**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)

OMB No. 1545-0047

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Open to Public Inspection

| A                           | For the                | 2010 calendar year, or tax year beginning JUL 1, 2010 and ending   | JUN 30, 2011                         |  |
|-----------------------------|------------------------|--|--------------------------------------|--|
| В                           | Check if<br>applicable | C Name of organization   | D Employer identific                 | ation number                                     |
|                             | Addres                 | ARLINGTON FREE CLINIC, INC.  |                                      |  |
|                             | Name<br>change         | Doing Business As  | 54-16                                | 571883   |
|                             | Initial<br>return      | Number and street (or P.O. box if mail is not delivered to street address) Room/st   | lite E Telephone number              |  |
|                             | Termin-<br>ated        | 2921 11TH STREET SOUTH   |                                      | 979-1425   |
|                             | Amend<br>return        | City or town, state or country, and $\angle IP + 4$  | G Gross receipts \$                  | 3,849,553.                                       |
|                             | Applica<br>Ition       | ARBINGION, VA 22204  | H(a) Is this a group re              |  |
|                             | pending                | F Name and address of principal officer:NANCY PALLESEN   | for affiliates?                      | Yes X No   |
|                             |                        | SAME AS C ABOVE  | H(b) Are all affiliates incl         | uded? Yes No                                     |
|                             |                        |  |                                      | list. (see instructions)                         |
| 10                          |                        | e: ▶ WWW.ARLINGTONFREECLINIC.ORG   | H(c) Group exemption                 |  |
| <b>Connection</b>           |                        |  | ear of formation: 1993 M             | State of legal domicile: VA                      |
| L                           |                        | Summary  |                                      | 773 7 T 3 T (7 T T T T T T T T T T T T T T T T T |
| 9                           | 1 E                    | Briefly describe the organization's mission or most significant activities: TO PROVI   | DR TOM INCOME                        | , UNINSURED                                      |
| nan                         |                        | ADULT ARLINGTONIANS ACCESS TO COMPREHENSIVE  |                                      |  |
| Activities & Governance     | 1                      | Check this box if the organization discontinued its operations or disposed of n  | · I_I                                | sets.  |
| යි                          |                        | Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b) | 3                                    | $\frac{24}{24}$                                  |
| ්<br>රා                     |                        | otal number of individuals employed in calendar year 2010 (Part V, line 1a)  |                                      | 28   |
| /#e                         |                        |  |                                      | 560  |
| cţ,                         | 1                      | otal number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12                          |                                      | 0.   |
| ⋖                           |                        | Net unrelated business taxable income from Form 990-T, line 34   |                                      | 0.   |
|                             |                        |  | Prior Year                           | Current Year                                     |
| ø                           | 8 (                    | Contributions and grants (Part VIII, line 1h)  | 2,938,595.                           | 3,577,205.                                       |
| 2                           | 9 F                    | Program service revenue (Part VIII, line 2g)   | 16,739.                              | 0.   |
| Revenue                     | 10                     | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)   | 34,465.                              | 31,970.  |
| įĽ                          | 11 (                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 62,821.                              | 26,010.  |
|                             |                        | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 3,052,620.                           | 3,635,185.                                       |
|                             | 13 (                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0.                                   | 0.   |
|                             | 14                     | Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                                   | 0.   |
| 8                           | 15 8                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 1,547,931.                           | 1,669,715.                                       |
| Expenses                    | 16a F                  | Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), line 25)                         | 0.                                   | 0.   |
| 쏬                           | b                      | Total fundraising expenses (Part IX, column (D), line 25) 351,069.   | 1 000 000                            | 1 040 000  |
| Ç.                          | 17/                    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | 1,289,922.                           | 1,249,209.                                       |
|                             |                        | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 2,837,853.                           | 2,918,924.                                       |
| _ v                         | 19 1                   | Revenue less expenses. Subtract line 18 from line 12   | 214,767.                             | 716,261.   |
| Net Assets or Find Ralances | i 20 -                 | Fahal aggrate (Park V. Ku. e. d.O.)  | Beginning of Current Year 6,305,935. | End of Year<br>7,098,991.                        |
| SSE                         | 20 21                  | Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)   | 161,128.                             | 166,908.   |
| let.                        | 22                     | Net assets or fund balances. Subtract line 21 from line 20   | 6,144,807.                           | 6,932,083.                                       |
|                             |                        | Signature Block  | 0,144,000,0                          |  |
| _                           |                        | tites of perjury, I declare that I have examined this return, including accompanying schedules and sta   | itements, and to the best of m       | v knowledge and belief, it is                    |
|                             |                        | , and complete Declaration of preparer (other than officer) is based on all information of which prep  |                                      | , ,  |
|                             |                        | Many & Pallyer   |                                      |  |
| Sig                         | jn                     | Signature of officery  | Date /                               | /  |
| He                          | re                     | NANCY PALLESEN, EXECUTIVE DIRECTOR   | 10/1                                 | 4/2011   |
|                             |                        | Type or print name and title   | /                                    |  |
|                             |                        | Print/Type preparer's name Preparer's signature  | Date Check                           | PTIN   |
| Pai                         | 1                      | Yungther Gollingon Gentles Coll  | 10/11/20/ self-employe               | ed   |
|                             | eparer                 | Firm's name LARSONALLEN LLP  | Firm's EIN                           |  |
| Us                          | e Only                 | Firm's address 2900 SOUTH QUINCY ST., SUITE 150  | _                                    |  |
| -                           |                        | ARLINGTON, VA 22206  | Phone no. 7                          | 03-998-5100                                      |
| Ma                          | y the IF               | S discuss this return with the preparer shown above? (see instructions)  |                                      | X Yes No   |

| THE RESIDENCE OF THE PERSON NAMED IN | 990 (2010) ARLINGTON FREE CLINIC, INC. 54-16/1883  | Page Z                                  |
|--------------------------------------|--|---|
| LPar                                 | t III Statement of Program Service Accomplishments   |   |
|                                      | Check if Schedule O contains a response to any question in this Part III   | <u> 니</u>                               |
| 1                                    | Briefly describe the organization's mission:   |   |
|                                      | ARLINGTON FREE CLINIC, A NON-PROFIT, VOLUNTEER-DRIVEN ORGANIZATION,  |   |
|                                      | PROVIDES LOW INCOME, UNINSURED ADULT ARLINGTONIANS ACCESS TO   |   |
| ,                                    | COMPREHENSIVE HEALTH CARE.   |   |
| r                                    |  |   |
| 2                                    | Did the organization undertake any significant program services during the year which were not listed on   |   |
| <i>Z</i> .                           |  | Y.                                      |
|                                      |  | LTT NO                                  |
|                                      | If "Yes," describe these new services on Schedule O.   | [42]                                    |
| 3                                    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   | L&J 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 \$ 2,393,224 · including grants of \$ ) (Revenue \$   | )                                       |
|                                      | ARLINGTON FREE CLINIC - THE ARLINGTON FREE CLINIC PROVIDED FREE PRI  | MARY                                    |
|                                      | CARE, INCLUDING LAB TESTS, X-RAYS AND MEDICATIONS, AS PRESCRIBED BY  |   |
|                                      | VOLUNTEER PHYSICIANS, TO ADULTS WHO ARE LOW-INCOME, UNINSURED  | T 1113                                  |
|                                      |  |   |
|                                      | ARLINGTON RESIDENTS.   |   |
|                                      |  |   |
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| 4b                                   | (Code:) (Expenses \$including grants of \$) (Revenue \$  | )                                       |
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| 4c                                   | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   | 1                                       |
|                                      | 1/ June of the model of the mod |   |
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|                                      |  | ,                                       |
|                                      |  |   |
| 4d                                   | Other program services. (Describe in Schedule O.)  |   |
|                                      | (Expenses \$ including grants of \$ ) (Revenue \$ )  |   |
| 4e                                   | - · · · · · · · · · · · · · · · · · · ·  |   |
|                                      | Form 9   | 90 (2010)                               |
| 03200                                |  | -                                       |

Part IV Checklist of Required Schedules

|     |   |             | Yes                  | No                         |
|-----|---|-------------|----------------------|----------------------------|
| 4   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  | 1           | х                    | <del>ен-гоно</del> сностах |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2           | X                    | -                          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3           |                      | Х                          |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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  |             |                      |                            |
|     | similar amounts as defined in Revenue Procedure 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 where 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,   |             |                      | 77                         |
|     | 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           |                      | X                          |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide   |             |                      | 7.7                        |
|     | 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 term, permanent, or 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.   |             |                      |                            |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  Part VI  | 11a         | X                    |                            |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total   |             |                      | ₹₽                         |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b         |                      | X                          |
| C   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total  |             |                      | X                          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c         |                      | <u> </u>                   |
| đ   | 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                          |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | X                    | ļ                          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |             | 72                   |                            |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 111         | X                    |                            |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  Schedule D, Parts XI, XII, and XIII  | 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, XII, and XIII is optional  | 12b         |                      | X                          |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13          |                      | X                          |
|     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a         | ļ                    | X                          |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b         |                      | Х                          |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV           | 15          |                      | Х                          |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? 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                                      | 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                    |                            |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | <del></del> | <del> </del>         | <b>T</b>                   |
|     | complete Schedule G, Part III   | 19          |                      | X                          |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20a         |                      | X                          |
|     | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that  |             |                      |                            |
|     | operate one or more hospitals must attach audited financial statements (see instructions)   | 20b         |                      | <u></u>                    |
|     |   |             | $\alpha\alpha\alpha$ | (0040                      |

#### Part IV | Checklist of Required Schedules (continued)

|     |   |      | Yes          | No  |
|-----|---|------|--------------|-----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the  |      |              |     |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21   |              | X   |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25   | 24a  |              | X   |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |              |     |
| C   | 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  |              |     |
|     | Section 501(c)(3) and 501(c)(4) 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  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |      |              |     |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26   |              | X   |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  |      |              |     |
|     | contributor, or a grant selection committee member, or to a person related to such an individual? 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 Schedule L, Part IV   |      |              |     |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |      |              |     |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a  |              | X   |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b  |              | X   |
| C   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   |      |              |     |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c  |              | X   |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29   | X            |     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30   |              | Х   |
| 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  | 1    |              |     |
|     | 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, Parts II, III, IV, and V, line 1   | 34   |              | X   |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 35   |              | X   |
| а   | 2   |      |              |     |
|     | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |      |              |     |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes " complete Schedule P. Part V. line 2.  | 36   |              | x   |
| 37  | If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 30   | <del> </del> | 142 |
| JI. | - · · · · · · · · · · · · · · · · · · ·   | 37   |              | X   |
| 38  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 31   | +            | +*  |
| 00  | · · · · · · · · · · · · · · · · · · ·   | 38   | X            |     |
| -   | Note. All Form 990 filers are required to complete Schedule O   | 1 30 | 1 47         |     |

Form 990 (2010)

|   | Par      |   |          |   |                     |                                      |              |
|---|----------|---|----------|---|---------------------|--------------------------------------|--------------|
| tal Enter the number reported in Box 3 of Form 1096, Enter-0-if not applicable  |          | Check if Schedule O contains a response to any question in this Part V  |          | •••••                                   |                     |                                      |              |
| b Enter the number of Forms WGG included in live 1a. Enter o - W not applicable.  Did the organization comply with backup withholding rules for reportable payments to vandors and reportable gaming (gambling) whrnings to prize witheres?  2a Enter the number of employees reported on Form WG, Transmittal of Wage and Tax Statements, feed of the celendary year ending with or within the year covered by this return  2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2c X  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, cole instructions)  3a Id the organization have unrelated business goos income of \$1,000 or more during the year?  3a If If Yea, I set float Form 900 for for this year? If YM, Provide an explanation in Schedule O  3b If Yea, I set float Form 900 for for this year? If YM, Provide an explanation in Schedule O  4a A any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunities account, or other internal account()?  4b If Yea, if the term anne of the longing country. Prob. Prov. Pro                   |          |   |          |   |                     | Yes                                  | No           |
| b Enter the number of Forms W2G included in line 1s. Enter - N° not applicable or Diff the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminling) winnings to prize winners?  Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendar year ording with or within the vear covered by this return  28 bit at least one is reported on line 2s, did the organization field all required federal employment tax returns?  29 bit at least one is reported on line 2s, did the organization field and property of the federal employment tax returns?  20 bit the organization have unrelated business gross income of \$1,000 or more during the year?  31 bit the organization have unrelated business gross income of \$1,000 or more during the year?  32 bit if "Yes," as filed a form 900 for the lyay an" If "No, "provide an organization for a signature or other authority over, a financial account; with the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a ferolegin country; live is an abank account, securities account, or other financial accounts.  32 bit "Yes," enter the name of the foreign country; live is an abank account, securities account, or other financial accounts.  33 bit "Yes," enter the name of the foreign country; live is a share account, securities account, or other financial accounts.  34 bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  35 bit "Yes," enter the name of the foreign country; live account of the foreign state of the properties of                   | 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a       | 22                                      |                     |                                      |              |
| gambling) winnings to prize winners?  a Either the number of employees reported on Form WS, Transmittal of Wapp and Tax Statements.  alled for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1s and 2s is greater than 250, you may be required for ehile, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, it is filled a Form 990 For this year? If No, "provide an explanation in Schedule O  3b If Yes," enter the name of the foreign country; who has a bank account, a continue or other authority over, a financial account in a foreign country (such as a bank account, ascumiss account, or other financial accountly?  5c If Yes," other the name of the foreign country; who has a bank account, securities account, or other financial accountly.  5c If Yes, "other the name of the foreign country; who has bank account, securities account, or other financial accountly.  5c If Yes, "other the name of the foreign country; who has bank account, securities account, or other financial accountly.  5c If Yes, "other the name of the foreign country; who has bank account, securities account, or other financial accountly.  5c If Yes, "other the name of the foreign country; who has bank account, securities account, or other financial accountly.  5c If Yes, "other the organization and the value of the organization and the organization an                    | b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                     | 1b       | 0                                       |                     |                                      |              |
| 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendaryear ending with or within the year covered by this return  8 If at least one is reported on the 23, did the organization file all required federal employment tax returns?  8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file, (see instructions)  8 If Ves, 'has it filed a Form 90-T for this year? If 'No, 'provide an explanation in Schedule O  8 If 'Yes,' has it filed a Form 90-T for this year? If 'No, 'provide an explanation in Schedule O  8 If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accountly?  8 If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accountly?  9 If 'Yes,' enter the name of the foreign country. Per See instructions for filting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts.  9 If 'Yes,' to the see of \$1,000 the organization has the account, securities account, or other financial accounts.  9 If 'Yes,' to line \$2,000 the organization and it was or is a party to a prohibited tax shelter transaction?  9 If 'Yes,' to line \$2,000 the organization file Form 8898-17?  9 If 'Yes,' to line \$2,000 the organization file Form 8898-17?  9 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  10 If 'Yes,' did the organization revelve approach in excess (575 made party as a contribution of quantitation foreign approach property for which it was required to the Form 8282?  11 If 'Yes,' indicate the number of Forms 8282 filed during the year  12 If 'Yes,' indicate the number of Forms 8282 filed during the year  13 If the organization received a contribution of qualified i                | С        |   | eporta   | ıble gaming                             |                     |                                      | ĺ            |
| 2a Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year ocered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3b Lid the organization never undersold business gross income of \$1,000 or more during the year?  3c Lid the organization in a form 990-T for this year? If No. *provide an explanation in Schedule O.  3d At any time during the calendary 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 accounts.  5d Was the organization a party to a prohibitor that was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor at the was or is a party to a prohibitor and the was present that an explanation of the two and the was present than \$100,000, and did the organization solic any contributions on the very solicitation an express statement that such contributions or gifts were not tax deductible?  b If Yes, "I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  b If Yes, "I did the organization network appeared in excess of \$75 make party as a contribution and party for goods and services provided to the payor?  7a Did the organization seeke a payment in excess of \$75 make party as a contribution                 |          | (gambling) winnings to prize winners?   |          | ·····                                   | 10                  | X                                    |              |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file; (see histructions)  3a IX to the organization have unrelated business gross income of \$1 x00.00 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," enter the name of the foreign ocunitry.  \$ce instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts.  \$5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  \$5b If "Yes," to line 5a or 5b, did the organization file Form 8898-17?  \$6c If "Yes," to line 5a or 5b, did the organization file Form 8898-17?  \$6c If "Yes," to line 5a or 5b, did the organization file Form 8898-17?  \$6d Obes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  \$7c Organizations that may receive deductible contributions under section 1770(c).  \$8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  \$7c Organizations that may receive deductible or this way or solicitation and party for goods and services provided to the payor?  \$7d IX X  \$8d If "Yes," inclination receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  \$7d IX X  \$7d If "Yes," inclination receive a payment in excess of \$75 made party as a contribution of quantization receive a payment in excess of \$75 made party as a contribution of quantization receive a payment of \$75 made party as a contribution of quantization receive a payment of \$75 made party as a contribution of quantization receive a payment of \$75 made part | 2a       |   |          |   |                     |                                      |              |
| b If at least one is reported on line 2a, diff the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, Gee instructions)  2a Did the organization have unrelated business gross income of \$1,000 or more during the year?  2a X  5 If "Yes," has it filed a Form 590-1 for this year? If "No," provide an explanation in Schedule O  3a A at my time during the calendary year, did the organization have an interest in, or a dignature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account?  4a X  5b If "Yes," enter the name of the foreign country; P  See instructions for filing requirements for Form TD F 90,22.1, Report of Foreign Bank and Fhancial accounts.  5a Was the organization story to a prohibitiot tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c D  5c D  6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductible?  6c D  6c If Yes, or different than the second of the s                   |          | filed for the calendar year ending with or within the year covered by this return                                   | 2a       | 28                                      |                     |                                      |              |
| Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file, fees instructions) 3  | b        |   | ms?      |   | 2b                  | X                                    |              |
| b If "Yes," the sit filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country. B  5b If "Yes," enter the name of the foreign country. B  5ce instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accountly.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive adductibile?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Organization start may receive adductible contributions under acction 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8822?  8c If "Yes," indicate the number of Forms 8222 filed during the year  9 If the organization received a contribution of any both of indirectly, to pay premiums on a personal benefit contract?  7c X  7d If the organization received a contribution of cars, boats, aniphense, or there vehicles, did the organization file Form 8980 as required?  9 Sponsoring organizations maintaining denor advised funds and sec                   |          |   |          |   | , ,                 |                                      |              |
| 4a A 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 accountly?  See instructions for filing requirements for Form TDF 50-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization pray to a prohibited tax shelter transaction at any time during the tax year?  5a IX X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X 5 C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X 5 C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Dosen that the organization shelt in the state of the promote of the tax deductible or any contributions that were not tax deductible?  6c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible?  6c If "Yes," to lid the organization notify the denor of the value of the goods or services provided?  6c Did the organization neceive apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d If "Yes," indicate the number of Forms 8282? filed during the year  6c Did the organization shall be number of Forms 8282? filed during the year  7d If "Yes," indicate the number of Forms 8282? filed during the year  6d If "Yes," indicate the number of Forms 8282? filed during the year  7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organiza                    | За       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                       |          |   | За                  |                                      | X            |
| financial account in a foreign country; ≥    If "Yes," enter the name of the foreign country; ≥    See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  3 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes," to line 5a or 5b, did the organization file Form 8896-T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that terms on tax deductible?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 2822?  6 If "Yes," indicate the number of Forms 8282 filed during the year  9 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 in If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 in If the organization organization and intelligence of the property or spending organization file a Form 1098-07 in If the organization organization and intelligence organization                    | b        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                    |          |   | 3b                  |                                      | Ĺ.           |
| b If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  3 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 a  | 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other             | autho    | rity over, a                            |                     |                                      |              |
| See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b S X  5c I**Yes,** to line 5a or 5b, did the organization file Form 8896-7?  5c 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?  6c I**Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization are receive any summer in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8 If Yes,** did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization receive any funds, directly or indirectly, or a personal benefit contract?  13 If the organization receive any sunds, directly or indirectly, or a personal benefit contract?  14 Did the organization received a contribution of qualified intellectual property, did the organizations. Did the supporting organization and an intaining does advised funds and seedin 508(3)(3) supporting organizations. Did the supporting organization and an intaining does an advised funds and se                  |          | financial account in a foreign country (such as a bank account, securities account, or other financial              | accou    | int)?                                   | 4a_                 |                                      | X            |
| Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Loses 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?  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 CO Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8232 filed during the year  1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 Th  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 Th  5 Sponsoring organizations maintaining donor advised funds and section 59(3)(3) supporting organization file a Form 1098-07 Th  5 Did the organization make any taxable distributions under section 49667,  9 Did the organization make any taxable distributions under section 49667.  9 Did the organization make any taxable distributions u                  | b        | If "Yes," enter the name of the foreign country: ▶  |          |   |                     |                                      |              |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c if "Yes," to line 5a or 5b, did the organization file Form 8896-T?  5c Soc Soc Soc Organization have amusal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," Indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of carls, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining doner advised funds and section 508(s)(3) supporting organizations. Did the supporting organizations maintaining doner advised funds.  a Did the organization make a distribution to a denor, donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Coross receipts, included on Form 990, Part VIII, line 12  f Gross income from members or shareholders  l Total  c Gross income from embers or shareholders  b Gross income from other sources (Do not net amounts due or received from them.)  2 Section 501(c)(12) organizations. Enter:  a Iste organization organization incomes of ossue qualified he                  |          | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial                | Accou    | ints.                                   |                     |                                      |              |
| c if "Yes," to line 5a or 5b, did the organization file Form 8986-1?  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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b if "Yes," did the organization notity the donor of the value of the goods or services provided?  c 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?  b if "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization include with every payment in excess of tangible personal property for which it was required to file Form 8282?  7 To I If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization maintaining donar advised funds and section 50(s)(3) supporting organizations. Did the supporting organizations maintaining donar advised funds and section 50(s)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 49667.  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 49667.  9 B Did the organization make a distribution to a denor, donor advisor, or related person?  9 Costion 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  b If "Yes," enter the amount of tax-exempt interest received or accoved during the ye                 | 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?               |          |   | 5a                  |                                      |              |
| c if "Yes," to line 5a or 5b, did the organization file Form 8896-T?  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?  6a X  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$575 made partly as contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  f if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining dener advised funds and section 508(a)(3) supporting organizations. Did the supporting organizations maintaining dener advised funds and section 508(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966?  9a Sponsoring organizations maintaining denor advised funds and section 508(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966?  9b Did the organization make any taxable distributions under section 4966?  9b Did the organization make a distribution to a donor, donor advisor, or related person?  9b Did the organization make a distribution to a donor, donor advisor, or related person?  9c Did the organization make a distribution to a donor, donor advisor, or related person?  9b Did the organization meanume to                   | b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-          | action   | ?                                       | 5b                  |                                      | X            |
| b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  8 Sponsoring organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  8 Sponsoring organizations maintaining donor advised funds and section 501(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 501(a)(3) supporting organizations. Did the organization make any taxable distributions under section 49667  b Did the organization make any taxable distributions under section 49667  b Consistency organization make any taxable distributions under section 49667  b Consistency organization make and statibution to a donor, donor advised funds and section 501(c)(7) organization make and statibution to a donor, donor advised funds.  a Did the organization make and statibution to a donor, donor advised funds.  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub facilities  11b  12a Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12, for public use of                   | ¢        |   |          |   | 5c                  |                                      |              |
| b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  8 Sponsoring organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  8 Sponsoring organizations maintaining donor advised funds and section 501(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 501(a)(3) supporting organizations. Did the organization make any taxable distributions under section 49667  b Did the organization make any taxable distributions under section 49667  b Consistency organization make any taxable distributions under section 49667  b Consistency organization make and statibution to a donor, donor advised funds and section 501(c)(7) organization make and statibution to a donor, donor advised funds.  a Did the organization make and statibution to a donor, donor advised funds.  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub facilities  11b  12a Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12, for public use of                   | 6a       |   |          |   |                     |                                      |              |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization creeive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 To X  1 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1 To X  1 If "Yes," indicate the number of Forms 9282 filed during the year  2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  3 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  4 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  9 Sponsoring organizations maintaining donor advised funds and section 598(3)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, any and ora divised funds.  2 Did the organization make any taxable distributions under section 4966?  3 Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12a Section 501(c)(12) organizations. Enter:  a Is the organization included on Form 990, Part VIII, line 12, for public use of club facilities  1 Did  1 Section 501(c)(12) organizations. Enter:  a Is the organization organized not net amounts due or paid to other sources against amounts due or received from them).  12b Section 501(c                   |          | any contributions that were not tax deductible?   |          |   | 6а                  |                                      | X            |
| 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year le Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To X f Did the organization feceived a contribution of qualified intellectual property, did the organization file Form 899 as required? f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966? Ba Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12  Section 501(c)(12) organizations. Enter: b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from morehors or shareholders b Gross income from the resources (00 not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization incesed to issue qualif                   | b        | If "Yes," did the organization include with every solicitation an express statement that such contribu              | tions o  | or gifts                                |                     |                                      |              |
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| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Spensoring organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Did the organization make a distribution to a donor, donor advisor, or related person?  Did the organization make a distribution to a donor, donor advisor, or related person?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(12) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health                    | 7        |   |          |   |                     |                                      |              |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of orars, boats, airplanes, or other vehicles, did the organization file Form 198-C7  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  initiation fees and capital contributions included on Part VIII, line 12  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves and and incomment of tax-exempt interest received                    | а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see | rvices   | provided to the payor?                  | 7a                  |                                      |              |
| to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   | b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                     |          | **********                              | 7b                  | X                                    |              |
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| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions included on Part VIII, line 12  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(2) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserv                    |          | to file Form 8282?  |          |   | 7c                  |                                      | X            |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  b Gross income from members or shareholders  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 Ith  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No,"                     | d        | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d       |   |                     |                                      |              |
| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make and sistribution to a donor, donor advisor, or related person?  9 b Did the organization make and sistribution to a donor, donor advisor, or related person?  9 b Did the organization make and part that is a limitation fees and capital contributions included on Part VIII, line 12  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 b Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b 13a 14a Did the organization is licensed to issue qualified health plans in more than one state?  13a 14b Did the organization receive any payments for indoor tanning services during the tax year?  14b 14c Did the organization receive any payments for indoor tanning services during the ax year?  14c Did the organization Form 1040 to report these payments? If "No," provide an explanation in Schedule O.  14b 14c Did the organi                    | е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit               | contra   | ct?                                     | 7e                  |                                      |              |
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| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 15a 15a 15a 15a 15a 15a 15a 15a 15a 15   | а        | Did the organization make any taxable distributions under section 4966?   |          |   | 9a                  | <u> </u>                             | <u> </u>     |
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| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10       | · · · · ·   |          | ı                                       |                     |                                      | 1            |
| 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b 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.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15b  | а        |   |          |   |                     |                                      | 1            |
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| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 11       | • • •   | ı        | 1                                       |                     |                                      |              |
| amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b   | а        |   | 11a      | -                                       | 1                   |                                      |              |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b 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.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b  | b        | Gross income from other sources (Do not net amounts due or paid to other sources against                            |          | A Transmission                          |                     |                                      | 1            |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |          |   |          |   | -                   | ,                                    |              |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b   |          |   | n 1041   | 1?                                      | 12a                 | ļ                                    | <del> </del> |
| a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  | b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                               | 12b      |   |                     |                                      |              |
| Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  |          | •   |          |   | -                   | <u> </u>                             | <del> </del> |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | а        |   |          |   | 13a                 | <del> </del>                         | 4            |
| organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b   |          | ·   |          |   |                     |                                      |              |
| c Enter the amount of reserves on hand  | b        |   | 1        |   |                     |                                      | .            |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |          |   |          |   | 4                   |                                      |              |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b   |          |   | 130      | <u> </u>                                | <u> </u>            | ┼                                    | 177          |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b   |          |   |          |   | _                   | -                                    | +≏           |
|   | <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu               | ue O     |   | THE PERSON NAMED IN | Name and Address of the Owner, where | 1/0010       |

54-1671883 Form 990 (2010) ARLINGTON FREE CLINIC, INC. 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 in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year

| b          | Enter the number of voting members included in line 1a, above, who are independent 1b 24   | 1 1      |   |             |
|------------|--|----------|---|-------------|
| 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        |   | <u>X</u>    |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |          |   |             |
|            | of officers, directors or 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        |   | X           |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5        |   | X           |
| 6          |  | 6        |   | X           |
|            | Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the |          |   |             |
| e ca       |  | 70       |   | Х           |
|            | governing body?  | 7a       |   | X           |
| _          | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b       |   | 42          |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  |          |   |             |
|            | by the following:  |          | w                                       |             |
| а          | The governing body?  | 8a       | 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   |          |   |             |
| eweren way | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9        | *************************************** | X           |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |          |   |             |
|            |  |          | Yes                                     | No          |
| 10a        | Does the organization have local chapters, branches, or affiliates?  | 10a      |   | X           |
|            | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,                                      |          |   |             |
| ~          | and branches to ensure their operations are consistent with those of the organization?   | 10b      |   |             |
| 112        | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | 11a      | X                                       |             |
|            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |          | 44 <del>4-00</del>                      | <del></del> |
|            | · · · · · · · · · · · · · · · · · · ·  | 12a      | X                                       |             |
|            | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 124      | 44                                      | $\vdash$    |
| D          | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise  |          | Х                                       |             |
|            | to conflicts?  | 12b      | _^                                      | <u> </u>    |
| C          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  |          | 37                                      |             |
|            | in Schedule O how this is done   | 12c      | X                                       | <u>├</u>    |
| 13         | Does the organization have a written whistleblower policy?   | 13       | X                                       | <u> </u>    |
| 14         | Does the organization have a written document retention and destruction policy?  | 14       | X                                       | <u> </u>    |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent   |          |   |             |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          |   |             |
| а          | The organization's GEO, Executive Director, or top management official   | 15a      | X                                       | L           |
| þ          | Other officers or key employees of the organization  | 15b      | X                                       |             |
|            | If "Yes" to line 15a or 15b, describe the process in 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      | ·                                       | X           |
| h          | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation                                    |          | _                                       |             |
|            | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's  |          |   |             |
|            |  | 16b      |   |             |
| 200        | exempt status with respect to such arrangements?   | 1 100    | <u> </u>                                |             |
|            |  |          |   |             |
| 17         | List the states with which a copy of this Form 990 is required to be filed NONE  | - 6      |   |             |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available                                 | e tor    |   |             |
|            | public inspection. Indicate how you make these available. Check all that apply.  |          |   |             |
|            | Own website X Another's website X Upon request   |          |   |             |
| 19         | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,                                    | and fin  | ancial                                  |             |
|            | statements available to the public.  |          |   |             |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and records of the organization                                     | ation: 🛭 | <b>&gt;</b>                             |             |
|            | NANCY PALLESEN - 703-979-1425  |          |   |             |

2921 11TH STREET SOUTH, ARLINGTON, VA

Form 990 (2010)

## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization r (A) Name and Title | (B)<br>Average  | ,  |  | (C<br>Posi   | )   |                              |  | (D)<br>Reportable                              | (E)<br>Reportable                                | (F)<br>Estimated  |
|---|---|--|--|--------------|---|------------------------------|--|--|--|---|
| Trains and This   | hours per   | (ct  | (check all th                                |              |   |                              | м  | compensation                                   | compensation                                     | amount of   |
|   | week (describe hours for related organizations in Schedule O) | ustee or director                                | onal trustee                                 | Officer      |   | Highest compensated employee |  | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| KIT GORDON  |   |  |  |              |   |                              |  |  | ·  |   |
| SECRETARY   | 2.00  | X  |  | Х            |   |                              | _  | 0.   | 0.   | 0   |
| JAMES COCHRAN   |   | . :  |  |              |   |                              | ·  |  |  | · ,   |
| DIRECTOR  | 2.00  | X  |  |              |   |                              |  | 0.   | 0.   | 0   |
| SHEILA ZEDLEWSKI  |   |  |  |              |   |                              |  |  |  |   |
| DIRECTOR  | 2.00  | X  |  |              |   |                              |  | 0.   | 0.   | 0   |
| PATRICIA RODRIGUEZ  |   |  |  |              | :   |                              |  |  |  | ,   |
| DIRECTOR  | 2.00  | X  |  | Ŀ            | ·   |                              |  | 0.   | 0.   | 0   |
| JOHN F. BENTON II   |   | 1  |  |              |   |                              |  | _  |  |   |
| VICE CHAIR  | 2.00  | X  |  | Х            | <u> </u>  | <u> </u>                     |  | 0.   | 0.   | 0   |
| FOM CONNALLY  | 1   |  |  | ŀ            |   |                              |  |  |  |   |
| MED. DIRECTOR   | 2.00  | X  | <u> </u>                                     |              |   | L                            |  | 0.   | 0.   | 0   |
| CHRISTIAN DORSEY  |   |  |  |              | ľ   |                              |  |  |  |   |
| DIRECTOR  | 2.00  | X  |  |              | _   | <u> </u>                     | _  | 0.   | 0.   | C   |
| SOO CHENG   |   |  |  |              |   | ١.                           |  |  |  |   |
| DIRECTOR  | 2.00  | X  |  |              |   | <del> </del>                 |  | 0.   | . 0.   | 0   |
| JESUS NORIEGA   | 1 .0 .00  | 4,   |  |              |   |                              | ١.   | 0  |  |   |
| DIRECTOR  | 2.00  | X  | ļ  | <u> </u>     | <u> </u>  | <u> </u>                     | È  | 0.   | 0.   | <u> </u>  |
| KATHERINE FRESHLEY<br>DIRECTOR                                  | 2.00  | X  | ,  | ŀ            |   | 1                            |  | 0.   | 0.   | 0   |
| JENNIFER STUART LEE MD  | 2.00  | <u>  ^ </u>                                      | <u>                                     </u> |              | -   | ├-                           |  | 0 .  | 0.   | <u> </u>  |
| DIRECTOR  | 2.00  | X  |  |              |   |                              |  | 0  | 0.   |   |
| JOAN BOWES RITTER, MD   | 2.00  | A  |  | ┢            | $\vdash$  | ╀╌                           |  | - 0  | 0 •  |   |
| MED. DIRECTOR   | 2.00  | X  |  |              | CONTRACTOR OF THE PERSONS AND |                              |  | 0  | . 0.   | 0   |
| KEVIN SULLIVAN  | 2:00  | 1  | -  | <del> </del> | ├-  | ╁                            | ╁╌   |  |  |   |
| DIRECTOR  | 2.00  | x  | ١.   |              |   |                              |  | 0  | . 0.   | 1 (   |
| ROBERT DEASON   | 1 200   | ╫  | -  | ╁            | ╁   | $\vdash$                     | $\vdash$   |  |  | ,   |
| DIRECTOR  | 2.00  | X  | ŀ  |              |   | Ì.                           |  | 0  | .] 0.  | ' (   |
| RUTH MCGOFF   | +   | +  | -  | +            | 1   | $t^-$                        | <del>                                     </del> |  |  | <del></del>   |
| DIRECTOR  | 2.00  | X  | '  | .            |   |                              | ĺ  | 0  | . 0.   | (   |
| DAVID LEE   | 1   | <del>                                     </del> | 1  | T            | T   | 1                            | T  |  |  |   |
| CHAIRMAN  | 2.00  | X  | ŀ  | X            |   |                              |  | 0  | . 0 .  | (   |
| DIANE NAUGHTON  | T   | 1  |  | 1            | T   | 1                            | 1  |  |  | -   |
| DIRECTOR  | 2.00  | X  | 1  |              |   | 1.                           | 1  | 0  | . 0 .  |   |

032007 12-21-10

| (A)   | (B)  | HOIL             | yee                   |           | C)           | riign                        | est      | (D)   | (E)  |   | (F)   |                                 |
|---|--|------------------|-----------------------|-----------|--------------|------------------------------|----------|---|--|---|---|---------------------------------|
| Name and title  | Average  |                  |                       |           | itior        |                              |          | Reportable  | Reportable   |   | mated   | l                               |
|   | hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O)   | stee or director | institutional trustee | Officer   |              | Highest compensated employee |          | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC)  | compensation<br>from related<br>organizations<br>(W-2/1099-MISC)   | o<br>comp<br>fro<br>orgai<br>and        | ount of<br>ther<br>ensati<br>m the<br>nization<br>related<br>sization | on<br>n<br>d                    |
| CHRISTOPHER MCMANUS   |  | <u> </u>         |                       |           | F            | -                            |          |   |  |   |   |                                 |
| DIRECTOR  | 2.00   | X                |                       | L         |              |                              |          | 0.  | 0.   |   |   | 0.                              |
| TIMOTHY MUIR  |  |                  |                       |           |              |                              |          |   |  |   |   | _                               |
| DIRECTOR GRACE ABI-NAJM SHEA  | 2.00   | X                |                       | _         | ╀            | ┼-                           | -        | 0.  | 0.   |   |   | 0.                              |
| DIRECTOR  | 2.00   | x                |                       |           |              |                              |          | 0.  | 0.   |   |   | 0.                              |
| KEITH T. SHINER   | 2.00   | A                | -                     | -         | ├            | ┢                            | $\vdash$ | - 0.  | 0 •  |   |   | <u> </u>                        |
| DIRECTOR  | 2.00   | X                |                       |           |              |                              |          | 0.  | 0.   | ,                                       |   | 0.                              |
| DAVID TOWNSHEND   |  |                  | 1                     | <u> </u>  | T            | T                            |          |   |  |   |   |                                 |
| DIRECTOR  | 2.00   | X                |                       |           |              |                              |          | 0.  | 0.   |   |   | 0.                              |
| DOUG DOWLING  |  |                  |                       |           |              |                              |          |   | _  |   |   | _                               |
| TREASURER   | 2.00   | X                | ļ                     | X         | <del> </del> | ↓_                           | <u> </u> | 0.  | 0.   |   |   | 0.                              |
| CHRIS WILKES  | 2 00   | ٠,               |                       |           |              |                              |          | 0.  | 0.   |   |   | 0.                              |
| COLLEEN P. AVIS   | 2.00   | X                | ├                     | ┡         | ╀─           | +                            | ┞        | <u> </u>  | U •  | <b>_</b>                                |   | <u> </u>                        |
| DIRECTOR  | 2.00   | X                |                       |           |              |                              |          | 0.  | 0.   |   |   | 0.                              |
| JOANNA L. EHAT  |  | +==              | ╁──                   | $\vdash$  | ╁            | +                            | $\vdash$ |   |  |   |   |                                 |
| DIRECTOR  | 2.00   | X                |                       |           |              |                              |          | 0.  | 0.   |   |   | 0.                              |
| 1b Sub-total  | ********************   |                  |                       |           |              |                              |          | 0.  | 0.   |   |   | 0.                              |
| c Total from continuation sheets to Part V  | I, Section A   |                  |                       |           |              |                              |          | 207,010.  | 0.   |   | ,19   |                                 |
| d Total (add lines 1b and 1c)   |  |                  |                       |           |              |                              |          | 207,010.  | 0.   | 23                                      | ,19   | 13.                             |
| 2 Total number of individuals (including but r                                    | ot limited to th   | 1056             | : list                | ed a      | bov          | /e) w                        | ho r     | eceived more than \$100   | 0,000 in reportable  |   |   | 1                               |
| compensation from the organization  | THE PROPERTY OF THE PROPERTY O | -                | -                     | ********* |              |                              | -        |   | The state of the s |   | Yes   | No                              |
| 3 Did the organization list any former officer,                                   | director or tru  | stee             | e. ke                 | v er      | nolo         | ovee.                        | orl      | nighest compensated e   | mplovee on   | 一十                                      |   |                                 |
| line 1a? If "Yes," complete Schedule J for s                                      |  |                  | •                     | •         | •            | •                            |          |   |  | 3                                       |   | X                               |
| 4 For any individual listed on line 1a, is the st                                 |  | le c             | omp                   | ens       | atio         | n an                         | d ot     | her compensation from   | the organization   |   |   |                                 |
| and related organizations greater than \$15                                       |  |                  |                       |           |              |                              |          |   |  | 4                                       | X   |                                 |
| 5 Did any person listed on line 1a receive or                                     |  |                  |                       |           |              |                              |          |   |  | _                                       | 1   | v                               |
| rendered to the organization? If "Yes," com<br>Section B. Independent Contractors | plete Schedu   | le J             | for s                 | uch       | per          | son                          |          |   | and the second s | 5                                       |   | X                               |
| 1 Complete this table for your five highest co                                    | mpensated in   | dep              | end                   | ent (     | cont         | tract                        | ors      | that received more than   | \$100,000 of compen  | sation fr                               | om  |                                 |
| the organization. NONE  | ***************************************  |                  |                       |           |              |                              |          |   |  |   |   |                                 |
| (A)<br>Name and business  | address  |                  |                       |           |              |                              | į        | (B) Description of  | services (   | ( <b>C</b> )<br>Compen                  | sation  | 1                               |
|   |  |                  |                       |           |              |                              |          |   |  |   |   |                                 |
|   |  |                  |                       |           |              |                              |          |   |  |   |   |                                 |
|   |  |                  |                       | *         |              |                              |          |   |  | *************************************** |   | ····                            |
|   |  |                  |                       |           |              |                              |          |   |  |   |   |                                 |
|   |  |                  |                       |           |              |                              |          |   |  |   |   |                                 |
|   | <del></del>  |                  |                       |           |              |                              |          |   |  |   |   |                                 |
|   |  |                  |                       |           |              |                              |          |   |  |   |   |                                 |
|   |  |                  |                       |           |              |                              |          |   |  |   |   |                                 |
|   |  |                  |                       |           |              |                              |          |   |  |   |   |                                 |
| 2 Total number of independent contractors (                                       | including but i  | not I            | imite                 | ed to     | o th         | ose l                        | iste     | d above) who received i   | more than  |   |   |                                 |
| \$100,000 in compensation from the organ  |  |                  |                       |           | wasene       | 0                            |          | THE RESIDENCE OF THE PROPERTY | The state of the s |   |   | ******************************* |
| SEE PART VII, SECTIO  | N A CON  | TI               | NU.                   | AТ        | 'IO          | N                            | SH       | EETS  |  | Form S                                  | 390 o   | กาก                             |

| Part VII   Section A. Officers, Directors, Tru<br>(A) | (B)                     |                                |                       | ((       | <del>)</del> |                              |              | (D)                                    | (E)  | (F)  |
|---|-------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------------|--|--|--|
| Name and title  | Average<br>hours<br>per | (cl                            |                       | Pos      | ition        | арр                          | ly)          | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|   | week                    | Individual trustee or director | institutional trustee | Officer  | Key employee | Highest compensated employee | Former       | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| OBERT A. ELDRIDGE, III                                | 2 00                    | 49                             |                       |          |              |                              |              |  | 0  |  |
| TEPHEN F. MESSINGER                                   | 2.00                    | X.                             |                       |          |              | <u> </u>                     | -            | 0.                                     | 0.   | 0  |
| DIRECTOR  | 2.00                    | Х                              |                       |          |              |                              | •            | 0.                                     | 0.   | 0  |
| MARY SALMON   | 2.00                    | A                              | -                     | _        | <del> </del> | -                            |              | V .                                    | · · · · · · · · · · · · · · · · · · ·      |  |
| DIRECTOR  | 2.00                    | X                              |                       |          |              |                              |              | 0.                                     | 0.   | 0  |
| COTT E. STERLING                                      |                         |                                | -                     |          | -            | <del> </del>                 | <del> </del> |  |  |  |
| DIRECTOR  | 2.00                    | x                              |                       |          |              |                              |              | 0.                                     | 0.   | 0  |
| IANCY PALLESEN  |                         |                                |                       |          |              | $\vdash$                     |              |  |  |  |
| EXECUTIVE DIRECTOR                                    | 40.00                   |                                |                       | X        |              |                              |              | 145,055.                               | 0.   | 15,984   |
| CORALIE MILLER  |                         | Г                              |                       |          |              | Γ                            |              |  |  |  |
| DIRECTOR OF FINANCE & HR                              | 40.00                   | <u> </u>                       |                       | X        |              |                              | <u> </u>     | 61,955.                                | 0.   | 7,209  |
|   |                         |                                |                       |          |              |                              |              |  |  |  |
|   |                         |                                |                       |          |              |                              |              |  |  |  |
|   |                         | ├_                             | <u> </u>              | <u> </u> |              | <u> </u>                     | <u> </u>     |  |  |  |
|   |                         |                                |                       |          |              |                              |              |  |  |  |
|   |                         |                                |                       |          | Ī            |                              |              |  |  |  |
|   |                         | $\vdash$                       | $\vdash$              | $\vdash$ | $\vdash$     | $\vdash$                     | _            |  |  | MUNICIPANTA  |
|   | 1                       | <u> </u>                       |                       | -        | _            |                              | -            |  |  |  |
|   |                         |                                |                       |          |              |                              |              |  |  |  |
|   |                         |                                |                       |          |              |                              |              |  |  |  |
|   |                         | T                              |                       |          |              | $\Gamma$                     |              |  |  |  |
|   |                         | -                              | <u> </u>              | -        |              | -                            | <u> </u>     |  |  |  |
|   |                         | <u> </u>                       |                       | _        | _            | -                            |              |  | -  |  |
|   |                         |                                |                       |          |              |                              |              |  | · .  |  |
|   |                         |                                |                       |          |              |                              |              |  |  |  |
|   |                         | T                              | -                     | $\vdash$ | $\vdash$     | <del> </del>                 | $\vdash$     |  |  |  |
|   |                         | _                              | <u> </u>              | <u> </u> | -            | -                            | _            |  |  |  |
|   |                         |                                |                       |          |              |                              |              |  |  |  |
|   |                         |                                |                       | Γ        |              | Π                            | Γ            |  |  |  |
|   | l .                     | 1                              | •                     | 1        | 1            |                              | 1            | 1                                      | i  | 3  |

3635185.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Ō.

0.

57,980. Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|              | رر All other organizations must comp  | 3) and 501(c)(4) organiza<br>olete column (A) but are |                              |   |  |
|--------------|---|---|------------------------------|---|--|
| Do i         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses                                 | (B) Program service expenses | (C) Management and general expenses   | (D)<br>Fundraising<br>expenses         |
| 1            | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   |   |                              |   |  |
| 2            | Grants and other assistance to individuals in   |   | · ·                          | - Carrie |  |
|              | the U.S. See Part IV, line 22   |   |                              |   |  |
| 3            | Grants and other assistance to governments,   |   |                              |   |  |
|              | organizations, and individuals outside the U.S.   |   |                              |   |  |
|              | See Part IV, lines 15 and 16  |   |                              |   |  |
| 4            | Benefits paid to or for members   |   |                              |   | <u> </u>                               |
| 5            | Compensation of current officers, directors,  |   |                              |   | ······································ |
|              | trustees, and key employees   | 229,817.  | 54,299.                      | 121,219.  | 54,299.                                |
| 6            | Compensation not included above, to disqualified  |   |                              |   |  |
|              | persons (as defined under section 4958(f)(1)) and   |   |                              |   |  |
|              | persons described in section 4958(c)(3)(B)  |   |                              |   |  |
| 7            | Other salaries and wages  | 1,247,347.  | 1,068,830.                   | 4,994.  | 173,523.                               |
| 8            | Pension plan contributions (include section 401(k)  |   |                              |   |  |
|              | and section 403(b) employer contributions)  | 29,952.   | 26,437.                      |   | 3,515.                                 |
| 9            | Other employee benefits   | 58,677.   | 52,212.                      |   | 6,465.                                 |
| 10           | Payroll taxes   | 103,922.  | 82,891.                      | 6,768.  | 14,263.                                |
| 11           | Fees for services (non-employees):  |   |                              |   | -                                      |
| а            | Management  |   |                              |   |  |
|              | Legal   | 1,557.  | 1,557.                       |   |  |
| C            | Accounting  | 34,147.   | 3,468.                       | 30,003.   | 676.                                   |
| d            | Lobbying  |   |                              |   |  |
| е            | Professional fundraising services. See Part IV, line 17   |   |                              |   |  |
| f            | Investment management fees  |   |                              |   |  |
| g            | Other   | 6,773.  | 5,640.                       | 121.  | 1,012.                                 |
| 12           | Advertising and promotion   | 4.00.00.1   |                              |   |  |
| 13           | Office expenses   | 123,834.  | 44,421.                      | 4,493.  | 74,920.                                |
| 14           | Information technology  | 67,581.   | 62,443.                      | 1,194.  | 3,944.                                 |
| 15           | Royalties   | 100 550   | 07 407                       | 0 0 0 0   |  |
| 16           | Occupancy   | 103,558.  | 97,437.                      | 2,039.  | 4,082.                                 |
| 17           | Travel  | 283.  | 56.                          | 38.   | 189.                                   |
| 18           | Payments of travel or entertainment expenses  |   |                              |   |  |
| 40           | for any federal, state, or local public officials   | 7,618.  | 4,378.                       | 66.   | 3,174.                                 |
| 19           | Conferences, conventions, and meetings  | 7,618.<br>1,614.                                      | 318.                         | 217.  | 1,079.                                 |
| 20<br>21     | Interest  | 1,014.  | 210.                         | 4110  | 1,013.                                 |
| 21<br>22     | Payments to affiliates  | 115,943.  | 108,986.                     | 2,319.  | 4,638.                                 |
| 23           |   | 4,753.  | 4,644.                       | 36.   | 73.                                    |
| 24           | Other expenses. Itemize expenses not covered  | 3,733.  | 7,011.                       | 50.   | , , ,                                  |
| £.77         | above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule Q.)   |   | •                            |   |  |
| а            | PHARMACEUTICALS - DONAT   | 720,271.  | 720,271.                     |   |  |
| b            | CLINIC EXPENSES   | 47,722.   | 47,722.                      |   |  |
| C            | MISCELLANEOUS EXPENSES  | 7,439.  | 1,465.                       | 1,002.  | 4,972.                                 |
| d            | PRINTED MATERIALS - DON   | 6,116.  | 5,749.                       | 122.  | 245.                                   |
| e            |   |   |                              |   |  |
| f            | All other expenses  |   |                              |   |  |
| 25           | Total functional expenses. Add lines 1 through 24f  | 2,918,924.  | 2,393,224.                   | 174,631.  | 351,069.                               |
| 26           | Joint costs. Check here if following SOP  |   |                              |   |  |
|              | 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising |   |                              |   |  |
| MANAGEMENTS. | solicitation  |   |                              |   | F 000 (0010)                           |

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Part X | Balance Sh

| Par                                     | tΧ       | Balance Sheet  |  |          |  |
|---|----------|--|--|----------|--|
|   |          |  | (A)<br>Beginning of year   |          | (B)<br>End of year   |
|   | 1        | Cash · non-interest-bearing  |  | 1        | 509,166.   |
|   | 2        | Savings and temporary cash investments   | 879,327.   | 2        | 318,304.   |
| l                                       | 3        | Pledges and grants receivable, net   | 445,866.   | 3        | 283,057.   |
| I                                       | 4        | Accounts receivable, net   |  | 4        |  |
|   | 5        | Receivables from current and former officers, directors, trustees, key                             |  |          |  |
|   |          | employees, and highest compensated employees. Complete Part II                                     |  |          |  |
| ORTOGRAPHO                              |          | of Schedule L  |  | 5        |  |
| ane contraction in                      | 6        | Receivables from other disqualified persons (as defined under section                              |  |          |  |
|   |          | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing                          |  | .        |  |
|   |          | employers and sponsoring organizations of section 501(c)(9) voluntary                              |  | . [      |  |
| s,                                      |          | employees' beneficiary organizations (see instructions)  | ~  | 6        |  |
| Assets                                  | 7        | Notes and loans receivable, net  | ~ 4FF  | 7        | 4 205  |
| As                                      | 8        | Inventories for sale or use  | 3,455.   | 8        | 4,395.   |
| - 1                                     | 9        | Prepaid expenses and deferred charges  | 30,056.  | 9        | 32,714.  |
|   | 10a      | Land, buildings, and equipment: cost or other  |  |          |  |
|   |          | basis. Complete Part VI of Schedule D 10a 4,447,640. Less: accumulated depreciation 10b 316,859.   | 4 146 130  |          | 4,130,781.   |
|   |          | F L  | 4,146,139.   | 10c      | 1,820,574.   |
|   | 11       | Investments - publicly traded securities   | 100,011.   | 11       | 1,020,374.   |
|   | 12       | Investments - other securities. See Part IV, line 11   |  | 12       |  |
|   | 13       | Investments - program-related. See Part IV, line 11  | 35,475.  | 13       |  |
|   | 14       | Intangible assets  | 33,4/3.  | 14       |  |
|   | 15       | Other assets. See Part IV, line 11   | 6,305,935.   | 15<br>16 | 7,098,991.   |
|   | 16       | Total assets. Add lines 1 through 15 (must equal line 34)  | 161,128.   | 17       | 148,189.   |
|   | 17       | Accounts payable and accrued expenses  | TOT, TAO.  | 18       | 140,1000   |
|   | 18       | Grants payable   |  | 19       |  |
|   | 19       | Deferred revenue   | <b>3</b>   | 20       |  |
|   | 20<br>21 | Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D |  | 21       |  |
| Liabilities                             | 22       | Escrow or custodial account liability. Complete Part IV of Schedule D                              |  |          |  |
| <u> </u>                                |          | highest compensated employees, and disqualified persons. Complete Part II                          |  |          |  |
| ======================================= |          | of Oaks did at   | mana and a second of the secon | 22       | *  |
|   | 23       | Secured mortgages and notes payable to unrelated third parties                                     | <del>-</del>   | 23       |  |
|   | 24       | Unsecured notes and loans payable to unrelated third parties                                       |  | 24       | **************************************   |
|   | 25       | Other liabilities. Complete Part X of Schedule D   | 0.   | 25       | 18,719.  |
|   | 26       | Total liabilities. Add lines 17 through 25   | 161,128.   | 26       | 166,908.   |
|   |          | Organizations that follow SFAS 117, check here   |  |          | Automotive Characteristic Children and Characteristic Annual Annual Annual Children Characteristic Children Chi |
| ş                                       |          | lines 27 through 29, and lines 33 and 34.  | :  |          |  |
| nce                                     | 27       | Unrestricted net assets  | 5,202,155.   | 27       | 5,770,230.   |
| <u>a</u>                                | 28       | Temporarily restricted net assets  | 574,378.   |          | 793,579.   |
| ā                                       | 29       | Permanently restricted net assets  | 368,274.   | 29       | 368,274.   |
| 표                                       |          | Organizations that do not follow SFAS 117, check here > and  |  |          |  |
| ò                                       |          | complete lines 30 through 34.  | ng   |          |  |
| ets                                     | 30       | Capital stock or trust principal, or current funds   |  | 30       |  |
| SS                                      | 31       | Paid-in or capital surplus, or land, building, or equipment fund                                   |  | 31       |  |
| Net Assets or Fund Balances             | 32       | Retained earnings, endowment, accumulated income, or other funds                                   |  | 32       |  |
| Z                                       | 33       | Total net assets or fund balances  | 6,144,807.   |          | 6,932,083.   |
|   | 34       | Total liabilities and net assets/fund balances   | 6,305,935.   | 34       | 7,098,991.<br>Form 990 (2010)  |

Form 990 (2010)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

Separate basis Consolidated basis Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

Form 990 (2010)

X

X

2c

За

separate basis, consolidated basis, or both:

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

Open to

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047
2010

Open to Public Inspection

Name of the organization

ARLINGTON FREE CLINIC TNC. Employer identification number 54-1671883

| Part I   | Reason   | or Public Charl             | ty Status (All organiz                   | ations mus   | et complet                  | a thic nort | 1 See inst   | nictions           |              |   |                   | NAMES AND ASSOCIATION |  |  |
|----------|--|-----------------------------|--|--------------|-----------------------------|-------------|--------------|--------------------|--------------|---|-------------------|-----------------------|--|--|
|          |  |                             | pecause it is: (For lines 1              |              |                             |             |              | ructions.          |              |   |                   |                       |  |  |
| 1 Gan    |  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
|          |  |                             | , or association of church               |              | ibea in se                  | ction 170   | (D)(T)(A)(I) | •                  |              |   |                   |                       |  |  |
| 2        |  |                             | 0(b)(1)(A)(ii). (Attach Sci              | -            |                             |             |              |                    |              |   |                   |                       |  |  |
| 3        |  | •                           | al service organization of               |              |                             |             |              | a                  |              |   |                   |                       |  |  |
| 4 📖      |  |                             | perated in conjunction                   | with a hosp  | oital descr                 | ibed in se  | ction 170    | (b)(1)(A)(ii       | i). Enter th | e hospitali                             | s nam             | e,                    |  |  |
|          | city, and state  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
| 5 📖      |  |                             | penefit of a college or ur               | niversity ov | vned or op                  | erated by   | a governr    | nental uni         | t described  | d in                                    |                   |                       |  |  |
| <u> </u> |  | (b)(1)(A)(iv). (Comple      | *  |              |                             |             |              |                    |              |   |                   |                       |  |  |
| 6        |  |                             | ent or governmental unit                 |              |                             |             |              |                    |              |   |                   |                       |  |  |
| 7 X      | An organizati  | on that normally reco       | eives a substantial part                 | of its supp  | ort from a                  | govemme     | ntal unit o  | r from the         | general p    | ublic desc                              | ribed i           | n                     |  |  |
| ·        | section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
| 8 🔛      |  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
| 9 🔲      |  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
|          |  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
|          | income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
|          | See section  | <b>509(a)(2).</b> (Complete | Part III.)                               |              |                             |             |              |                    |              |   |                   |                       |  |  |
| 10       | See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
| 11 🔲     |  |                             | erated exclusively for th                |              |                             |             |              |                    | y out the p  | urposes o                               | f one             | or                    |  |  |
|          | more publicly  | supported organiza          | tions described in secti                 | on 509(a)(1  | ) or section                | n 509(a)(2  | ). See sec   | tion 509(          | a)(3), Chec  | k the box                               | that              |                       |  |  |
|          |  |                             | organization and compl                   |              | -                           |             | •            |                    | ,,,          |   |                   |                       |  |  |
|          | a Type I   | ·                           | <b>-</b>                                 | тур          | _                           |             | egrated      |                    | d 🔲          | Type III - C                            | Other             |                       |  |  |
| е 🗀      |  |                             | t the organization is not                |              |                             |             | -            | r more dis         |              |   |                   | n                     |  |  |
|          |  |                             | nan one or more publicly                 |              | _                           | -           | -            |                    |              |   |                   |                       |  |  |
| f        |  |                             | ten determination from t                 |              | _                           |             |              |                    | 2(4)(1)      |   | <b>()</b> ()-     |                       |  |  |
| ·        | -  | rganization, check th       |  |              | •                           | . , , ,     | ,            |                    |              |   |                   |                       |  |  |
| g        |  |                             | rganization accepted ar                  |              |                             |             |              |                    |              | •-•                                     | • • • • • • • • • |                       |  |  |
| 3        |  |                             | irectly controls, either al              |              |                             |             |              |                    |              |   | Yes               | No                    |  |  |
|          |  |                             | upported organization?                   | -            |                             | -           |              |                    |              | 11g(i)                                  | 103               | 110                   |  |  |
|          |  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
|          |  |                             | described in (i) above?                  |              |                             |             |              |                    |              |   |                   |                       |  |  |
| <b>5</b> |  |                             | person described in (i)                  |              |                             |             | •••••••      |                    |              | _ [11g(iii)                             | L                 | L                     |  |  |
| h        | Provide the fi   | ollowing information        | about the supported or                   | ganizationi  | (S).                        |             |              |                    |              |   |                   |                       |  |  |
|          |  |                             | (iii) Type of                            | Mark In Alan |                             | 63 Did      |              | (vi) ls            | tha          |   | ·······           |                       |  |  |
|          | of supported   | (ii) EIN                    | organization                             |              | rganization<br>sted in vour |             | inoury the   | Torganization      | on in col. I | (vii) An                                |                   | f                     |  |  |
| org      | anization  |                             | (described on lines 1-9                  | , , , , ,    | document?                   |             |              | (i) organiz<br>U.S | red in the   | sup                                     | port              |                       |  |  |
|          |  |                             | above or IRC section (see instructions)) |              |                             |             |              |                    |              |   |                   |                       |  |  |
|          |  |                             | (see manucuons))                         | Yes          | No                          | Yes         | No           | Yes                | No           |   |                   |                       |  |  |
|          |  |                             |  | -            |                             |             |              |                    |              |   |                   |                       |  |  |
|          |  |                             |  |              |                             |             |              | <b>_</b>           |              |   |                   |                       |  |  |
|          |  | ``                          |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
|          |  |                             |  | <b> </b>     |                             |             |              | ļ                  |              | *************************************** |                   | <del></del>           |  |  |
|          |  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
|          |  |                             |  |              |                             |             |              |                    | <u> </u>     |   |                   |                       |  |  |
|          |  |                             |  |              |                             |             |              |                    | 1            |   |                   |                       |  |  |
|          |  |                             |  |              |                             |             |              |                    |              | *************************************** |                   |                       |  |  |
|          |  |                             |  |              |                             |             | I            |                    |              |   |                   |                       |  |  |
|          |  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |
|          |  |                             |  | I            |                             |             |              |                    |              |   |                   |                       |  |  |
| Γotal    |  |                             |  |              |                             |             |              |                    |              |   |                   |                       |  |  |

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Part II 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.)

| <b>Sec</b> | tion A. Public Support   |  |  |  |                         |  |  |  |
|------------|--|--|--|--|-------------------------|--|--|--|
| Cale       | ndar year (or fiscal year beginning in) 🔊  | (a) 2006   | <b>(b)</b> 2007  | (c) 2008                               | (d) 2009                | (e) 2010   | (f) Total  |  |
| 1          | Gifts, grants, contributions, and  |  | ***************************************  |  |                         |  | 7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1  |  |
|            | membership fees received. (Do not  |  |  |  |                         |  |  |  |
|            | include any "unusual grants.")   | 1,914,720.   | 1,889,402.   | 6,046,314.                             | 2,921,856.              | 3,577,205.   | 16,349,497.  |  |
| 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   | 1,914,720.   | 1,889,402.   | 6,046,314.                             | 2,921,856.              | 3,577,205.   | 16,349,497.  |  |
|            | 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)   |  |  |  |                         | ·  | 1,106,156.   |  |
| 6          | Public support. Subtract line 5 from line 4.   |  | NACONOMINATOR DE COMPANION DE CO |  |                         |  | 15,243,341.  |  |
|            | ction B. Total Support   |  | **************************************   | varianile museus transcriptoritismossy |                         | hannonnum o museum musik Silvanii Williage gasayeen galk | and the second s |  |
| Gale       | endar year (or fiscal year beginning in)   | (a) 2006   | <b>(b)</b> 2007  | (c) 2008                               | (d) 2009                | (e) 2010   | (f) Total  |  |
|            | Amounts from line 4  | 1,914,720.   | 1,889,402.   | 6,046,314.                             | 2,921,856.              | 3,577,205.   | 16,349,497.  |  |
|            | Gross income from interest.  |  |  |  |                         |  |  |  |
|            | dividends, payments received on  |  |  |  |                         |  |  |  |
|            | securities loans, rents, royalties   |  |  |  |                         |  |  |  |
|            | and income from similar sources  | 57,050.  | 119,103.   | 64.257.                                | 125,521.                | 32,671.  | 398,602.   |  |
| 9          | Net income from unrelated business   | ,  | ,  |  |                         |  |  |  |
|            | activities, whether or not the   | View of the last o |  |  |                         |  |  |  |
|            | business is regularly carried on   |  |  |  |                         |  |  |  |
| 10         | Other income. Do not include gain  |  |  |  |                         |  |  |  |
|            | or loss from the sale of capital   |  |  |  |                         |  |  |  |
|            | assets (Explain in Part IV.)   |  |  |  |                         |  |  |  |
| 11         | Total support. Add lines 7 through 10  |  | POJENINA NIKOSO OKOMENSKED KOMINIKA KARIONIO   |  |                         |  | 16,748,099.  |  |
|            | Gross receipts from related activities,  | etc (see instruction   | one)   |  | <u> </u>                | 12   |  |  |
|            | First five years. If the Form 990 is for   |  |  | d fourth or fifth to                   | <br>av vear as a sectio |  |  |  |
|            | organization, check this box and stor  | -  | 3000nd, tris   | •                                      | •                       |  | <b>&gt;</b>  |  |
| Se         | ction C. Computation of Publ   | ic Support Pe  | rcentage   |  |                         |  |  |  |
|            | Public support percentage for 2010 (   |  |  | column (f))                            |                         | 14   | 91.02 %  |  |
| 15         | Public support percentage from 2009  | Schedule A. Part   | II. line 14  |  |                         | 15   | 97.30 %  |  |
|            | 33 1/3% support test - 2010.If the o   |  |  |  |                         | <u>L</u>   |  |  |
|            | stop here. The organization qualifies  | -  |  | •                                      |                         |  |  |  |
| Ł          | 33 1/3% support test - 2009.If the o   |  |  |  |                         |  | ,  |  |
|            | and stop here. The organization qual   | -  |  |  |                         |  | <del></del>  |  |
| 17a        | 10% -facts-and-circumstances tes   |  |  |  |                         |  |  |  |
|            |  | _  |  |  |                         |  |  |  |
|            | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  |  |  |  |                         |  |  |  |
| k          | b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or   |  |  |  |                         |  |  |  |
|            |  |  |  |  |                         |  |  |  |
|            | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  |  |  |  |                         |  |  |  |
| 18         | Private foundation. If the organization  |  | -  | •                                      |                         | ,  | s  |  |
| -          | A series and the series of the |  | - Lander   | gg/                                    |                         | edule A (Form 990  |  |  |
|            |  |  |  |  |                         | •  | •  |  |

032022 12-21-10

# Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

| Sec       | ction A. Public Support   |  |  |  |                    |  |  |
|-----------|---|--|--|--|--------------------|--|--|
| Cale      | ndar year (or fiscal year beginning in) 🔊   | (a) 2006   | (b) 2007   | (c) 2008   | (d) 2009           | (e) 2010   | (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<br>organization's tax-exempt purpose  |  |  |  |                    |  |  |
| 2         | Gross receipts from activities that   | <u> </u>   |  |  | ļ                  |  |  |
| 3         |   |  |  |  |                    |  |  |
|           | are not an unrelated trade or bus-  |  |  |  |                    |  |  |
|           | iness under section 513   |  | <del></del>  |  |                    |  |  |
| 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   |  |  |  |                    |  |  |
|           | furnished by a governmental unit to   |  |  |  |                    |  |  |
|           | the organization without charge   |  |  |  |                    |  |  |
| 6         | Total. Add lines 1 through 5  |  | eprone en e   |  |                    |  |  |
|           | Amounts included on lines 1, 2, and   |  |  |  |                    |  |  |
|           | 3 received from disqualified persons  |  |  |  |                    |  |  |
| Ł         | 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   | I  |  |  |                    |  |  |
|           | Add lines 7a and 7b   | **************************************   | The same of the sa | nocuonante de la composition della composition d |                    |  | principal distribution of the second  |
|           |   | MATERIAL PROPERTY OF THE PROPE |  |  |                    | Carrier Company of the Company of th | The state of the s |
| Sec       | Public support (Subtractline 7c from line 6.)   |  |  |  |                    |  |  |
| -         | **************************************  |  | T  |  |                    |  | 1  |
|           | ndar year (or fiscal year beginning in)   | (a) 2006   | (b) 2007   | (c) 2008   | (d) 2009           | (e) 2010   | (1) Total  |
| 40.       | Amounts from line 6   |  |  |  |                    |  |  |
| 108       | Gross income from interest,<br>dividends, payments received on  |  |  |  |                    |  |  |
|           | securities loans, rents, royalties  |  |  |  |                    |  |  |
|           | and income from similar sources   |  |  |  |                    |  |  |
| t         | Unrelated business taxable income   |  |  |  |                    |  |  |
|           | (less section 511 taxes) from businesses  |  |  |  | <b>\</b> `         |  |  |
|           | acquired after June 30, 1975  |  |  |  |                    |  |  |
| 0         | Add lines 10a and 10b   |  |  |  |                    |  |  |
| 11        | Net income from unrelated business  |  |  |  |                    |  |  |
|           | activities not included in line 10b, whether or not the business is   |  |  |  |                    |  |  |
|           | regularly carried on  |  |  |  |                    |  |  |
| 12        | Other income. Do not include gain   |  |  |  |                    | <del> </del>   | <del></del>  |
|           | or loss from the sale of capital  |  |  |  |                    |  |  |
| 13        | assets (Explain in Part IV.)  |  | MAINTANNA MATTERNA MODELLA SERVICIO DE MATERIA DE MATER | <u> </u>   |                    | AND THE RESIDENCE OF THE PARTY  |  |
|           | •   | the evention   |  | 1 6  | <u> </u>           | 501(-)(2)  |  |
| 88        | First five years. If the Form 990 is for  |  |  |  |                    |  |  |
| <u>S</u>  | check this box and stop herection C. Computation of Publ  | in Cruse and Da  |  | MONIDO COMPANY   |                    | ***************************************  |  |
|           |   |  |  |  |                    |  |  |
|           | Public support percentage for 2010 (  |  |  |  |                    | 15   | %  |
| 16        | Public support percentage from 2009   | Schedule A, Part   | III, line 15   |  |                    |  | %  |
|           | ction D. Computation of Inve  |  |  |  |                    |  |  |
|           | Investment income percentage for 20   |  |  | ne 13, column (f))   |                    | 17   | %  |
| 18        | Investment income percentage from:  | 2009 Schedule A,   | Part III, line 17  |  |                    | 18   | %  |
| 198       | 33 1/3% support tests - 2010. If the  | organization did r   | not check the box  | on line 14, and lir  | ne 15 is more than | 33 1/3%, and line  | 17 is not  |
|           | more than 33 1/3%, check this box a   |  |  |  |                    |  |  |
| k         | 33 1/3% support tests - 2009. If the  |  |  |  |                    |  |  |
|           | line 18 is not more than 33 1/3%, che   |  |  |  |                    |  |  |
| 20        |   |  |  |  |                    |  |  |
| риминения | 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions |  |  |  |                    |  |  |

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

ARLINGTON FREE CLINIC, INC.

Employer identification number

| AF   | RLINGTON FREE CLINIC, INC.  | 54-1671883                       |  |  |  |  |  |  |
|--|---|----------------------------------|--|--|--|--|--|--|
| Organization type (check o                                       | ne):  |                                  |  |  |  |  |  |  |
| 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  |                                  |  |  |  |  |  |  |
|  | s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special R   | ule. See instructions.           |  |  |  |  |  |  |
| General Rule   |   |                                  |  |  |  |  |  |  |
| For an organization contributor. Comp                            | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in n<br>lete Parts I and II.  | noney or property) from any one  |  |  |  |  |  |  |
| Special Rules  |   |                                  |  |  |  |  |  |  |
| 509(a)(1) and 170(   | (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re<br>(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the<br>(i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.   |                                  |  |  |  |  |  |  |
| aggregate contrib  | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.  |                                  |  |  |  |  |  |  |
| contributions for u<br>If this box is checl<br>purpose. Do not c | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. |                                  |  |  |  |  |  |  |
| Caution. An organization to but it must answer "No" or           | hat is not covered by the General Rule and/or the Special Rules does not file Schedule<br>n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line<br>ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   | B (Form 990, 990-EZ, or 990-PF), |  |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

| ARLINGTON FR | EE CLINIC, | INC. | 54-1671883 |
|--------------|------------|------|------------|

| Les Services (Secret) | outors (see instructions)         | (4)                            | (d)   |
|-----------------------|-----------------------------------|--------------------------------|---|
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions    | Type of contribution  |
| 1                     |                                   | \$\$                           | Person X Payroll  |
| (a)                   | (b)                               | (c)                            | (d)   |
| No.                   | Name, address, and ZIP + 4        | Aggregate contributions        | Type of contribution  |
| 2                     |                                   | \$\$                           | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.  |
| (a)                   | (b)                               | (c)                            | (d)   |
| No.                   | Name, address, and ZIP + 4        | Aggregate contributions        | Type of contribution  |
| 3                     |                                   | \$\$                           | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d) Type of contribution  |
| 4                     |                                   | \$ 127,355.                    | Person X Payroll  Noncash (Complete Part II if there is a noncash contribution  |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d) Type of contribution  |
| 5                     |                                   | \$\$.                          | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution |
| (a)                   | (b)                               | (c) Aggregate contributions    | (d) Type of contribution  |
| 6                     | Name, address, and ZIP + 4        | \$\$                           | Person X Payroll Noncash (Complete Part II if there is a noncash contribution   |

Name of organization

Employer identification number

| ARLINGTON | FREE | CLINIC. | INC. |  |
|-----------|------|---------|------|--|

54-1671883

| Part I          | contributors (see instructions)   |                             |  |
|-----------------|-----------------------------------|-----------------------------|--|
| (a)<br>No.      | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution   |
| 7 -             |                                   | \$ 122,000.                 | Person X Payroll   |
| (a)<br>No.      | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
| 8               |                                   | \$\$.                       | Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)                           |
| (a)<br>No.      | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution   |
| 9               |                                   | \$ 329,673.                 | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)                            |
| (a)<br>No.      | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution   |
| 10              |                                   | \$\$.                       | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)                            |
| (a)<br>No.      | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution   |
|                 |                                   | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)                              |
| (a)<br>No.      | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
| 023452 12-23-10 |                                   | \$Sabadula B /Farm          | Person Payroll Noncash (Complete Part II if there is a noncash contribution, 990, 990-EZ, or 990-PF) (2010 |

Name of organization

Employer identification number

#### ARLINGTON FREE CLINIC, INC.

54-1671883

| Part II                      | Noncash Property (see instructions)        |  |  |
|------------------------------|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received   |
|                              | DONATED PHARMACEUTICALS                    |  |  |
| 9                            |  |  |  |
|                              |  | \$ 329,673.                                    | 01/12/11   |
| (a)<br>No.                   | (b)  | (c)  | (d)  |
| from<br>Part I               | Description of noncash property given      | FMV (or estimate) (see instructions)           | Date received  |
| Parti                        | DONATED PHARMACEUTICALS                    | ·  |  |
| 10                           |  |  |  |
|                              |  | \$ 356,795.                                    | 01/12/11   |
| (a)<br>No.                   | (b)  | (c)  | (d)  |
| from                         | Description of noncash property given      | FMV (or estimate) (see instructions)           | Date received  |
| Part I                       |  |  |  |
|                              |  |  |  |
|                              |  | \$   | ······································   |
| (a)                          |  | (c)  | 4  |
| No.<br>from<br>Part I        | (b)  Description of noncash property given | FMV (or estimate) (see instructions)           | (d) Date received  |
|                              |  |  |  |
|                              |  |  |  |
|                              |  | \$   | h-94-86-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-   |
| (a)                          |  | (c)  |  |
| No.<br>from<br>Part I        | (b)  Description of noncash property given | FMV (or estimate)<br>(see instructions)        | (d)<br>Date received   |
|                              |  |  |  |
|                              |  |  |  |
|                              |  | \$   |  |
| (a)<br>No.                   |  | (c)  | <i>(_</i> 1)   |
| from                         | (b)  Description of noncash property given | FMV (or estimate)<br>(see instructions)        | (d)<br>Date received   |
| Part I                       |  | (see manuctions)                               | - Alexander - Alex |
| -                            |  |  |  |
|                              |  |  |  |
| 023453 12-                   | 23-10                                      | \$ Schedule B (Form 9                          | 90, 990-EZ, or 990-F   |

of Part III

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2010
Open to Public Inspection

Name of the organization

ARLINGTON FREE CLINIC, INC.

Employer identification number 54-1671883

| Par | t I Organizations Maintaining Donor Advise                       | d Funds or Other Similar Funds               | s or Accounts. Complete if the                |
|-----|--|--|---|
| L   | organization answered "Yes" to Form 990, Part IV, line           | e 6.   |   |
|     |  | (a) Donor advised funds                      | (b) Funds and other accounts                  |
| . 1 | Total number at end of year                                      | 1  |   |
| 2   | Aggregate contributions to (during year)                         | 0.   |   |
| 3   | Aggregate grants from (during year)                              | 47,215.                                      |   |
| 4   | Aggregate value at end of year                                   |  |   |
| 5   | Did the organization inform all donors and donor advisors in     |  | sed funds                                     |
|     | are the organization's property, subject to the organization's   | <del>-</del>                                 | [   |
| 6   | Did the organization inform all grantees, donors, and donor a    |  |   |
| _   | for charitable purposes and not for the benefit of the donor of  |  |   |
|     | impermissible private benefit?                                   | * * *  |   |
| Par |  |  |   |
| 1   | Purpose(s) of conservation easements held by the organizat       |  |   |
|     | Preservation of land for public use (e.g., recreation or e       |  | storically important land area                |
|     | Protection of natural habitat                                    |  | tified historic structure                     |
|     | Preservation of open space                                       |  |   |
| 2   | Complete lines 2a through 2d if the organization held a quali    | fied conservation contribution in the form   | of a conservation easement on the last        |
|     | day of the tax year.   |  |   |
|     |  |  | Held at the End of the Tax Year               |
| а   | Total number of conservation easements                           |  | 2a  |
| b   | Total acreage restricted by conservation easements               |  |   |
| ¢   | Number of conservation easements on a certified historic st      |  | 1 1   |
|     | Number of conservation easements included in (c) acquired        |  |   |
|     | listed in the National Register                                  |  | j j   |
| 3   | Number of conservation easements modified, transferred, re       |  |   |
|     | year >   | ,  |   |
| 4   | Number of states where property subject to conservation ea       | asement is located >                         |   |
| 5   | Does the organization have a written policy regarding the pe     |  |   |
|     | violations, and enforcement of the conservation easements        |  |   |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting      |  |   |
| 7   | Amount of expenses incurred in monitoring, inspecting, and       |  |   |
| 8   | Does each conservation easement reported on line 2(d) abo        |  | •   |
|     | and section 170(h)(4)(B)(ii)?                                    |  | Yes No  |
| 9   | In Part XIV, describe how the organization reports conserva      | tion easements in its revenue and expens     | se statement, and balance sheet, and          |
|     | include, if applicable, the text of the footnote to the organiza |  |   |
|     | conservation easements.  |  |   |
| Pai | t III Organizations Maintaining Collections of                   | of Art, Historical Treasures, or (           | Other Similar Assets.                         |
|     | Complete if the organization answered "Yes" to Form              | n 990, Part IV, line 8.                      |   |
| 1a  | If the organization elected, as permitted under SFAS 116 (A      | SC 958), not to report in its revenue state  | ment and balance sheet works of art,          |
|     | historical treasures, or other similar assets held for public ex | chibition, education, or research in further | ance of public service, provide, in Part XIV, |
|     | the text of the footnote to its financial statements that desc   | ribes these items.                           |   |
| ď   | If the organization elected, as permitted under SFAS 116 (A      | SC 958), to report in its revenue statemen   | nt and balance sheet works of art, historical |
|     | treasures, or other similar assets held for public exhibition, e | education, or research in furtherance of p   | ublic service, provide the following amounts  |
|     | relating to these items:   |  |   |
|     | (i) Revenues included in Form 990, Part VIII, line 1             |  |   |
|     | (ii) Assets included in Form 990, Part X                         |  |   |
| 2   | If the organization received or held works of art, historical tr |  |   |
|     | the following amounts required to be reported under SFAS         | 116 (ASC 958) relating to these items:       |   |
| а   | Revenues included in Form 990, Part VIII, line 1                 |  |   |
| d   | Assets included in Form 990, Part X                              |  |   |
|     |  |  |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm 032051}$   $_{\rm 12-20-10}$ 

Schedule D (Form 990) 2010

| District Contract Con |   | N EKRE CLI   | CONTRACTOR OF THE PROPERTY OF | State Maria Control of the Control o | CARONA GYRANIA AND LINE THE TAXABLE     | interession and the second   | 10/1992  | THE RESERVOIR SHAPE THE PERSON NAMED IN  |
|--|---|--|---|--|---|--|--|--|
| Par  | t III   Organizations Maintaining C               | ollections of Art  | t, Historical Tr  | easures, or  | Other                                   | r Similar As   | ssets (continu   | Jed)   |
| 3  | Using the organization's acquisition, accession   | n, and other records   | , check any of the  | following that   | are a sig                               | nificant use of  | its collection i   | items  |
|  | (check all that apply);                           |  |   |  |   |  |  |  |
| а  | Public exhibition                                 | d  | Loan or exc   | hange progran  | ns                                      |  |  |  |
| b  | Scholarly research                                | e  | Other   |  |   |  |  |  |
| c  | Preservation for future generations               |  | ************  |  |   |  |  |  |
| _  | Provide a description of the organization's co    | llections and explain  | how they further t  | he organization  | n's exem                                | not purpose in   | Part XIV.  |  |
|  | During the year, did the organization solicit or  |  |   |  |   |  |  |  |
| •  | to be sold to raise funds rather than to be ma    |  |   |  |   |  | Yes  | ☐ No   |
| Par  | t IV Escrow and Custodial Arrang                  |  |   |  |   |  | THE PARTY OF THE PROPERTY OF T | NA COLUMN ASSESSMENT A |
| L  | reported an amount on Form 990, Part              | •  | io ii alio organizati   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   | J,,,, J, J,  | ,  |  |
| 13   | Is the organization an agent, trustee, custodia   |  | ary for contribution  | ne or other ass  | ets not in                              | ncluded  |  |  |
| 103  |   |  |   |  |   |  | Yes  | ☐ No   |
| 1  | on Form 990, Part X?                              |  |   |  |   |  | 163  |  |
| Ð  | If "Yes," explain the arrangement in Part XIV     | and complete the foll  | owing table:  |  |   |  | Amount   | ······································   |
|  | <b>.</b>  |  |   |  |   |  | Amount   |  |
|  | Beginning balance                                 |  |   |  |   |  |  |  |
|  | Additions during the year                         |  |   |  |   |  |  |  |
| е  | Distributions during the year                     |  |   |  |   |  |  |  |
| f  | Ending balance                                    |  |   |  |   |  | T-1.   | 7  |
|  | Did the organization include an amount on Fo      |  | 21?   |  |   |  | Yes Yes  | ∐ No   |
| <b>Annexament</b>  | If "Yes," explain the arrangement in Part XIV.    | THE PERSON NAMED AND POST OF THE PERSON NAMED |   |  |   | ······································   | DOSONNUMEROUS WATER CONTROL OF THE STREET  | AND PROPERTY OF THE PARTY OF TH |
| Par  | t V Endowment Funds. Complete if                  |  | ······································  |  |   |  |  |  |
|  |   | (a) Current year   | (b) Prior year  |  |   | d) Three years b   | ack (e) Four y   | ears back  |
|  | Beginning of year balance                         | 225,323.   | 209,777   |  | ,129.                                   |  |  |  |
| b  | Contributions                                     | 7,500.   | 7,610   |  | ,433.                                   |  |  |  |
| C  | Net investment earnings, gains, and losses        | 33,905.  | 15,751  | -68  | ,434.                                   |  |  |  |
| d  | Grants or scholarships                            |  |   |  |   |  |  |  |
|  | Other expenditures for facilities                 |  |   |  |   |  |  |  |
|  | and programs                                      | 10,976.  | 7,815   | . 133  | ,351.                                   |  |  | ·····  |
| f  | Administrative expenses                           |  |   |  |   |  |  |  |
| g  | End of year balance                               | 255,752.   | 225,323   | . 209  | ,777.                                   |  |  |  |
| 2  | Provide the estimated percentage of the year      | r end balance held a   | s:  |  |   |  |  |  |
| а  | Board designated or quasi-endowment               |  | %   |  |   |  |  |  |
|  | Permanent endowment                               | %  | ·   |  |   | ÷  |  |  |
|  | 10000   | <del></del> %  |   |  |   |  |  |  |
|  | Are there endowment funds not in the posse        | •  | ation that are held   | and administer   | ed for th                               | ne organization  | 1  |  |
| -  | by:   |  |   |  |   | 3  | 1  | Yes No   |
|  | (i) unrelated organizations                       |  |   |  |   |  | 3a(i)  | X  |
|  | (ii) related organizations                        |  |   |  |   | ***************************************  |  | X  |
| h  | If "Yes" to 3a(ii), are the related organizations |  |   |  |   |  |  |  |
| 4  | Describe in Part XIV the intended uses of the     |  |   |  | • |  |  |  |
| Promountermon.   | t VI Land, Buildings, and Equipm                  |  |   |  | 9109 <u>11119</u>                       | The second secon |  | ····   |
| 1, 4   |   |  |   | st or other  | (c) Ac                                  | cumulated  | (d) Book   | value  |
|  | Description of investment                         | (a) Cost or of basis (investre   | 1   | st or other  |   | reciation  | (4) 500%   | · anu i  |
|  | 1 t   | <del></del>  | · · · · · · · · · · · · · · · · · · ·   | 70,731.  |   | 7.00.00.00.00.00.00.00.00.00.00.00.00.00   | 1 370  | 731.   |
|  | Land  |  |   | 43,303.  | 1                                       | 45,333.  | 2 497  | 7,970.   |
| b  | Buildings   |  | 4,0   | 30,000   |   | - <del></del>  | 4, 2,1   | , , , , , ,  |
|  | Leasehold improvements                            |  | 73  | 03,278.  |   | 94,646.  | 208  | 3,632.   |
|  | Equipment   | •  |   | 30,328.  |   | 76,880   |  | 3,448.   |
| -  | Other   |  |   |  |   |  |  |  |
| Tota   | I. Add lines 1a through 1e, (Column (d) must e    | qual Form 990, Part  | X, column (B), line   | 10(c).)  |   | <u></u>  | 1 4,136  | 781.   |

Schedule D (Form 990) 2010

| Part VII   Investments - Other Securities. Securities - Security or category (including name of security)  | (b) Book value   |  | (c) Method of valuation  |  |
|--|--|--|--|--|
| (1) Financial derivatives  |  |  |  |  |
| (2) Closely-held equity interests  |  | ·  |  |  |
| (3) Other  |  |  |  |  |
| (A)  |  |  |  |  |
| (B)  |  |  |  |  |
| (C)  |  |  |  |  |
| (D)  |  |  |  |  |
| (E)  |  |  |  |  |
| <u>(F)</u>   |  |  |  |  |
| (G)  |  |  |  |  |
| (H)  |  |  |  | 10 many  |
| 0  |  |  | ·  |  |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)   |  |  | https://www.commonthianeleaneleaneleaneleaneleaneleaneleanel   |  |
| Part VIII Investments - Program Related.   | See Form 990, Part X,  |  |  |  |
| (a) Description of investment type   | (b) Book value   |  | (c) Method of valuation to rend-of-year market   |  |
| (1)  |  |  |  | ······································   |
| (2)  |  |  | and the second   | escare the second secon |
| (3)  |  |  |  |  |
| (4)  |  |  |  |  |
| (5)  |  |  |  |  |
| (6)  |  |  |  |  |
|  |  |  |  |  |
| (8)  |  |  |  |  |
| (9)  | ***************************************  |  |  |  |
| (10)   |  |  |  |  |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)   |  | MANUAL SECTION (SECTION SECTION SECTIO | THE CONTROL OF THE PROPERTY OF |  |
| Part IX Other Assets. See Form 990, Part X, lin  |  | ALLEGO CONTRACTOR CONT |  | (b) Book value   |
|  | ) Description  |  |  | (b) Dook value   |
| (1)  |  | COLUMN TO THE PROPERTY OF THE  |  |  |
| (2)  | ***************************************  |  |  |  |
| (3)  |  |  |  |  |
| (4)  |  |  |  |  |
| (5)  | The second secon |  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
| (6)  |  |  |  |  |
| (7)  |  |  |  |  |
| (9)  |  |  |  |  |
| (10)   |  |  |  |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) lii  | ne 15 l  |  |  |  |
| Part X Other Liabilities. See Form 990, Part X   | ( line 25  | Communication Co |  | stanounum - William Primer and Anthropology (Communication of the Communication of the Commun |
| 1. (a) Description of liability  | 1) III 0 20.   | (b) Amount   |  | ALCONDA .  |
| (1) Federal income taxes   |  |  |  |  |
| (2) CAPITAL LEASE PAYABLE  | ***************************************  | 18,719.  |  |  |
| (3)  | •  |  |  |  |
| (4)  | ****   |  |  |  |
| (5)  |  |  |  |  |
| (6)  | NA <sub>MANAMON</sub>  |  |  |  |
| (7)  |  |  |  |  |
| (8)  | TOTAL PROPERTY OF THE PROPERTY |  |  |  |
| (9)  |  |  |  |  |
| (10)   | Thomas and a second sec |  |  |  |
| (11)   |  |  |  |  |
|  | ine 25 )   | 18,719.  |  |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) li<br>FIN 48 (ASC 740) FOOTHORE. In Part XIV, provide the text of the foothore<br>2. FIN 48 (ASC 740). | a to ma organization's mancia  | i statements mat reports me organi   | l<br>Ization's liability for uncertain   | tax positions under  |

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| Scho | edule D (Form 990) 2010 ARLINGTON FREE CLINIC, INC.                                    |        |   |  | 54-    | 1671883 Page 4   |
|------|--|--------|---|--|--------|--|
|      | rt XI Reconciliation of Change in Net Assets from Form 990 to                          | Audit  | ed Finan  | cial State   |        |  |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                               |        |   | 1  |        | 3,635,185.   |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)                                |        |   | 2  |        | 2,918,924.   |
| 3    | Excess or (deficit) for the year. Subtract line 2 from line 1                          |        |   | 3  | ·····  | 716,261.   |
| 4    | Net unrealized gains (losses) on investments   |        |   | 4  |        | 71,015.  |
| 5    | Donated services and use of facilities   |        |   | 5  |        |  |
| 6    | Investment expenses  |        |   | 6  |        | AN COMMISSION AND AND AND AND AND AND AND AND AND AN   |
| 7    | Prior period adjustments   |        |   | 7  |        | ALL PORT OF THE PROPERTY OF TH |
| 8    | Other (Describe in Part XIV.)  |        |   | 8  |        |  |
| 9    | Total adjustments (net). Add lines 4 through 8   |        |   | 9  |        | 71,015.  |
| 10   | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and |        |   | 10   |        | 787,276.   |
|      | rt XII Reconciliation of Revenue per Audited Financial Statemer                        | its W  | ith Rever   | iue per F  | leturr | 1  |
| 1    | Total revenue, gains, and other support per audited financial statements               |        |   |  | 1      | 6,751,050.   |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                    |        |   |  |        |  |
| а    | Net unrealized gains on investments  | 2a     | 7   | 1,015.   |        |  |
| b    | Donated services and use of facilities   | 25     | 3,04  | 1,400.   |        |  |
| c    | Recoveries of prior year grants  | 2c     |   | <del></del>  | 1      |  |
| d    |  | 2d     |   |  | ]      |  |
| e    |  |        |   |  | 2e     | 3,112,415.   |
| 3    | Subtract line 2e from line 1   |        |   |  | 3      | 3,638,635.   |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                   |        |   |  |        |  |
| a    | Investment expenses not included on Form 990, Part VIII, line 7b                       | 4a     |   |  |        |  |
| b    |  |        |   | 3,450  |        |  |
| C    | Add lines 4a and 4b  |        |   |  | 4c     | -3,450   |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)        |        | ****  |  | 5      | 3,635,185.   |
| Pa   | rt XIII Reconciliation of Expenses per Audited Financial Stateme                       | ents V | Vith Expe   | enses pe   | Retu   | m  |
| 1    | Total expenses and losses per audited financial statements                             |        |   |  | 1      | 5,963,774  |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                      |        |   |  |        |  |
| a    | Donated services and use of facilities   | 2a     | 3,04  | 1,400.   |        |  |
| b    | Prior year adjustments   | 2b     |   |  | ]      |  |
| C    |  | 2c     |   |  |        |  |
| d    |  | 2d     |   | 3,450  |        |  |
| е    | Add lines 2a through 2d  |        |   |  | 2e     | 3,044,850.   |
| 3    | Subtract line 2e from line 1   |        |   |  | 3      | 2,918,924  |
| 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     |   |  | 4      |  |
| b    | Other (Describe in Part XIV.)  | 4b     | - Commence of the Commence of | namon (1990) and the state of t | 4      |  |
| _    | Add lines to and the   |        |   |  | 100    | 0  |

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: PROVIDE ACCESS TO QUALITY HEALTH CARE SERVICES FOR

CLINIC PATIENTS.

PART X, LINE 2: FIN 48 (ASC 740) FOOTNOTE

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

THE CLINIC HAS ADOPTED THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ADOPTION OF THIS STANDARD HAD NO IMPACT ON THE CLINIC'S FINANCIAL STATEMENTS. THE CLINIC FILES AS A TAX-EXEMPT ORGANIZATION. SHOULD THAT STATUS BE

Schedule D (Form 990) 2010

| Schedule D (Form 990) 2010 ARLINGTON FREE CLINIC, INC.  Part XIV Supplemental Information (continued) |   | 54-   | <u> 167188</u>                         | 3 Page 5             |
|---|---|---|--|----------------------|
| Part XIV Supplemental Information (continued)   |   |   |  |                      |
| CHALLENGED IN THE FUTURE, THE CLINIC'S 2008, 20   | 09 AND 2010   | TAX   | YEARS                                  | ARE                  |
| OPEN FOR EXAMINATION BY THE IRS.  |   |   |  |                      |
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|   |   |   |  |                      |

#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding** Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inspection ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Employer identification number Name of the organization 54-1671883 ARLINGTON FREE CLINIC, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants e Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990 or 990-EZ) 2010

|                        |       | of fundraising event contributions and gr   | (a) Event #1  | (b) Event #2                            | (c) Other events   | (d) Total events           |
|------------------------|-------|---|---|---|--|----------------------------|
|                        |       |   | GALA  |   | MOME   | (add col. (a) through      |
| a                      |       |   | (event type)  | (event type)                            | (total number)   | col. (c))                  |
| Revenue                |       |   |   |   |  |                            |
| Rec                    | 1     | Gross receipts  | 576,535.  |   |  | 576,535.                   |
|                        | 2     | Less: Charitable contributions  | 428,615.  |   |  | 428,615.                   |
|                        | 3     | Gross income (line 1 minus line 2)  | 147,920.  |   |  | 147,920.                   |
|                        | 4     | Cash prizes   |   |   |  |                            |
| es                     | 5     | Noncash prizes  |   |   |  |                            |
| Direct Expenses        | 6     | Rent/facility costs   |   |   |  |                            |
| Direct                 | 7     | Food and beverages  | 99,080.   |   |  | 99,080.                    |
|                        | 8     | Entertainment :   | 5,000.  |   |  | 5,000.                     |
|                        | 9     | Other direct expenses   |   |   |  | 17,830.                    |
|                        | 10    | Direct expense summary. Add lines 4 throug  | h 9 in column (d)   | *************************************** |  | ( 121,910)                 |
| 77.                    | 11    | Net income summary. Combine line 3, colum   | in (d), and line 10   |   |  | 26,010.                    |
| F C                    | ırt   | Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.                         | answered "Yes" to Form  | 990, Part IV, line 19, or r             | eported more trian   |                            |
|                        | Ι     | \$13,000 Of FORM 950-EZ, fille Oa.  |   | (b) Pull tabs/instant                   |  | (d) Total gaming (add      |
| nue                    |       | ,   | (a) Bingo   | bingo/progressive bingo                 | (c) Other gaming   | col. (a) through col. (c)) |
| Revenue                | 4     | Gross revenue   |   |   |  |                            |
| y,                     | 2     | Cash prizes   |   |   |  |                            |
| <b>Direct Expenses</b> |       |   |   |   |  |                            |
| 찣                      | 3     | Noncash prizes  |   | - del-                                  |  |                            |
| Direc                  | 4     | Rent/facility costs   |   |   | 100  |                            |
|                        | 5     | Other direct expenses   |   |   | 4  |                            |
|                        | 6     | Volunteer labor   | └── Yes %   | Yes% No                                 | Yes % No   |                            |
|                        | 7     | Direct expense summary. Add lines 2 throug  | gh 5 in column (d)  |   | <b>&gt;</b>  | (                          |
|                        | 8     | Net gaming income summary. Combine line   | 1, column d, and line 7   |   | <b>&gt;</b>  |                            |
| 000                    |       |   | nemander verscorrene cooks de li til dit til til general i se av en en en en en et til se til til til til til t   |   |  |                            |
| 9                      |       | iter the state(s) in which the organization oper<br>the organization licensed to operate gaming a | -   | states?                                 | A STATE OF THE STA | Yes No                     |
|                        |       |   | and a supplication of the |   |  |                            |
| 40.                    |       | ere any of the organization's gaming licenses   | rovokad gunnandad ar t  | aminated duting the tay                 | vear?  | Yes No                     |
|                        |       | "Yes," explain:   | •   | <del>-</del>                            | J  |                            |
|                        |       |   |   |   |  |                            |
| 0320                   | 182 ( | 01-13-11  |   | **************************************  | Schedule G (F  | orm 990 or 990-EZ) 201     |

| Schedule G (Form 990 or 990-EZ) 2010 ARLINGTON FREE CLINIC, INC.  | 54-167  | 1883                                   | Page 3                |
|---|---|--|-----------------------|
| 11 Does the organization operate 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                  |
| 13 Indicate the percentage of gaming activity operated in:  |   |  |                       |
| a The organization's facility   | 115   | a                                      | %                     |
| b An outside facility   |   | b                                      | %                     |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and re  | cords:  | I                                      |                       |
|   |   |  |                       |
| Name  | mod Williams and The Control of the |  |                       |
| Address >   |   |  |                       |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  |   | Yes                                    | ☐ No                  |
| b If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the a   | mount   |  |                       |
| of gaming revenue retained by the third party > \$  |   |  |                       |
| c If "Yes," enter name and address of the third party:  |   |  |                       |
|   |   |  |                       |
| Name >  |   | ······································ | and the second second |
| 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   | г   | ٦.,                                    | Г                     |
| retain the state gaming license?  |   | Yes                                    | L No                  |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp   | ent in the  |  |                       |
| organization's own exempt activities during the tax year \$\rightarrow\$\$  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I. line 2b. |   | 3 6 4                                  | 4 Ca. 4 III           |
|   |   |  |                       |
| lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional   | i imonnation (si  | e msuu                                 | ctions).              |
|   |   |  |                       |
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032083 01-13-11

#### **SCHEDULE J** (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990. See separate instructions.

ARLINGTON FREE CLINIC, INC.

Inspection Employer identification number

54-1671883

OMB No. 1545-0047

| Par | rt I Questions Regarding Compensation  |                 | <del></del> | *************************************** |
|-----|--|-----------------|-------------|---|
|     |  | ·               | Yes         | <u>No</u>                               |
| ta  | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,   |                 |             |   |
|     | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |                 |             |   |
|     | First-class or charter travel Housing allowance or residence for personal u  | se              |             | ı                                       |
|     | Travel for companions Payments for business use of personal residence.   | псе             |             |   |
|     | Tax indemnification and gross-up payments Health or social club dues or initiation fees  |                 |             | 1                                       |
|     | Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  |                 |             |   |
| b   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  |                 |             | ŀ                                       |
|     | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b              | ļ!          |   |
| 2   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directo  | rs,             |             |   |
|     | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  | 2               |             | <u></u>                                 |
|     |  |                 |             |   |
| 3   | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's   |                 |             |   |
|     | CEO/Executive Director, Check all that apply.  |                 |             |   |
|     | Compensation committee Written employment contract   |                 |             |   |
|     | Independent compensation consultant  Compensation survey or study  |                 |             |   |
|     | Form 990 of other organizations  LX Approval by the board or compensation compensat | nittee          |             |   |
| 4   | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing   |                 |             |   |
|     | organization or a related organization:  |                 |             |   |
| а   | Receive a severance payment or change-of-control payment from the organization or a related organization?  | 4a              |             | X                                       |
| b   | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4b              |             | X                                       |
| c   | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c              |             | X                                       |
|     | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |                 |             |   |
|     | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  |                 |             |   |
| 5   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  |                 |             |   |
|     | contingent on the revenues of:   |                 |             |   |
| а   | The organization?  | 5a              |             | X                                       |
|     | Any related organization?  |                 |             | Х                                       |
|     | If "Yes" to line 5a or 5b, describe in Part III.   |                 |             |   |
| 6   | For persons fisted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  | -               |             |   |
|     | contingent on the net earnings of:   |                 |             |   |
| а   | The organization?  | 6a              |             | X                                       |
|     | Any related organization?  |                 |             | X                                       |
|     | If "Yes" to line 6a or 6b, describe in Part III.   |                 |             |   |
| 7   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  | Automorrane     |             |   |
|     | not described in lines 5 and 6? If "Yes," describe in Part III   | 7               |             | X                                       |
| 8   | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  | and the second  |             |   |
|     | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  | 8               |             | X                                       |
| 9   | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in   |                 |             |   |
|     | Regulations section 53.4958-6(c)?  | <u> 9</u>       |             |   |
| LHA | A For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | Schedule J (For | m 990       | 2010                                    |

ARLINGTON FREE CLINIC, INC.

54-1671883

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

|  |  | -               |  |  |  | The state of the s |                   |                      |   |
|--|--|-----------------|--|--|--|--|-------------------|----------------------|---|
|  |  |                 | (B) Breakdown of V   | (B) Breakdown of W-2 and/or 1099-MISC compensation   | 3C compensation  | (C)<br>Retirement and  | (D)<br>Nontaxable | (E) Total of columns | (F)<br>Compensation                             |
| ₹  | (A) Name   |                 | (i) Base<br>compensation   | (ii) Bonus & incentive compensation  | (iii) Other reportable compensation  | other deferred compensation  | benefits          | (a)-(i)(8)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
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#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARLINGTON FREE CLINIC, INC.

Employer identification number 54-1671883

| rar | ti Types of Property                              |                       |                            |                         |   |   |                 |  |   |   |        |
|-----|---|-----------------------|----------------------------|-------------------------|---|---|-----------------|--|---|---|--------|
|     |   | (a)                   | (b)                        |                         | c)                                      |   |                 | (d)  |   |   |        |
|     |   | Check if              | Number of contributions or | Noncash c<br>amounts re |   |   |                 | Method of de   |   |   | ~      |
|     |   | applicable            | items contributed          |                         |   |   | none            | cash contribu  | tion ar                                 | nount                                   | S      |
| 1   | Art - Works of art                                |                       |                            |                         |   | - Incommentation                        |                 |  |   |   |        |
| 2   | Art - Historical treasures                        |                       |                            |                         |   |   |                 |  |   |   |        |
| 3   | Art - Fractional interests                        |                       |                            |                         |   |   |                 |  |   |   |        |
| 4   | Books and publications                            | X                     |                            |                         | 6.                                      | 116.                                    | FAIR            | MARKET   | VA                                      | LUE                                     |        |
| 5   | Clothing and household goods                      |                       |                            |                         |   |   |                 |  |   |   |        |
| 6   | Cars and other vehicles                           |                       |                            |                         |   |   |                 | XX-1111-00-00-00-00-00-00-00-00-00-00-00-0   |   |   |        |
| 7   | Boats and planes                                  |                       |                            |                         |   |   |                 | Market Commence  |   |   |        |
| 8   |   |                       |                            |                         |   |   |                 |  |   |   |        |
|     | Intellectual property                             |                       | <del> </del>               |                         |   |   |                 |  | *************************************** | *************************************** |        |
| 9   | Securities - Publicly traded                      |                       |                            |                         |   |   |                 |  |   |   |        |
| 10  | Securities - Closely held stock                   |                       |                            |                         |   |   | <u> </u>        |  |   |   |        |
| 11  | Securities - Partnership, LLC, or                 |                       | <b></b>                    |                         |   |   |                 |  |   |   |        |
|     | trust interests                                   |                       |                            |                         |   |   |                 |  |   |   |        |
| 12  | Securities - Miscellaneous                        |                       |                            |                         |   |   |                 | and the state of t |   |   |        |
| 13  | Qualified conservation contribution -             |                       |                            |                         |   |   |                 |  |   |   |        |
|     | Historic structures                               |                       |                            |                         |   |   |                 |  |   |   |        |
| 14  | Qualified conservation contribution - Other       |                       |                            |                         |   |   |                 |  |   |   |        |
| 15  | Real estate - Residential                         |                       |                            |                         |   |   |                 |  |   |   |        |
| 16  | Real estate - Commercial                          |                       |                            |                         |   |   |                 |  |   |   |        |
| 17  | Real estate - Other                               |                       |                            |                         | *****                                   |   |                 |  |   |   |        |
| 18  | Collectibles                                      |                       |                            |                         | ************                            |   |                 |  |   |   |        |
| 19  | Food inventory                                    |                       |                            |                         |   |   |                 |  |   |   | ~~~~~  |
| 20  | Drugs and medical supplies                        | X                     | 5                          | 72                      | 20.                                     | 270.                                    | FAIR            | MARKET   | VA                                      | LUE                                     | ~      |
| 21  | Taxidermy   | <u> </u>              |                            | <del></del>             |   |   | <u> </u>        | · · · · · · · · · · · · · · · · · · ·  |   |   | ~      |
| 22  | Historical artifacts                              |                       |                            |                         |   | - Atomo time a suprime.                 | <u> </u>        |  |   |   |        |
| 23  | Scientific specimens                              | <del></del>           | <del> </del>               | <u> </u>                |   |   | <u> </u>        |  |   |   |        |
| 24  | Archeological artifacts                           |                       |                            | <del> </del>            |   | <del></del>                             | <del> </del>    |  |   |   |        |
| 25  |   | <u> </u>              |                            |                         |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <b></b>         | ***************************************  |   |   |        |
| 26  |   | <u> </u>              |                            |                         | ··········                              |   | <del> </del>    |  |   |   |        |
|     |   |                       |                            |                         |   |   | <b> </b>        |  |   |   |        |
| 27  | Other ()  |                       |                            |                         |   |   |                 |  |   |   |        |
| 28  | Other ( )   | <u> </u>              | L.                         | <u> </u>                |   |   | <u> </u>        |  |   |   |        |
| 29  | Number of Forms 8283 received by the organi       |                       |                            |                         |   |   |                 |  |   |   |        |
|     | for which the organization completed Form 82      | 83, Part IV,          | Donee Acknowled            | gement                  |   | 29                                      |                 |  |   |   |        |
|     |   |                       |                            |                         |   |   |                 |  |   | Yes                                     | No     |
| 30a | During the year, did the organization receive b   |                       |                            |                         |   |   |                 |  |   |   |        |
|     | at least three years from the date of the initial |                       |                            |                         |   |   |                 |  |   |   |        |
|     | the entire holding period?                        |                       |                            |                         | • • • • • • • •                         |   |                 |  | 30a                                     |   | X      |
| b   | If "Yes," describe the arrangement in Part II.    |                       |                            |                         |   |   |                 |  |   |   |        |
| 31  | Does the organization have a gift acceptance      | policy that r         | equires the review         | of any non-sta          | anda                                    | rd contrib                              | utions?         |  | 31                                      |   | X      |
| 32a | Does the organization hire or use third parties   | or related o          | rganizations to sol        | icit, process, o        | or sel                                  | ll noncast                              | ,               |  |   |   |        |
|     | contributions?                                    |                       | •                          |                         |   |   |                 |  | 32a                                     |   | X      |
| b   | If "Yes," describe in Part II.                    |                       |                            |                         |   |   |                 |  |   |   |        |
| 33  | If the organization did not report an amount in   | column (c)            | for a type of prope        | erty for which o        | colun                                   | nn (a) is cl                            | necked.         |  |   |   |        |
|     | describe in Part II.                              | . man 2002 <b>377</b> |                            |                         |   | . , ,                                   | : - <del></del> |  | ľ                                       |   |        |
| LHA | For Paperwork Reduction Act Notice, see           | the Instru            | ctions for Form 99         | X).                     | *************************************** | erentstateneren et till beg             |                 | Schedule M   | (Form                                   | 990)                                    | (2010) |

032141 12-23-10

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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 990-EZ.

2010
Open to Public Inspection

Name of the organization

ARLINGTON FREE CLINIC, INC.

Employer identification number 54-1671883

FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE MAY ACT FOR
THE BOARD BETWEEN MEETINGS OF THE BOARD, WITHIN THE POLICIES ESTABLISHED BY
THE BOARD AND WITH SUCH ADDITIONAL AUTHORITY AS MAY BE DELEGATED BY THE
BOARD, EXCEPT IN THOSE MATTERS RESERVED IN THESE BYLAWS FOR DETERMINATION
BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR COORDINATING
ALL POLICY MAKING OF THE CORPORATION.

THE FINANCE COMMITTEE SHALL MONITOR AND REPORT REGULARLY TO THE BOARD AND
THE EXECUTIVE COMMITTEE ON THE FINANCIAL OPERATIONS AND STATUS OF THE
CORPORATION; SUBMIT THE ANNUAL BUDGET FOR REVIEW AND APPROVAL BY THE BOARD
AND MAKE RECOMMENDATIONS CONCERNING THE SAME; DEVELOP AND RECOMMEND TO THE
BOARD POLICIES CONCERNING INVESTMENT PROGRAMS, SHORT- AND LONG-TERM FISCAL
GOALS AND PLANS, AND ALL OTHER FINANCIAL MATTERS OF THE CORPORATION;
OVERSEE CORPORATION FISCAL CONTROLS, POLICIES, PROCEDURES, FINANCIAL
STATEMENTS, AND REPORTS FOR ACCURACY AND APPROPRIATENESS; ASSURE THE
INDEPENDENCE OF ANY FINANCIAL AUDITORS OR REVIEWERS; ASSURE THE ADEQUACY OF
CORPORATION INTERNAL CONTROL SYSTEMS; AND ARRANGE FOR AND REVIEW THE
RESULTS OF THE ANNUAL INDEPENDENT FINANCIAL STATEMENT AUDIT AND THE IRS
FORM 990. THE FINANCE COMMITTEE SHALL BE CHAIRED BY THE TREASURER.

FORM 990, PART VI, SECTION B, LINE 11: DRAFT FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND IS REVIEWED BY THE TREASURER AND EXECUTIVE DIRECTOR.

THE DRAFT RETURN IS PROVIDED TO THE BOARD PRIOR TO FILING WITH THE IRS

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO SIGN

CONFLICT OF INTEREST STATEMENTS ANNUALLY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

| ARLINGTON FREE CLINIC, INC.                                 | 54-1671883   |
|---|--|
|   | auri digeamennistaanismid laggenisti mid talainis eda alaa alaa alaa alaa alaa alaa alaa   |
| FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE | HE EXECUTIVE   |
| DIRECTOR AND OTHER OFFICERS AND KEY EMPLOYEES WERE REVIEW   | ED AND APPROVED BY   |
| THE EXECUTIVE COMMITTEE. FORM 990 OF OTHER SIMILAR ORGANI   | ZATIONS AND  |
| COMPENSATION SURVEYS ARE USED TO DETERMINE THE COMPENSATION | ON. THE  |
| COMPENSATION WAS LAST REVIEWED IN 2011.                     |  |
|   |  |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M.  | AKES ITS   |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAL  | NCIAL STATEMENTS   |
| AVAILABLE TO THE PUBLIC UPON REQUEST.                       |  |
|   |  |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:           |  |
| NET UNREALIZED GAINS ON INVESTMENTS:                        | 71,015.  |
|   |  |
| PART XII, LINE 22   |  |
| AUDIT OVERSIGHT PROCESS                                     |  |
| THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROC   | ESS OR   |
| SELECTION PROCESS DURING THE TAX YEAR.                      |  |
|   |  |
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| nternal Revenue Service  |  | ➤ See instruction  | ns.  | Emplayar   | identification number   |
|--|--|--|--|--|---|
| ame of exempt organization   | 1  |  |  | Limpioyer  | Incumication number   |
|  | ARLINGTON  | FREE CLINIC, INC.  |  | 54-1   | 671883  |
| ame and title of officer   |  |  | . ,  |  |   |
|  | NANCY PALI<br>EXECUTIVE  |  |  |  | - 3   |
| Part I Type of   | ***************************************  | im Information (Whole Dollars  | Only)  |  |   |
| n line 1a, 2a, 3a, 4a, or  | 5a, below, and the am  | using this Form 8879-EO and enter to<br>ount on that line for the return being<br>But, if you entered -0- on the return  | filed with this form was blank,  | then leave   | line 1b, 2b, 3b, 4b, or 5   |
| a Form 990 check here  | e ▶ 🗓 b Tot  | al revenue, if any (Form 990, Part VI  | II, column (A), line 12)   | 1b   | 363518  |
| a Form 990-EZ check  | here b   | Total revenue, if any (Form 990-EZ,  | line 9)  | 2b   |   |
| a Form 1120-POL che  |  | b Total tax (Form 1120-POL, line :   | 22)  | 3b   |   |
| a Form 990-PF check  |  | Tax based on investment income   |  |  |   |
| a Form 8868 check he   | re ▶  b Bala   | ance Due (Form 8868, Part I, line 3c   | or Part II, line 8c)   | 5b   |   |
|  |  | re Authorization of Officer n officer of the above organization a  |  |  |   |
| be date of any refund. If  | of receipt or reason to  | or rejection of the transmission, (b) the  | d Financial Agent to initiate an   | electronic.  | funds withdrawal (direct  |
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