

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

G Gross receipts \$ 1,051,040.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If 'No,' attach a list. (see instructions)

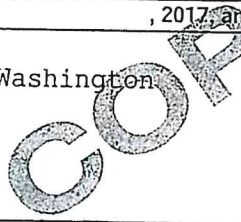
H(c) Group exemption number ▶

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

J Website: ▶ www.freeclinics.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1991 **M** State of legal domicile: WA



Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Provide and facilitate access to free, compassionate, quality health care for children and adults who are otherwise unable to obtain such services</u>		
	2 Check this box <input type="checkbox"/> 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)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	20
	6	Total number of volunteers (estimate if necessary)	600
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 628,608. Current Year: 622,222.
	9	Program service revenue (Part VIII, line 2g)	116,777. 124,295.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,429. 71,875.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,775. 200,917.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	897,589. 1,019,309.
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)	480,762. 502,491.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	438.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>156,006.</u>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	445,926. 461,982.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	927,126. 964,473.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-29,537. 54,836.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,328,234. End of Year: 1,384,757.
	21	Total liabilities (Part X, line 26)	37,643. 39,330.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,290,591. 1,345,427.

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.

Sign Here

Signature of officer: Bill Lockwood Date: _____
 Type or print name and title: Director

Paid Preparer Use Only

Print/Type preparer's name: Patricia W. Eby Preparer's signature: [Signature] Date: 1.21.19
 Check 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 No