

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

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

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 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **FREE CLINIC OF SOUTHWEST WASHINGTON** **D** Employer identification number **91-1707542**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) **4100 PLOMONDON STREET** Room/suite
 City or town, state or country, and ZIP + 4 **VANCOUVER, WA 98661**
E Telephone number **360-313-1390**
G Gross receipts \$

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

J Website: **www.freeclinics.org**
K Form of organization: Corporation Trust Association Other
L Year of formation: **1991** **M** State of legal domicile: **WA**
H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Provide basic health & dental care, education & screening to the poor, underinsured in our community.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 19	
	5	Total number of employees (Part V, line 2a)	5 13	
	6	Total number of volunteers (estimate if necessary)	6 541	
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	
8		Contributions and grants (Part VIII, line 1h)	Prior Year 1,389,240 Current Year 648,019	
9		Program service revenue (Part VIII, line 2g)	28,721 36,790	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(66,068) 37,417	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(56,804) (36,153)	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,295,089 686,073	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	511,346 524,060
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	
	16b	Total fundraising expenses (Part IX, column (D), line 25)	101,932	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	424,886 422,288	
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	936,232 946,348	
	19	Revenue less expenses. Subtract line 18 from line 12	358,857 (260,275)	
	20	Total assets (Part X, line 16)	Beginning of Current Year 1,934,856 End of Year 1,658,118	
	21	Total liabilities (Part X, line 26)	58,621 42,159	
	22	Net assets or fund balances. Subtract line 21 from line 20	1,876,235 1,615,959	

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: 2/11/11
 Type or print name and title: Karey A Schoenfeld, Treasurer

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 2-11-11
 Check if self-employed
 Preparer's identifying number (see instructions): P00014704
 Firm's name (or yours if self-employed), address, and ZIP + 4: Peterson & Associates, P.S.
PO Box 65009, Vancouver, WA 98665 EIN: 91-0861190
 Phone no.: 360-574-0644

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