Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

A	For	the 2019 calend	dar year, or tax year begin	ining 7/01	, 2019,	and ending	$\frac{6}{3}$	0		, 2020		
В	Check	if applicable:	С					D Employer identification		ification number		
	1	Address change	Free Clinic of Southwest Washington					91-1707542				
		Name change 4100 Plomondon Street						E Telephone number				
	П	nitial return	Vancouver, WA 98661					360-313-1390				
	\Box	inal return/terminated							313	1370		
	\vdash	Amended return			C 0		¢ 1 450	005				
	\vdash		F Name and address of principa	l officer.			(a) Is this a	G Gross r				
	□′	Application pending								163	X No	
-			Same As C Above					ubordinates ittach a list	. (see in	d? Yes Structions)	No	
1 Tax-exempt status: X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) 6 527												
J			w.freeclinics.ord		H	(c) Group ex	emption n	umber 🏲	-			
K		Form of organization: X Corporation Trust Association Other ► L Year of formation						n: 1991 M State of legal domicile: WA				
Pa	ırt I	Summar	у	,	X	,						
	1	Briefly descril	ribe the organization's mission or most significant activities: Provide and facilitate access to free,									
a		compassi	onate, quality he	nildren	en and adults who are otherwise							
Governance		unable t	to obtain such services									
Ë												
8	2	Check this bo	his box F if the organization discontinued its operations or disposed of more						net as	sets.		
<u>ত</u>	3	Number of vo	oting members of the gover	rning body (Part VI, line 1	a)				3		19	
Activities &		Number of independent voting members of the governingTotal number of individuals employed in calendar year 20			art VI, line	1b)			4		19	
	5	Total number	of individuals employed in	n calendar year 2019 (Part	V, line 2a)	,			5		15	
	7-	Total number	necessary)					6		600		
			ed business revenue from I						7a		0.	
Revenue	L	Net unrelated	I business taxable income	110m Form 990-1, line 39.					7b	0	0.	
		Contributions	0-17-5					or Year		Current Ye		
	8		ontributions and grants (Part VIII, line 1h)					469,3			,436.	
	9		ervice revenue (Part VIII, line 2g)					90,5			,894.	
	10		t income (Part VIII, column (A), lines 3, 4, and 7d)				48,340.			,751.		
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)								,560.	
-	12		imilar amounts paid (Part I					802,5	22.	1,432	,641.	
	13											
	14		enefits paid to or for members (Part IX, column (A), line 4)									
	15		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								,744.	
JSe	16 a	Professional 1	Professional fundraising fees (Part IX, column (A), line 11e)									
Expenses	Ŀ	Total fundrais	Total fundraising expenses (Part IX, column (D), line 25) ► 113, 214.									
ũ	17		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						344,445.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					011/110.				,700. ,444.	
	19		Revenue less expenses. Subtract line 18 from line 12						1 - 1			
- o e		Trevenue less expenses, oubtract line to nont line 12					7,610.			,197.		
i ts	20	Total assets (Total assets (Part X, line 16)				Beginning of Current Year		End of Ye	1970		
Bala	21		liabilities (Part X, line 26).					1,382,373.			639.	
Net Assets Fund Baland		Net assets or fund balances. Subtract line 21 from line 20.					29,336.				,405.	
	22			ne 21 from line 20			1,	353,0	37.	2,000	,234.	
	rt II	Signatur										
Unde	r pena	Ilties of perjury, I de Declaration of prepar	eclare that I have examined this returer (other than officer) is based on a	irn, including accompanying schedu	iles and statem	nents, and to the	e best of my	knowledge	and belie	ef, it is true, correct,	and	
		1		- The state of the								
٥.		Signatur	re of officer				Date					
Sign Here												
			Ann Wheelock Type or print name and title					Executive Director				
			**************************************	Preparer's signature		Date		heck	J "	PTIN		
Paid Preparer Use Only			M. Kangas	Laurie M. Kangas	5	2/11/2	?1 s	elf-employe	ed .	P00088583		
		ily Firm's addre	ddress P O BOX 65009					Firm's EIN ► 91-0861190				
			Vancouver, WA 98665					Phone no. (360) 574-0644				
May the IRS discuss this return with the preparer shown above? (see instructions)											No	