

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning** 7/01, **2010, and ending** 6/30, **2011**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

**D Employer Identification Number**

91-1707542

**E Telephone number**

360-313-1390

**G Gross receipts \$** 1,133,024.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
If 'No,' attach a list. (see instructions)

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

**J Website:** www.freeclinics.org

**H(c)** Group exemption number ▶

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of Formation:** 1991

**M State of legal domicile:** WA

**Part I Summary**

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

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	20
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	15
<b>6</b> Total number of volunteers (estimate if necessary)	6	600
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	648,019.	861,113.
<b>9</b> Program service revenue (Part VIII, line 2g)	36,790.	41,709.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,417.	83,118.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-36,153.	111,917.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	686,073.	1,097,857.

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	524,060.	532,899.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 123,399.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	422,288.	573,567.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	946,348.	1,106,466.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-260,275.	-8,609.

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,658,118.	1,650,698.
<b>21</b> Total liabilities (Part X, line 26)	42,159.	43,348.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,615,959.	1,607,350.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Karey A Schoenfeld Date: \_\_\_\_\_

Type or print name and title: Karey Schoenfeld Treasurer

**Preparer's Information:**

Print/Type preparer's name: Patricia W. Eby Preparer's signature: \_\_\_\_\_ Date: 12/20/11

Firm's name: Peterson & Associates, PS Check  if self-employed PTIN: N/A

Firm's address: P O BOX 65009 Firm's EIN: N/A

Vancouver, WA 98665-0001 Phone no.: (360) 574-0644

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [ ]

1 Briefly describe the organization's mission:

Provide and facilitate access to free, compassionate, quality health care for children and adults who are otherwise unable to access 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? [ ] Yes [X] No

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 881,821. including grants of \$ ) (Revenue \$ 41,709.)

The Free Clinic helped 11,519 patients during the fiscal year ended June 30, 2011.

4b (Code: [ ]) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: [ ]) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 881,821.