue	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, and ot	her records, check a	nny of the following that ar	e a significant use of its	collection	
a Public exhibition		d 🗌 Loan	or exchange programs			
b Scholarly research		e 🔲 Other				
c Preservation for future general	ations					
4 Provide a description of the organize Part XIII.		, i	-			
5 During the year, did the organization to be sold to raise funds rather th	tion solicit or rece	eive donations of a	t, historical treasures, o	r other similar assets	☐ Yes ☐	No
Part IV Escrow and Custodia						
line 9, or reported an	amount on For	m 990, Part X,	line 21.			,
1 a Is the organization an agent, trus on Form 990, Part X?	itee, custodian or	other intermediary	for contributions or other	er assets not included	∏Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and c	omplete the follow	ing table:			
					Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance						
2 a Did the organization include an a	mount on Form 9	90, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Chec	k here if the expla	nation has been provide	d on Part XIII	<u> </u>]
						
Part V Endowment Funds. C						haal.
1 - Paginning of ware balance	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years	Dack
1 a Beginning of year balance			- 			
b Contributions					- 	
c Net investment earnings, gains, and losses.	L		_			
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance					7	
2 Provide the estimated percentage	e of the current y	ear end balance (lii	ne 1g, column (a)) held	as.		
a Board designated or quasi-endowm	ent >	*				
b Permanent endowment ►	- 8					
c Temporarily restricted endowmer	nt ►	*				
The percentages on lines 2a, 2b, ar		100%				
•	•			1. e - 11		
3a Are there endowment funds not in to organization by:	ne possession of the	ne organization that	are nela and administered	i for the	Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					. 3a(ii)	
b If 'Yes' on line 3a(ii), are the rela					3b	
4 Describe in Part XIII the intended	_				130	
		IIIZAUOTS ETIOOWIT	ent lands.			
Part VI Land, Buildings, and Complete if the organi		ed 'Ves' on For	m 990 Part IV line	11a See Form 90	10 Part X Ju	ae 10
_ 			, <u>. </u>		(d) Book va	
Description of property	(a) (Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(u) book va	iue
1 a Land			324,625.		324,	625
b Buildings			701,729.	237,988.	463,	741
c Leasehold improvements						
d Equipment			106,879.	94,458.	12,	421
e Other						
Total. Add lines 1a through 1e. (Colum		Form 990, Part X,	column (B), line 10c.)		800,	787
BAA					lule D (Form 990)	

Schedule 0, (Form 990) 2016 Community Free Clinic, Inc. 58-2131 Part VII Investments - Other Securities.	O, Part X, line 12 year market value O, Part X, line 13.
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-y (l) Financial derivatives	year market value O, Part X, line 13.
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) Inte 12) Part VIII Investments — Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13.
(2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 996 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. I-year market value
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 996 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. I-year market value
(A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. f-year market value
(B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. f-year market value
(C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-or (1) (2) (3)	0, Part X, line 13. f-year market value
(D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 996 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. f-year market value
(E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12). Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 996 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. f-year market value
(G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. f-year market value
(G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 996 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. f-year market value
(d) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 996 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. f-year market value
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 996 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	0, Part X, line 13. f-year market value
Part VIII Investments - Program Related. N/A	0, Part X, line 13. f-year market value
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-organization (1) (2) (3)	0, Part X, line 13. f-year market value
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of (1) (2) (3)	f-year market value
(1) (2) (3)	- Joe Market Value
(2) (3)	
(3)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990	0, Part X, line 15.
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability (b) Book value	
(1) Federal income taxes	
(2) Other liabilities 37,651.	
(3)	+
(4)	{
(5)	
(6)	
(7) (8)	
(9)	
(10)	İ
(11)	į
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) > 37, 651.	[
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 financial statements.	bility for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII	and in amount

Schedule D'(Form 990) 2016 Community Free Clinic, Inc.	58-2131301	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2 d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ķ (ç,	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4 b		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	5. 1	
a Donated services and use of facilities 2a		
b Prior year adjustments	7	
c Other losses	-	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	<u>.</u> .	
a Investment expenses not included on Form 990, Part VIII, line 7b		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIII Supplemental Information,		
Provide the descentions secured for Part II, lines 3.5, and 0. Part III, lines 15, and 4: Part IV, lines 15, and 25:	Part V	

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.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered 'Yes' on Form 990, Part IV, 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 2016 Open(openille

Name of the organization						Employer identific	ation number
Community Free Clinic, Ir	ic.					58~213130	1
Part 1 Fundraising Activities. Comple Form 990-EZ filers are not re	te if the organiza quired to comp	ation answe lete this p	ered 'Yes' art.	on Form 990, Part IV, line	e 17.		
1 Indicate whether the organization	raised funds th	rough any	of the fol	•		• •	
a Mail solicitations			e	Solicitation of non-	governa	nent grants	
b Internet and email solicitations	5		•	Solicitation of gove	rnment	grants	
c Phone solicitations			g	Special fundraising	events		
d n-person solicitations							
2 a Did the organization have a written o employees listed in Form 990, Par	t VII) or entity:	in connéct	lion with p	rofessional fundraising	services	s? · · ·	
b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	lividuals or enti le organization.	itiės (fundi	raisers) pi	ursuant to agreements t	ınder wi	nich the fundrai	iser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser dy or control ributions?	(iv) Gross receipts	(v) An (or r fundra	nount paid to etained by) siser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9					 		
10							
Total			<u>.</u> •				0.
List all states in which the organization or licensing.	on is registered	or licensed	to solicit o	contributions or has been	notified i	l is exempt from	registration

	t II	G (Form 990 or 990-EZ) 2016 Communi Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts great the second second second second second second second second second second sec	the organization an event contributions	swered 'Yes' on Fo	rm 990, Part IV, I	31301 Page 2 ine 18, or reported lines 1 and 6b.
S E S		g	(a) Event #1 Heart to Heart (event type)	(b) Event #2 Festival of Ta (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
ポート・コード・コード・コード・コード・コード・コード・コード・コード・コード・コード	1	Gross receipts	42,833.	7,240.		50,073.
E	2	Less. Contributions	15,375.			15,375.
	3	Gross income (line 1 minus line 2)	27,458.	7,240.		34,698.
	4	Cash prizes				
	5	Noncash prizes			·	
D-RECT	6	Rent/facility costs	610.			610.
	7	Food and beverages	5,781.			5,781.
EXPESSES	8	Entertainment				
N S E	9	Other direct expenses	5,765.			5,765.
	11	Direct expense summary. Add lines 4 thr. Net income summary. Subtract line 10 frogaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	om line 3, column (d).	<u> </u>	<u> </u>	22,542
REVENUE		\$15,555 OH 1 OH 255-EZ, line oa.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other garning	(d) Total gaming (add column (a) through column (c))
		Cash prizes			 	
EXPENSE	3	Noncash prizes	·			
Š	4	Rent/facility costs			· · · · · · · · · · · · · · · · · · ·	
	•			!		1
_	5	Other direct expenses			I Tu	
	5		Yes \$	Yes %	Yes %	+0 + Q + +0
	6		No	No	No	
_	6	Volunteer labor	No No rough 5 in column (d).	No	No	
	6 7 8 Enter	Volunteer labor. Direct expense summary Add lines 2 thr Net gaming income summary. Subtract li ter the state(s) in which the organization co the organization licensed to conduct gamine No,' explain:	No rough 5 in column (d). ine 7 from line 1, column onducts gaming activities g activities in each of the	No	No	· Yes No
10 4	6 7 8 Entre a Is the bif 'N	Volunteer labor. Direct expense summary Add lines 2 thr Net gaming income summary. Subtract liter the state(s) in which the organization cohe organization licensed to conduct gamine	No rough 5 in column (d). ine 7 from line 1, column anducts gaming activities g activities in each of the	nn (d)es: nese states?	No	Yes No

11 Does the organization conduct gaming activities with nonmembers?	ned to	Yes	No
administer charitable gaming?	ned to		
		Yes	No
	120		•
b An outside facility.			
4 Enter the name and address of the person who prepares the organization's gaming/special events books and r			
Name •		- -	
Address •			
15 a Does the organization have a contract with a third party from whom the organization receives gaming b If 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party c If 'Yes,' enter name and address of the third party.	revenue? and the amoun		<u></u>
Name Address >			
6 Gaming manager information:			
Name •			
Gaming manager compensation ► \$			
Description of services provided >			
Director/officer Employee Independent contractor			
7 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?	n the	_[_]Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp organization's own exempt activities during the tax year ► \$	ent in the		_
Part IV Supplemental Information. Provide the explanations required by Part I, line 2 and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions			v);
AA TEEA3703L 09/23/16 Sch	nedule G (Form	990 01 901	1.57/ 22

SCHEDULE M (Form 990) ·

Noncash Contributions

► Complete If the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Community Free Clinic, Inc. 58-2131301 Part I Types of Property (c) Noncash contribution (b) Number of (a) Check if Method of determining noncash contribution amounts contributions or items contributed amounts reported on Form 990, applicable Part VIII, line 1g 3 Art - Fractional interests.. 4 Books and publications. 8 Intellectual property 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures ..., 14 Qualified conservation contribution — Other. 15 Real estate - Residential.......... 16 Real estate - Commercial. 17 Real estate - Other 19 Food inventory.... 20 Drugs and medical supplies. 150 994,983. AWP 21 Taxidermy... 22 Historical artifacts..... 24 Archeological artifacts 25 Other ► (26 Other > 27 Other > 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used 30 a b If 'Yes,' describe the arrangement in Part II. 31 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ... 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a b If 'Yes,' describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2016)

Schedule M'(Form 990) (2016) Community Free Clinic, Inc.

[Part.II.] Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMS No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Community Free Clinic, Inc.

Employer Identification number 58-2131301

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The mission of the Clinic is to help Cabarrus County adults move toward wellness by providing healthcare and pharmacy services. Organizational goals are: (a) To remove the barriers of limited financial resources and lack of health insurance to increase access to healthcare and pharmacy services. (b) To increase the health stabilization of patients by providing primary care and pharmacy services.

Form 990, Part III, Line 1 - Organization Mission

The mission of the Clinic is to help Cabarrus County adults move toward wellness by providing healthcare and pharmacy services. Organizational goals are: (a) To remove the barriers of limited financial resources and lack of health insurance to increase access to healthcare and pharmacy services. (b) To increase the health stabilization of patients by providing primary care and pharmacy services.

Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 is provided to the Board members at a regularly scheduled meeting as close as possible to the date that the 990 is prepared.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

We receive a copy of the NC Center for Nonprofits Salary Report which is used as a
quideline for reviewing the Director's salary.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

We can request average hourly rates from Human Resources at CMC - Northeast Hospital
as a comparison for our other employees.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No documents available to the public