9171 9690 0935 0152 9966 47

		, _		DED TO FEB					
For	ա 990-T	1	Exempt Orga				ax Return) <u> </u>	OMB No 1545-0687
				nd proxy tax und			n 31 001	_	0045
		Forca	llendar year 2015 or other tax yea					<u>•</u>	2015
	artment of the Treasury					s available at www irs g		وا	Open to Public Inspection for 01(c)(3) Organizations Only
A	Check box if		➤ Do not enter SSN numbe Name of organization (ition is a so i(c)(s)	D Employ	yer identification number
^	address changed		Name of organization (Oneck bbx ii name	changed	and see mendenons.		(Emplo	yees' trust, see tions)
В	Exempt under section	Print	COMMONWEALT	H HEALTH FR	EE (CLINIC, INC.		61	L-1292739
	501(c)(3)	_ or	Number, street, and room					E Unrelat	ted business activity codes structions)
Ē	408(e)220(e)	Туре	800 PARK ST	REET] (366 1/1	au detions)
	408A 530(a)	,	City or town, state or pro			n postal code			
Ĺ	529(a)		BOWLING GRE		.02_			<u></u>	
· · · ·	Book value of all assets at end of year		p exemption number (See i		<u> </u>			<u>_</u> _	
	1,067,917.		k organization type 🕨	X 501(c) corporation		501(c) trust	401(a) trust		Other trust
			ary unrelated business acti			STATEMENT 1			(TE)
	•	-	poration a subsidiary in an		ent-subs	idiary controlled group?	▶ 1	Yes	X No
			tifying number of the parer JAMES LARRY			Talanh		70.5	745-1500
			de or Business Inc			(A) Income	One number (B) Expenses		(C) Net
_	a Gross receipts or sal		do or Buomodo mo		1	(A) mount	(b) Expended	-	(0) 1101
	b Less returns and allo			c Balance	10				
2	Cost of goods sold (- A. line 7)	• Dalario	2				
3	Gross profit. Subtract		•		3				
4					48				
J		•	Part II, line 17) (attach Forn	n 4797)	4b				
1	c Capital loss deductio	n for tru	sts		4c				
5	Income (loss) from p	oartnersh	nips and S corporations (at	ach statement)	5_				
6	Rent income (Sched	ule C)			6_				
7	Unrelated debt-finan		,		7		·		
8			and rents from controlled o		8				
9			on 501(c)(7), (9), or (17) o	rganization (Schedule G		 - · · ·			
10	Exploited exempt act	-	` '		10				
11	Advertising income (•		11				
12 13	Other income (See in Total, Combine line				13	0.			
			ot Taken Elsewher	e (See instructions i					
			utions, deductions must				income)		
14	Compensation of of	ficers, d	rectors, and trustees (Sche	edule K)				14	
15	Salaries and wages							15	
16	Repairs and mainte	nance						16	
17	Bad debts							17	
18	Interest (attach sch	edule)						18	
19	Taxes and licenses							19	
20			e instructions for limitation	rules)		ايما		20	
21 - 00	•		•	o on retiffe		21 (22a		22b	
<u>/</u> 22 ∩ 23	•	iaiiiieu u	on Schedule A and elsewher	e dil lettin De				23	
		ferred co	omnensation plans		JEI L	/ED]		24	
က္ 24 ≕၁ 25			•	1851	-			25	
				සි FEB	270			26	
€ 27		•	•		936	ul/ jõj ,		27	
. 28	Other deductions (a	attach sc	hedule)	L OGD	-A+	<u></u>		28	
26 27 28 29 30 31 32 33		s. Add li	nes 14 through 28		- 1 VI	MI I,		29	0.
30	Unrelated business	taxable	income before net operatin	g loss deduction. Subtra	ct line 2	9 from line 13		30	<u>0.</u>
31			n (limited to the amount on					31	
32			income before specific ded			e 30		32	1 000
			ly \$1,000, but see line 33 in			when the OO If		33	1,000.
34		s taxable	e income. Subtract line 33	from line 32. If line 33 i	s greatei	i uian line 32, enter the sn	namer of zero or	,,	0.
523	line 32 1701 06-16 LHA For Pa	000000	Daduation Act Notice	instructions				34	Form 990-T (2015)
01-	06-16 LHA For Pa	heimoik	Reduction Act Notice, see	ากอนบุรุนบทธ.				0	rum 330-1 (2015)

Form 990-T	COMMONWEALTH HEALTH FREE CLINIC, INC.		61-12	92739		Page 2
Part I						
35	Organizations Taxable as Corporations. See instructions for tax computation.			1		
	Controlled group members (sections 1561 and 1563) check here See Instructions an	d·		1 1		
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			1		
•		<i>).</i>		1 1		
	· · · · · · · · · · · · · · · · · · ·					
0	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			1 1		
	(2) Additional 3% tax (not more than \$100,000)			1 1		_
ε	Income tax on the amount on line 34		, 🕨	35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 34 from:				
	Tax rate schedule or Schedule D (Form 1041)		🕨	36		
37	Proxy tax. See Instructions			37		
38	Alternative minimum tax			38		
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies			39		0.
Part I						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	408				
	Other credits (see instructions)	40b		┦		
				┥ (
6	General business credit. Attach Form 3800	400		-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)			⊣ <u>.</u> . i		
	Total credits. Add lines 40a through 40d			40e		
41	Subtract line 40e from line 39 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 88	··· · <u>- · · ·</u> · ·		41		0.
42				42		
43	Total tax. Add lines 41 and 42	,		43		0.
44 a	Payments: A 2014 overpayment credited to 2015	448		_		
	2015 estimated tax payments	44b		_		
C	Tax deposited with Form 8868	44c		」		
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	44d				
8	Backup withholding (see instructions)	446]		
f	Credit for small employer health insurance premiums (Attach Form 8941)	441		7 1		
	Other credits and payments: Form 2439			7		
-	☐ Form 4136 Other Total ▶	440		1 1		
45	Total payments. Add lines 44a through 44g			45		
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	****** ********* ****	***** 57 *******	46		
47	Tex due. If line 45 is less than the total of lines 43 and 46, enter amount owed					0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid					0.
	Enter the amount of line 48 you want; Credited to 2016 estimated tax			48		<u> </u>
Part \			funded >	49		
					1,,	T
	my time during the 2015 calendar year, did the organization have an interest in or a signature or of	-			Yes	No
	urities, or other) In a foreign country? If YES, the organization may have to file FinCEN Form 114, I	Report of Foreign	n Bank and Fina	ancial		١.,
ACC 2 Ouri	ounts. If YES, enter the name of the foreign country here	7			-	X.
	S, see instructions for other forms the organization may have to file			,	.	X
3 Ent	er the amount of tax-exempt interest received or accrued during the tax year >\$		· — —			
Sched	ule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A					
1 Invi	entory at beginning of year 1 6 Inventory at end of yea	ar , ,		6		
2 Pur	chases 7 Cost of goods sold. S	ubtract line 6				
3 Cos	it of labor	and in Part I, lir	10 2	7		
	stional section 263A costs (att. schedule) 48 B Do the rules of section	n 263A (with res	pect to		Yes	No
b Oth	er costs (attach schedule) 4b property produced or	acquired for resi	ale) apply to			
	al. Add lines 1 through 4b 5 the organization?				}	1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the	best of my knowl	edge and bellef it le	true,	
Sign	consci, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer	r has any knowledg	• _			
Here	John Stawell 102/14/20 RVP - C	:FO	•	May the IRS discus		with .
	Signature of officer Date Title			the preparer shown instructions)?		¬ I
					162	No
	Print/Type preparer's name Preparer's signature Da		Check	II PTIN		
Paid		CAA	self- employed	1		
Prepa	. 51117 - 60	2/10/17	, -		72603	
Use (Only Firm's name ► BLUE & CO., LLC		Firm's EIN	35-1	<u> 17866</u>	1
	500 N. MERIDIAN ST, SUITE 200					
	Firm's address ► INDIANAPOLIS, IN 46204		Phone no.	317-633-		
	-08-16			Form	, 990-T	(2015)

Form 990-T (2015) COMMONWE Schedule C - Rent Income	ALTH HEAL e (From Real	TH FREE	CLINIC, d Personal F	INC.	ease	61-129 With Real Pro	9 <u>2</u> 73 perty	9 Page (see instructions)	
Description of property									
(1)									
(2)									
(3)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the	percentage of	(b) From real	and personal propert	y (if the percentag		3(a) Deductions direct	tly conne	cted with the income in (attach schedule)	
rent for personal property is m 10% but not more than 50	ore than	of rent for	personal property ex ent is based on profit	ceeds 50% or if				(4.0011 0011000110)	
(1) (2)									
(3)	·	 							
(4)	0.	Total			0.				
						(b) Total deductions.			
(c) Total income. Add totals of column here and on page 1, Part I, line 6, colu	mn (A)				0.	Enter here and on page 1, Part I, line 6, column (B)	<u></u>	0.	
Schedule E - Unrelated De	ebt-Financed	Income (se	e instructions)						
			2. Grass in	come from	!	 Deductions directly control to debt-final 			
1. Description of deb	t-financed property		or allocable	2. Gross income from or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
						<u> </u>		·	
_(1)				· · · · · ·	 		+		
(2)					ļ	·			
(3)							\bot		
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to inced property h schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%			$\neg \vdash$		
	<u> </u>				E	nter here and on page 1,	$\neg \vdash$	Enter here and on page 1,	
					F	art I, line 7, column (A)		Part I, line 7, column (B)	
Totals						C).	0.	
Total dividends-received deductions	uncluded in colum	n 8						0.	
Schedule F - Interest, Ann	nuities, Royali	ies, and Re	nts From Co	ntrolled C	rgani	zations (see in:	struction		
		Exen	npt Controlled C	rganizations					
1 Name of controlled organization	Employer id num	entification Net	3. unrelated income s) (see instructions)	related income Total of specific				ing connected with income	
/1\				 		+			
(1)				 			-+		
(2)				 			+		
_(3)				 			-+		
(4)				<u> </u>					
Nonexempt Controlled Organization	ons								
7. Taxable Income 8. Net unrelated income (loss) (see instructions)			made in the coi					Deductions directly connected with income in column 10	
(1)									
(2)									
(3)									
		+-							
_(4)	•								
		Enter here			d columns 5 and 10 we and on page 1, Part I, E ine 8, column (A)		Add columns 6 and 11 inter here and on page 1, Part I, line 8, column (B)		
Totals				▶		0.		0.	
523721 01-06-16								Form 990-T (2015)	

 FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS ACTIVITIES DURING THE YEAR.

TO FORM 990-T, PAGE 1