			** PUBLIC DISCLOSURE COP									
	Ω	00	Return of Organization Exempt Fro	om l	ncome Tax	OMB No. 1545-0047						
For	m Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			15) 2023						
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the	-	-	Open to Public Inspection						
-		enue Service	-		UN 30, 2024	Inspection						
B	Check if	C Name of	organization	ing c	D Employer identific	ation number						
, 	Addre											
Ļ	chang	ge FKEE	CLINIC OF SOUTHWEST WASHINGTON			10						
	Name chang		isiness as		91-170754	± Z						
F	returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Roo PLOMONDON STREET	m/suite	E Telephone number							
	returr termi	n-				2,212,229.						
	ated Amer	ided TTA NTC	own, state or province, country, and ZIP or foreign postal code OUVER, WA 98661		G Gross receipts \$							
	_returr _Appli _tion	VANC	nd address of principal officer:ROBIN VIRGIN		H(a) Is this a group re							
	tion pend		AS C ABOVE		for subordinates'							
<u> </u>	Tax av	empt status:		527	H(b) Are all subordinates in							
	Nebsi		FREECLINIC.ORG	JZI	H(c) Group exemption	ist. See instructions						
		f organization:		I Vear (State of legal domicile: WA						
	art I	Summary				otate of legal dofinent.						
	1		e the organization's mission or most significant activities: PROVID	E AN	D FACILITATI	E ACCESS TO						
nce	·	FREE, C	OMPASSIONATE, QUALITY HEALTH CARE FO	OR C	HILDREN AND	ADULTS WHO						
rna	2	Check this bo										
ove	3	Number of vot	lumber of voting members of the governing body (Part VI, line 1a)									
Ğ	4		ependent voting members of the governing body (Part VI, line 1b)			16						
es é	5		of individuals employed in calendar year 2023 (Part V, line 2a)			19						
viti	6		of volunteers (estimate if necessary)			167						
Activities & Governance	7 a		d business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.						
					Prior Year	Current Year						
P	8	Contributions	and grants (Part VIII, line 1h)		1,703,669.	1,720,750.						
Revenue	9	•	ce revenue (Part VIII, line 2g)		30,043.	26,621.						
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		239,525.	371,552.						
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,164.	29,833.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,000,401.	2,148,756.						
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14		to or for members (Part IX, column (A), line 4)		0.	0.						
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		659,406. 0.	733,465.						
Expenses	16a	Professional fu	andraising fees (Part IX, column (A), line 11e) andraising fees (Part IX, column (A), line 11e) ang expenses (Part IX, column (D), line 25) 136,435		0.	0.						
Ă					945,566.	894,340.						
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,604,972.	1,627,805.						
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		395,429.	520,951.						
L SS	19	nevenue less			ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (F	Part X line 16)		3,400,413.	3,943,472.						
Assu Bal	20		²art X, line 16) (Part X, line 26)		60,291.	82,399.						
Net	22		fund balances. Subtract line 21 from line 20		3,340,122.	3,861,073.						
_	art II	Signature		[.,	-,,						
			declare that I have examined this return, including accompanying schedules and	d stateme	ents, 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	Signature of officer	Date	Date								
	ROBIN VIRGIN, BOARD PRESIDE										
	Type or print name and title										
	Print/Type preparer's name Pre	Date Check	PTIN								
Paid	MICHAEL GILLESPIE MI	CHAEL GILLESPIE		P00237745							
Preparer	Firm's name PLYMALE & GILLESPIE	E CPAS, PLLC	Firm's EIN 47 -	-3289916							
Use Only	Firm's address P.O. BOX 765										
	VANCOUVER, WA 98666	5-0765	Phone no. (36())695-0068							
May the I	RS discuss this return with the preparer shown above?	? See instructions		X Yes No							
LHA For	Paperwork Reduction Act Notice, see the separate	instructions. 332001 12-21-23		Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm **YYU** (2023)

Form	P 990 (2023) FREE CLINIC OF SOUTHWEST WASHINGTON 91-1707542 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE AND FACILITATE ACCESS TO FREE, COMPASSIONATE, QUALITY
	HEALTH CARE FOR COMMUNITY MEMBERS WHO ARE OTHERWISE UNABLE TO OBTAIN
	SUCH SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,325,308. including grants of \$) (Revenue \$ 26,621.)
	THE FREE CLINIC HELPED 3,754 MEDICAL AND 246 DENTAL PATIENTS DURING THE
	FISCAL YEAR ENDED JUNE 30, 2024.
	· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,325,308.

Farm	000	(0000)
⊢orm	990	(2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	<u>л</u>	
b	•	11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>			- 23
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0 4		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	L
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~ ~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	27	L
1 0	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטת זו סטוופטעוב ט טטווגמוזא מ ופאטטואב טו זוטנב נט מוזץ וווופ ווז נוווא דמוג ע		Yes	
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 18		res	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
с	(gambling) winnings to prize winners?	1c	х	
				<u> </u>

91-	170	75	42	Page 5
				i age 🗨

Form	990 (2023) FREE CLINIC OF SOUTHWEST WASHINGTON 91-1707	542	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h				
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
-				
		140		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 13
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		<u> </u>
15		15		x
	excess parachute payment(s) during the year?	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	.,		

Form 990 (2023)

FREE CLINIC OF SOUTHWEST WASHINGTON

Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	6		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	x	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
с С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	3)s onl	y) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	incial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	REBECCA O'BRIEN, EXECUTIVE DIRECTOR - 360-313-1390			
	4100 PLOMONDON STREET, VANCOUVER, WA 98661			

Part VII	Co	mpensation of	Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensate	d
	່ Em	ployees, and Ir	ndepende	ent Contra	ctors				

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	(do not		Position (do not check more than one						Reportable	Reportable	Estimated
	hours per		, unle cer an					compensation	compensation	amount of other		
	week (list any	tor						from the	from related organizations	compensation		
	hours for	or director				b		organization	(W-2/1099-MISC/	from the		
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	al trus	nal tr		loyee	e e		1099-NEC)		and related		
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) REBECCA O'BRIEN	line)	Ē	Î	£	Υ.	e <u>F</u>	Ē					
EXECUTIVE DIRECTOR	40.00			x				77,097.	0.	7,179.		
(2) VICTORIA TAMIS	2.00							11,051.		,,,,,,,,,		
AT LARGE	2.00	x		x				0.	0.	0.		
(3) ROBIN VIRGIN	5.00									<u></u>		
PRESIDENT		x		x				0.	0.	0.		
(4) GENOVEVA O'NEIL	2.00											
VICE PRESIDENT		x		x				0.	0.	0.		
(5) ALFRED SEEKAMP	2.00											
AT LARGE		x		x				0.	0.	0.		
(6) TYLER CHORMICLE	2.00											
TREASURER		X		X				0.	0.	0.		
(7) XAVI MARTINEZ-ARMENTA	2.00											
BOARD MEMBER		X						0.	0.	0.		
(8) CHARLES PLAMP	2.00											
BOARD MEMBER		Х						0.	0.	0.		
(9) JENNIFER CLEMENTS	2.00											
BOARD MEMBER		х						0.	0.	0.		
(10) VICKI EASTRIDGE	2.00											
BOARD MEMBER		X						0.	0.	0.		
(11) NATALIA SAKUN	2.00											
BOARD MEMBER		X						0.	0.	0.		
(12) ERICA TORRES	2.00									0		
BOARD MEMBER	E 00	X						0.	0.	0.		
(13) REBECCA BERNSTEIN	5.00	x		x				0.	0.	0.		
SECRETARY	2.00	^		<u>^</u>				0.	0.	0.		
(14) QUINTON HAROLD BOARD MEMBER	2.00	x						0.	0.	0.		
	2.00	^						0.	0.	0.		
(15) MICHAEL PAULL BOARD MEMBER	2.00	x						0.	0.	0.		
(16) DAVID BOSTON	2.00	<u> </u>		<u> </u>	-		-		0.	<u> </u>		
BOARD MEMBER	2.00	x						0.	0.	0.		
(17) TOREN DAVIS	2.00	<u> </u>		-				```	.	<u>.</u>		
BOARD MEMBER		x						0.	0.	0.		
	1		-						•••	Corm 000 (2022)		

	990 (2023) FREE CLIN	VIC OF S	JOC	JTH	IWE	ISI	'W	A	SHINGTON	91-17	<u>0754</u>	2	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	, and	d Hig	ghes	t C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	not cl , unles	heck ss pei	ition more than one rson is both an irector/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	on amo		ated nt of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/ c	ompens from t organiza and rela rganiza	the ation ated
1b	Subtotal Total from continuation sheets to Part VI	L Section A							77,097.		0.	7,	<u>179.</u> 0.
	Total (add lines 1b and 1c)								77,097.		0.	7,	179.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	o re	eceived more than \$100),000 of reportable		Yes	0 s No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	,					'	0		,			X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl),000? <i>If</i> "Yes,"	e co " <i>coi</i>	ompe mple	ensa ete S	ation S <i>che</i>	and dule	otł J f	her compensation from for such individual	the organization	4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors	•				-			•		5		x
1	Complete this table for your five highest co the organization. Report compensation for										ensatio	n from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Com	(C) pensat	ion
								_					
								+					
			,										
2	Total number of independent contractors (ii \$100,000 of compensation from the organized strength of the organized strength		ot lir	nite	a to	thos 0		ted	above) who received n	iore than			

Form 990 (2023) FREE CLINIC OF SOUTHW					F SOUTHW	EST WASHINGTON		91-1707542 Page			
Pa	rt \	VII	Statement of Re	ver	lue						
			Check if Schedule O	conta	ains a respo	nse	or note to any lir				
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue		from tax under
											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns								
Gra		b	Membership dues								
Ân, (С	Fundraising events				196,028.				
lar İar		d	Related organizations		1d						
in 3°.		е	Government grants (contr	ibuti	ons) 1e						
er Co		f	All other contributions, gifts,	grant							
- Î Î			similar amounts not included	abov			524,722.				
u dr		g	Noncash contributions included in	lines	1a-1f 1g \$		510,830.				
<u>ם ה</u>		h	Total. Add lines 1a-1f					1,720,750 .			
							Business Code				
e	2	a	CONTRACT SERV	ΊC	E REVE	Ν	624200	26,621.	26,621.		
e vi		b									
enu Senu		С									
ev an		d									
Program Service Revenue		е									
ā		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					26,621.			
	3		Investment income (includ	ding	dividends, ir	ntere	est, and				
								371,552.			371,552.
	4		Income from investment of	of tax	<pre>«-exempt bo</pre>	nd p	proceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses \dots	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss) <u></u>							
	7	a	Gross amount from sales of		(i) Securiti	es	(ii) Other	-			
			assets other than inventory	7a				-			
0		b	Less: cost or other basis								
evenue			and sales expenses	7b				4			
			Gain or (loss)	7c							
r R			Net gain or (loss)								
Other R	8	а	Gross income from fundraisin								
0			including \$ 196								
			contributions reported on		,		02 206				
			Part IV, line 18			8a 8b	93,306. 63,473.	4			
			Less: direct expenses					29,833.			29,833.
			Net income or (loss) from					29,033.			29,033.
	9	а	Gross income from gamin	-							
			Part IV, line 19			9a		-			
			Less: direct expenses			9b					
	1		Net income or (loss) from			\$					
	טי	а	Gross sales of inventory, I			10-					
		Ŀ	and allowances			10a 10b		-			
			Less: cost of goods sold								
		C	Net income or (loss) from	sale	s of inventor	у	Business Code				
sno		~					Dusiness Code				
Miscellaneous Revenue	''	а ь									
slla		b									
Be		c C	All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					2,148,756.	26,621.	0.	401,385.
	- 2							, , = = = , , = = = =	, • •		,

FREE CLINIC OF SOUTHWEST WASHINGTON

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00.050	60.046		
	trustees, and key employees	98,352.	68,846.	14,753.	14,753
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	541,983.	450 250	1 669	77 065
7	Other salaries and wages	541,903.	459,350.	4,668.	77,965.
8	Pension plan accruals and contributions (include	7 0//	6 076		1 110
~	section 401(k) and 403(b) employer contributions)	7,944. 26,881.	6,826. 22,853.	95.	1,118, 3,933, 8,459,
9	Other employee benefits	58,305.	48,157.	1,689.	2,323 Q /EO
10	Payroll taxes		40,137.	1,009.	0,4390
11	Fees for services (nonemployees):				
a	Management				
		62,806.		62,806.	
	Accounting	02,000.		02,000.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
' g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	121,193.	66,082.	55,111.	
12	Advertising and promotion	,,			
13	Office expenses				
14	Information technology	32,160.	14,127.	10,659.	7,374.
15	Royalties	- ,	,	. ,	, -
16	Occupancy	100,349.	88,549.	1,876.	9,924
17	Travel	-	-		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,654.	41,110.	563.	2,981.
23	Insurance	21,364.	19,087.	362.	1,915.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	449,365.	447,862.	1,503.	
b	MISCELLANEOUS EXPENSES	39,369.	28,215.	8,124.	3,030.
С	PRINTING, COPYING & POS	10,242.	7,744.	845.	1,653.
d	EQUIPMENT & VAN RENTAL	6,500.	6,500.	2 000	2 2 2 2
е	All other expenses	6,338.	1 205 200	3,008.	3,330,
25	Total functional expenses. Add lines 1 through 24e	1,627,805.	1,325,308.	166,062.	136,435.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

REE CLINIC OF	SOUTHWEST	WASHINGTON
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91-1707542 Page 11

		Check if Schedule O contains a response or note to	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		722,853.	1	382,318.
	2	Savings and temporary cash investments		2	3,035,714.	
	3	Pledges and grants receivable, net		3	255,000.	
	4	Accounts receivable, net			4	4,730.
	5	Loans and other receivables from any current or for	mer officer, director,			
		trustee, key employee, creator or founder, substant				
		controlled entity or family member of any of these p	ersons		5	
	6	Loans and other receivables from other disqualified	persons (as defined			
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
ets.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
◄	9	Prepaid expenses and deferred charges		30,628.	9	37,560.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10				
	b	Less: accumulated depreciation1			10c	228,150.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11 _			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	2 400 412	15		
	16	Total assets. Add lines 1 through 15 (must equal lines 1)	60 004	16	3,943,472.	
	17	Accounts payable and accrued expenses		17	82,399.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	
ies	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substant				
Liat		controlled entity or family member of any of these p			22	
-	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated th			24	
	25	Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17	, .			
		of Schedule D		60,291.	25	82,399.
	26	Total liabilities. Add lines 17 through 25	here X	00,291.	26	02,399.
es		Organizations that follow FASB ASC 958, check	nere 🕰			
лс	07	and complete lines 27, 28, 32, and 33.		2,849,501.	07	2,815,545.
3ala	27			490,621.	27	1,045,528
Б	28	Net assets with donor restrictions		490,021.	28	1,045,520.
Fur		Organizations that do not follow FASB ASC 958,				
P	~	and complete lines 29 through 33.			00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
Ass	30	Paid-in or capital surplus, or land, building, or equip			30	
et /	31	Retained earnings, endowment, accumulated incor		3,340,122.	31	3,861,073.
Z	32	Total net assets or fund balances		3,400,413.	32 33	3,943,472
	33	Total liabilities and net assets/fund balances		5,300,3130	აა	5,545,4726

Form **990** (2023)

F

Form 990 (2023)
Part X Balance Sheet

Form	990 (2023) FREE CLINIC OF SOUTHWEST WASHINGTON	91	-1707542	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62		
3	Revenue less expenses. Subtract line 2 from line 1	3			51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,34	<u>0,1</u>	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,86	1,0	73.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	000	

Form **990** (2023)

SCHEDULE A	١
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(Form 990)

<u>Total</u>

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection						
Nar	ne of t	the organizat	ion						Employer	identification number
					SOUTHWEST W					1-1707542
Pa	art I	Reason	for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instructio	าร.	
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(⁻	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3					anization described in s e)(b)(1)(A)(i	ii).		
4		•	•		njunction with a hospital)(iii). Enter	the hospital's name,
		city, and stat	e:	·						•
5		-		or the benefit of a co	llege or university owned	d or opera	ted by a q	overnmental	unit descrik	bed in
		-	-	Complete Part II.)	0 ,		, ,			
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X				intial part of its support f				the general	public described in
-				omplete Part II.)					J	P
8					(1)(A)(vi). (Complete Par	EII.)				
9					in section 170(b)(1)(A)(ed in coniu	unction with a	land-grant	college
-					ulture (see instructions).					
		university:		j				,,	i ile collog	
10			ion that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	hin fees a	nd aross receipts from
					t to certain exceptions;					
					(less section 511 tax) fr					-
				mplete Part III.)			.0000 4040		gamzation	
11				• •	ively to test for public sa	fetv. See	section 50)9(a)(4).		
12		-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o				-	
					of supporting organizatio					
a		7	-	• •	supervised, or controlled		-		-	, aivina
				-	gularly appoint or elect a	•				
			-	complete Part IV, Se		a majority -				apporting
k					or controlled in connec	tion with it	ts sunnort	ed organizati	on(s) by ha	vina
				-	anization vested in the s			-		-
			-	t complete Part IV,					age the sup	poned
c		-			g organization operated	in connec	tion with	and functions	ally integrate	ed with
	,	••	-	•	b). You must complete I				iny integration	sa with,
c		- ··	0	.,	oorting organization oper	-			orted organi	zation(s)
			-		zation generally must sat				-	
					nplete Part IV, Sections				u an allem	IVEIIE33
e		- ·		,	written determination fro					
	; L		•		nally integrated support			а турет, туре	л, туре ш	
1	Ento	•		orgonizationa	, , , , , , , , , , , , , , , , , , , ,	ing organi	zation.			
ç				n about the supporte	d organization(s)					
		i) Name of supp	e	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatio	า		(described on lines 1-10	in your governi Yes	ing document?	support (see i	nstructions)	support (see instructions)
					above (see instructions))	103				

Schedule A (Form 990) 2023 FREE CLINIC OF SOUTHWEST WASHINGTON 91-1707542 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1065916.	773,855.	1245736.	1056803.	1720750.	5863060.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1065916.	773,855.	1245736.	1056803.	1720750.	5863060.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						5863060.	
	tion B. Total Support							
-	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	1065916.	773,855.	1245736.	1056803.	1720750.	5863060.	
	Gross income from interest,							
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	54,751.	149.481.	-246,373.	49.	371,552.	329,460.	
9	Net income from unrelated business							
3	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	·							
44	assets (Explain in Part VI.)						6192520.	
	Total support. Add lines 7 through 10	ata (aga inatruati	222)			12	0192520.	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,	fourth or fifth toy				
13	organization, check this box and stor							
Sec	tion C. Computation of Publ							
-	Public support percentage for 2023 (column (f))		14	94.68 %	
	Public support percentage from 2022					15	99.86 %	
							,	
100	6a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization gualifies as a publicly supported organization X							
h								
U.	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17~								
ı <i>i</i> d	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	-			-		-		
h	meets the facts-and-circumstances te	-				17a and line 15 is		
a	10% -facts-and-circumstances tes	•						
	more, and if the organization meets the							
40	organization meets the facts-and-circ		-					
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	FREE	CLINIC	OF	SOUTHWEST	WASHINGTON
Part III Support Schedule for	or Organ	izations De	escri	bed in Section	509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Set	Stion A. Fublic Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
	check this box and stop here	-			-		
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2023 (line 8, column (f), (divided by line 13,	column (f))		15	%
	Public support percentage from 2022		•	()/		16	%
	ction D. Computation of Inve					· ·	,,,
17	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, cho						
20							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
Eh		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2023 FREE CLINIC OF SOUTHWEST WASHINGTON Part IV Supporting Organizations (continued)

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	-		
2				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in</i> Part VI <i>how providing such benefit carried out the purposes of the supported organization(s) that operated,</i>			
	supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations	

			Yes
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	ction D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

FREE CLINIC OF SOUTHWEST WASHINGTON Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

(B) Current Year

(optional)

(A) Prior Year

Schedule A (Form 990) 2023

instructions).

7

1

Section A - Adjusted Net Income

FREE CLINIC OF SOUTHWEST WASHINGTON

Par	t V Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	led)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	FREE	CLINIC	OF	SOUTH	WEST	WASHI	NGTON	91-1707542 Page &
Part VI	Part IV. Section A. lines 1	2, 3b, 3c, ines 2 and	4b, 4c, 5a, 6, 3; Part IV, Se	9a, 9b, ection E,	9c, 11a, 1 , lines 1c,	11b, and ⁻ 2a, 2b, 3a	11c; Part I\ a, and 3b; I	/, Section B, Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, Idditional information.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

FREE CLINIC OF SOUTHWEST WASHINGTON

91-1707542

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Noncash

(Complete Part II for

13,230.

\$

Schedule B (Form 990) (2023)

Name of organization

FREE (CLINIC OF SOUTHWEST WASHINGTON	91-1707542	
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
1		_ \$ <u>7,5</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
2		\$10,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
3		_ \$41,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
4		\$75,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
5		\$ <u>30,0</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
6		- e 13.2	Person X Payroll

Employer identification number 7542

323452 12-26-23

Schedule B	(Form	990)	(2023)
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FREE CLINIC OF SOUTHWEST WASHINGTON

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
8		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>13,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>15,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,501.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 12</u>		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for
000450 10 55			noncash contributions.)
323452 12-26	-23		Schedule B (Form 990) (202

Employer identification number

91-1707542

323452

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$11,751.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$27,912.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$9,451.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	3-23		Schedule B (Form 990) (20

FREE CLINIC OF SOUTHWEST WASHINGTON

Employer identification number

91-1707542

art I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>6,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Pa _____

FREE CLINIC OF SOUTHWEST WASHINGTON

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>18,315.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	-20		Schedule B (Form 990) (20

FREE CLINIC OF SOUTHWEST WASHINGTON

91-1707542

Employer identification number

FREE CLINIC OF SOUTHWEST WASHINGTON

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	· · · · · · · · · · · · · · · · · · ·	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	· · · · ·	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		\$10,000. Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		\$ 33,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
39		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
40		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>41</u>		\$20,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
42		\$10,000. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)

FREE CLINIC OF SOUTHWEST WASHINGTON

323452 12-26-23

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91-1707542

	organization	~ -	~~~~~~	
FREE	CLINIC	OF	SOUTHWEST	N
Part I	Contributors (see instructions).		Us	

NIC	OF	SOUTHWEST	WASHINGTON	
ontrib	utors	(see instructions).	Use duplicate copies of Part I if addition	al space is needed.
(b)			(c)	
Name, address, and ZIP + 4			Total contri	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
		۵	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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FREE CLINIC OF SOUTHWEST WASHINGTON

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a)			
No.	(b)	(c)	(d)
from		FMV (or estimate)	
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		\$	
(a)	<i>"</i> .	(c)	
No. from	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	Batorocontra
		\$	
(a) No.	(b)	(c)	(d)
from	رم) Description of noncash property given	FMV (or estimate)	
Part I	Description of noncash property given	(See instructions.)	Date received
_			
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		<u> </u>	
		\$	

Employer identification number

91-1707542

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)			Page 4	
Name of c	organization			Employer identification number	
FREE	CLINIC OF SOUTHWEST WAS	HINGTON		91-1707542	
Part III		ons to organizations described in se			
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info	. once.) \$	
(a) No.	Use duplicate copies of Part III if additionals	space is needed.			
`fŕom Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
			[
		(e) Transfer of gif	t		
	Transferee's name, address, ar	nd 7IP + 4	Relationship of tr	ansferor to transferee	
			Trefutientientie of th		
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
Part I		(c) use of gift			
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, ar	ad 7 ID + 4	Polationship of tr	ansforor to transforoo	
			Relationship of th	ansferor to transferee	
(a) No. from				aviation of how with in hold	
Part I	(b) Purpose of gift	(c) Use of gift		scription of how gift is held	
		/ \ •			
		(e) Transfer of gif	τ		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee	

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Department of the Treasury Internal Revenue Service

FREE CLINIC OF SOUTHWEST WASHINGTON

Employer identification number 91 - 1707542

Pa	t I Organizations Maintaining Donor Advise		Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			· · · · · · · · · · · · · · · · · · ·
5	Did the organization inform all donors and donor advisors in	-		
-	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of		-	
Pa	t II Conservation Easements. Complete if the org	repization answered "Vee" on Form		
			1990, Part Iv	, inte 7.
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreating the second	· · · · · · · · · · · · · · · · · · ·	tion of a hist	ariaally important land area
	Protection of natural habitat			orically important land area ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	ind conservation contribution in th	o form of a c	onsonvation opsomont on the last
2	day of the tax year.			Held at the End of the Tax Year
2	Total number of conservation easements			2a
b				2b
с С	Number of conservation easements on a certified historic str			20 20
о Ч	Number of conservation easements included on line 2c acqu			20
ŭ	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			
•	year			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per		ling of	
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing co	onservation e	asements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of sectio	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and e	xpense state	ment and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial	statements t	hat describes the
	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		<u></u>
Pai	t III Organizations Maintaining Collections o		, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for put			ance of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
-				
2	If the organization received or held works of art, historical tre		inancial gain,	provide
	the following amounts required to be reported under FASB A	-		*
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2023

		INIC OF SOU						07542		<u>ge 2</u>
Pai	t III Organizations Maintaining C	collections of Ar	rt, Historical Tr	easures, or O	ther	Similar	Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	ke sign	nificant us	e of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's e	exemp	ot purpose	e in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sin	nilar as	ssets		-	_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	t IV Escrow and Custodial Arran		te if the organizatior	answered "Yes"	on For	rm 990, P	art IV, l	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	•						-		í.
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		1.4		
	Did the organization include an amount on F					?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if					<u></u>		<u></u>		
Fai		(a) Current year	(b) Prior year	(c) Two years back	_	Three yea	rs hack	(a) Four	vears h	Jack
10	Designing of year balance	466,505.	431,905.		. ,		344.			
	Beginning of year balance	252,176.	431,903. 910.		_	442				
	Contributions	76,066.	43,690.							197.
	Net investment earnings, gains, and losses	2,000.	10,000.		30,000.				20,	<u> </u>
	Grants or scholarships	2,000.	10,000.			50	,			
e	Other expenditures for facilities									
f	and programs Administrative expenses									
	End of year balance	792,747.	466,505.	431,90	5	493	,680.		422,3	344
9 2	Provide the estimated percentage of the cur	,	,	,	· •		,		,	
-	Board designated or quasi-endowment		%							
	Permanent endowment	%								
č		<u></u> /0								
Ū	The percentages on lines 2a, 2b, and 2c sho	<i>,</i> -								
3a	Are there endowment funds not in the posse		ation that are held a	nd administered fo	or the					
	organization by:	5						Г	Yes	No
	(i) Unrelated organizations?							3a(i)		Х
	(ii) Related organizations?									Х
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	nent								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Par	t X, lin	e 10.				
	Description of property	(a) Cost or of basis (investmeter)		•		umulated ciation		(d) Book	value	ł
1a	Land									
	Buildings									
	Leasehold improvements			4,918.		4,855),06	
	Equipment		20	6,518.	14	8,431	L.	58	3,08	37.
	Other									
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, column	(B))				228	3,15	50.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	escription	FITO. See Form 990, Part X, line 15.	(b) Book value
	escription		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(</i> B))		
Part X Other Liabilities		I	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	. ,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	<i>(B)</i>)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2023 FREE CLINIC OF SOUTHWEST WASHINGTON

Sche	edule D (Form 990) 2023 FREE CLINIC OF SOUTHWES	T WASHINGTON	91-1	1707542 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,148,756.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,148,756.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,148,756.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	es per Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	1,627,805.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,627,805.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	1,627,805.
Pa	rt XIII Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Information	Regarding	, Fun	drais	ing or Gaming	Activi	ties	OMB No. 1545-0)047
(Form 990)		e organization answ rganization entered					or 19, o	r if the	2023	3
Department of the Treasury		Attach	to Form 990	or Fori	n 990	-EZ.			Open to Pub Inspection	lic
Internal Revenue Service Name of the organization		o www.irs.gov/Form	1990 for instru	ctions	and t	he latest informatio		mplover id	entification nu	umber
Name of the organization		INIC OF SOU	JTHWEST	WAS	HIN	GTON		91-170		
	complete this par	Complete if the orga	anization answe	ered "Y	es" o	n Form 990, Part IV,	line 17.	Form 990-E	Z filers are not	:
 Indicate whether the a Mail solicitate Mail solicitate Internet and Phone solicitate Phone solicitate In-person social In-person social Indicate whether the organization key employees listed 	e organization rais icions email solicitations tations dicitations on have a written o red in Form 990, P d highest paid indiv	ed funds through an e f g or oral agreement with art VII) or entity in col viduals or entities (fur	Solicita	tion of tion of fundra l (inclue profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, c	🗌 Ye		١o
(i) Name and addres or entity (fund		(ii) Activity			Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount to (or retaine organizat	ed by)
				Yes	No					
Total										
3 List all states in wh or licensing.	ich the organizatio	n is registered or lice	nsed to solicit	contrib	outions	s or has been notified	d it is e	xempt from	registration	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

FREE CLINIC OF SOUTHWEST WASHINGTON

91-1707542 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

			NONE	(d) Total events (add col. (a) through
	HOLIDAY BALL (event type)	OTHER EVENTS (event type)	(total number)	col. (c))
Gross receipts	270,008.	19,326.		289,334
	196,028.			196,028
Gross income (line 1 minus line 2)	73,980.	19,320.		93,306
Cash prizes				
Noncash prizes				
Rent/facility costs				
Food and beverages				
Entertainment				
		2,794.		63,473
				63,473
				29,833
Gross revenue		bingo/progressive bingo		col. (a) through col. (a
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	└── Yes% └── No	└── Yes % └── No	└── Yes % └── No	
Direct expense summary. Add lines 2 through	n 5 in column (d)			
Net gaming income summary. Subtract line 7	from line 1, column (d)			
er the state(s) in which the organization condu	icts gaming activities:			
ne organization licensed to conduct gaming a	ctivities in each of these	states?		Yes N
· · ·				
	evoked, suspended, or t	erminated during the tax	/ear?	Yes N
	Noncash prizes	Gross income (line 1 minus line 2) 73,980. Cash prizes	Gross income (line 1 minus line 2) 73,980. 19,326. Cash prizes	Gross income (line 1 minus line 2) 73,980. 19,326. Cash prizes

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 FREE CLINIC OF SOUTHWEST WASHINGTON 91-1	.707	542	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	• An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		1	, -
	Name			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ and the amount \$ a			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 		Yes	□ No
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lii	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	i (Form 990)	FREE	CLINIC	OF	SOUTHWEST	WASHINGTON	91-1707542 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)				

Department of the Treasury

Internal Revenue Service

(Form 990)

Part I

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number 91 - 1707542

OMB No. 1545-0047

Open to Public

Inspection

FREE CLINIC OF SOUTHWEST WASHINGTON 91-1707 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1		(b) Relationship between disqualified		(d) Corrected?		
	(a) Name of disqualified person	person and organization	(c) Description of transaction	ITANSACIUM		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under			
	section 4958			\$		
3	Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organiza	tion	\$		

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	, , ,	(d) Lo	an to or 1 the	(e) Original principal amount	(f) Balance due	(g) In default? (h) Approved by board or committee?		proved ard or hittee?	ed r agreement?		
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Tota						\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	Sharing of anization's venues?	
				Yes	No	
(1)NATALIA SAKUN	BOARD MEMBER	17,581.	FEES FOR SE	2	X	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V Supplemental Information	n					

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: NATALIA SAKUN

(D) DESCRIPTION OF TRANSACTION: FEES FOR SERVICES RENDERED TO THE

ORGANIZATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

FREE CLINIC OF SOUTHWEST WASHINGTON

Employer identification number

91-1707542

	FKEE CLINIC (01 200	IHWESI WA	SHINGION	91	-1/0/	542	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont	(d) of determin tribution ar		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	X	1	89,521.	FMV			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22								
22 23	Historical artifacts							
	Scientific specimens							
24 05	Archeological artifacts Other (MEDICAL & DENTA)	X	122	/95 918	STANDARD		FO	R C
25 00	· /	21	122	4,5,510.	DIMUDIAND		10	
26 07	Other ()							
27	Other ()							
28	Other ()	ation dumin	 					
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, L	Jonee Acknowledg	ement 29		I	Vee	Na
~~							Yes	NO
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t							v
	exempt purposes for the entire holding period?					<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.			, , , ,				v
31	Does the organization have a gift acceptance p				itions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				37
	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	FREE	CLINIC	OF	SOUTHWES	r was	HINGTON		91-1707542	Page 2
Part II	Supplemental is reporting in Part this part for any ac	: I. column	(b), the numb	le the er of c	information requir contributions, the r	ed by Par number of	t I, lines 30b, 3 f items receive	82b, and 33, d, or a comb	and whether the organiz ination of both. Also cor	ation nplete
	the part for any a									

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ 2023 Open to Public Inspection Employer identification number

91-1707542

OMB No 1545-0047

FREE CLINIC OF SOUTHWEST WASHINGTON

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ARE OTHERWISE UNABLE TO OBTAIN SUCH SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER AND EXECUTIVE DIRECTOR REVIEW THE 990 IN DETAIL. THE 990 IS

REVIEWED CAREFULLY BY THE FINANCE COMMITTEE AND IS PROVIDED FOR REVIEW TO

THE ENTIRE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE ASKED ANNUALLY TO CONFIRM COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

ALL COMPENSATION IS REVIEWED BY THE FINANCE COMMITTEE USING COMPARABILITY

DATA.

FORM 990, PART VI, SECTION C, LINE 18:

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.