Form **990**

Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2018 calen	dar year, or tax year beginning $7/01$, 2018, ar	nd endin	g 6/			2019		
В	Check i	k if applicable: C						cation number		
	Ad	Idress change		91-1707542						
	H	me change	4100 Plomondon Street				E Telephone number 360-313-1390			
	\vdash	itial return								
	\vdash		*							
	H	al return/terminated	6			G Gross re	ceipts \$	833,	465.	
	\vdash	nended return	F f f f f f f f f f f f f f f f f f f		H(a) Is this	a group return			X No	
	Ap	oplication pending				I subordinates " attach a list.		—	No	
			Same As C Above	T 527	If "No,	" attach a list.	(see instr	ructions)		
1	Tax-	exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527						
J	We	bsite: ► w	w.freeclinics.org			exemption nu				
K	Forn	n of organization:	X Corporation Trust Association Other ► L Yes	ar of format	ion: 199	T IN S	tate of leg	gal domicile: WA		
Pa	ırt I	Summa	у		7.6	1711		to fr		
	1	Briefly descr	be the organization's mission or most significant activities:Prov	<u> zide a</u>	nd fac	illitate	acc	ess to II	ee,_	
ø	compassionate, quality health care for children and adults who are otherwise									
200		unable _	able to obtain such services							
Ĕ	unable to obtain such services 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)									
ove									18	
Ö	3	Number of v	oting members of the governing body (Part VI, line 1a) Independent voting members of the governing body (Part VI, line	1b)			4		18	
S	4	Number of I	r of individuals employed in calendar year 2018 (Part V, line 2a).	10)			5		19	
itie	5	Total number	r of individuals employed in calendar year 2018 (Fart v, line 2a). r of volunteers (estimate if necessary)				6		600	
Activities &	6	Total number	r of volunteers (estimate if necessary)				7a		0.	
ă	/a	Notal unrela	d business taxable income from Form 990-T, line 38				7b		0.	
	D	Net unrelate	d business taxable income from 1 offit 930-1, line 3d			Prior Year		Current Ye		
Revenue		Contribution	s and grants (Part VIII, line 1h)			622,2	222	469	347.	
	8	Dragram sa	service revenue (Part VIII, line 2g)			124,2			,515.	
	9	(A) Lines 2 A and 7d)							,340.	
æ.	10	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	s 5 6d 8c 9c 10c and 11e)		200,917.			,320.	
-	11 12	Total reven	ue — add lines 8 through 11 (must equal Part VIII, column (A), lin	ne 12)		1,019,3			,522.	
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)							
ď		Denefite no	Benefits paid to or for members (Part IX, column (A), line 4)							
	14	Selection of	calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					450	,467.	
	15			502,						
Fynansas	16	b Total fundraising expenses (Part IX, column (A), line 11e)					A 6000		And the last	
2	-		_	4.61 000		244	4.4.5			
ш	1 17	Other expe					,445.			
	18		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						<u>,912.</u>	
	19	Revenue less expenses. Subtract line 18 from line 12				54,		,610.		
5	8					ning of Curre		End of Ye	-	
ete	<u>=</u> 20	Total asset	s (Part X, line 16)			1,384,		1,382		
Ass	<u>E</u> 21	Total liabili	ies (Part X, line 26)			39,	330.	29	,336.	
Š	변 21 관 22	Net assets	or fund balances. Subtract line 21 from line 20			1,345,	427.	1,353	,037.	
_	art I		ire Block							
Lie	der per	alties of periuny	declare that I have examined this return, including accompanying schedules and stater parer (other than officer) is based on all information of which preparer has any knowled	ments, and t	to the best of	f my knowledg	e and bel	lief, it is true, correc	t, and	
co	mplete.	Declaration of pre	parer (other than officer) is based on all information of which preparer has any knowled	dge.						
_										
ς	ign	Sign	ature of officer			Date				
	ere	Ri	ill Lockwood P				President			
•	0.0		or print name and title							
-		Print/Tvc	e preparer's name Preparer's signat	D# [T	Check	if	PTIN		
_			TIOUGH DI			self-emplo	_	P00088583	3	
	aid		ie M. Kangas FOR DISCUSSION PURI	POSES	ONIY	3011-GITIPIC	, , , ,	12 0000000		
	repa	\ I	Telefon a hopedates, 15				► A1	0061100		
U	se C	nly Firm's a						-0861190		
_			Vancouver, WA 98665-0001			Phone no.	100	1		
M	ay the	RS discuss	this return with the preparer shown above? (see instructions)					. X Yes	No	