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)

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.

A For the 2017 calendar year, or tax year beginning 7/01, 2017, and ending 6/30, 2018

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Free Clinic of Southwest Washington
4100 Plomondon Street
Vancouver, WA 98661

D Employer identification number
91-1707542

E Telephone number
360-313-1390

F Name and address of principal officer:

Same As C Above

H(a) Is this a group return for subordinates?
Yes [ ] No [x]

H(b) Are all subordinates included?
If No, attach a list (see instructions)

I Tax-exempt status
X 501(c)(3) ( ) (insert no.) 4947(a)(1) or 527

J Website:
www.freeclinics.org

K Form of organization:
X Corporation [ ] Trust [ ] Association [ ] Other [ ]

L Year of formation
1991

M State of legal domicile
WA

Part 1 Summary

1 Briefly describe the organization's mission or most significant activities: Provide access to free, compassionate, quality health care for children and adults who are otherwise 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.

3 Number of voting members of the governing body (Part VI, line 1a).
4 Number of independent voting members of the governing body (Part VI, line 1b).
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a).
6 Total number of volunteers (estimate if necessary).
7a Total unrelated business revenue from Part VIII, column (C), line 12.
7b Net unrelated business taxable income from Form 990-T, line 34.

Revenue

8 Contributions and grants (Part VIII, line 1h).
9 Program service revenue (Part VIII, line 2g).
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).
14 Benefits paid to or for members (Part IX, column (A), line 4).
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).
16 Professional fundraising fees (Part IX, column (A), line 11e).
17 Total fundraising expenses (Part IX, column (D), line 25).
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).
19 Revenue less expenses. Subtract line 18 from line 12.

Assets and Liabilities

20 Total assets (Part X, line 16).
21 Total liabilities (Part X, line 26).
22 Net assets or fund balances. Subtract line 21 from line 20.

Part II Signature Block

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

Signature of officer

Bill Lockwood
Director

Paid Preparer Use Only

Print/Type preparer's name
Patricia W. Eby

Preparer's signature

Date
1/2/19

Check [x] if self-employed
PTIN
P00014704

Firm's name
Peterson & Associates, PS

Firm's address
P O BOX 65009
Vancouver, WA 98665-0001

Firm's EIN
91-0861190

Phone no.
(360) 574-0644

May the IRS discuss this return with the preparer shown above? (see instructions)

[ ] Yes [x] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEA013L 08/08/17 Form 990 (2017)