Department of the Treasury Internal Revenue Service

990 Form

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

OMB No 1545-0047 2001

Open to Public Inspection

~	LOL THE	a Zuon cale	nuai yea	ar, or tax year beginning	, allu ellui	ng			
		applicable	Please use IRS	C Name or organization			i		Employer ID number
X	Addre	ess change	label or	VIRGINIA ASSOCIA					<u>54-1802019                                   </u>
X	Name	change	print or	FREE CLINICS, II	NC			E	Telephone number
L	Initial i	return	type	Number and street (or P O box if r	mail is not delivered to street a	ddr <del>o</del> ss)	Room/suite		
L	Final r	return	See Specific	P.O. BOX 11692	<del></del> .		_		Accounting method   Cast
L		ded return	Instruc-	I City or fown state or country an				🔯 /	Accrual Other (specify)
L	Applic pendir	ation ng	tions.	RICHMOND	VA 2323	0		<b>&gt;</b>	
				Section 501(c)(3) organizations and 49	47(a)(1) nonexempt charitab	le Handlare	not applicable to see	ction 52	
				trusts must attach a completed Schedi	ule A (Form 990 or 990-EZ)	H(a) is th	is a group return for	affiliate	
	Web si					<b>-</b>	es enter no of affil		N/A
J		zation type			п	H(c) Are	all affiliates included	?	X N/A Yes N
_		only one)		501(c) ( 3 ) ≤ (insert no )	4947(a)(1) or 527		No," att a list See in		<b></b>
K	Check I		_	e organization's gross receipts are norm	-	1	is a separate return	-	
		_		need not file a return with the IRS, but i	-		nization covered by	a group	ruling? Yes N
	_			age in the mail, it should file a return wit	hout financial data		er 4-digit GEN		<del></del>
_				mplete return	1 075 71	_	_		nization is not required
				b, 8b 9b, and 10b to line 12	1,275,71				, 990-EZ, or 990-PF)
<u> </u>	art I			xpenses, and Changes in Ne	t Assets or Fund Ba	nances (Se	ee Specific in	Struct	lions on page 16 )
	1		_	, grants, and similar amounts received	1	. 1	0 01	_	
	a	Direct pub				1a	8,01 123,06		
	"	Indirect pu				1b	1,030,00		
	٠			butions (grants)	:1 000b	1c	1,030,00		1 161 000
	d			through 1c) (cash \$1,16				10	1,161,080
	2			evenue including government fees and	contracts (from Part VII, iii)	le 93)		3	107,109
	3	Membership dues and assessments						4	7,526
	4	Interest on savings and temporary cash investments  Dividends and interest from securities						5	7,520
	5 6a							1-3	<del>- </del>
	b	Less rental expenses 6b					-		
	C		•	or (loss) (subtract line 6b from line 6a)	·	<u> </u>		   6c	
R	7			ncome (describe	,			7	<u> </u>
e	, 8a			n sales of assets other	(A) Secuntes	<del></del>	(B) Other	+-	<del> </del>
9		than inven		T Sales of assets outer	(A) Gazandes	8a	(D) Other	┪	
n u	ь		•	basis and sales expenses	·	8b		┥	
9	C			ich schedule)	<u> </u>	8c		7	
	ď	-		combine line 8c, columns (A) and (B))				-) 8d	
	9			l activities (attach schedule)					
	a	Gross revo			of			1	
			-	ted on line 1a)		9a			
	ь		-	ses other than fundraising expenses		9b			
	С	Net incom	e or (los:	s) from special events (subtract line 9b	from line 9a)			9c	
	10a	Gross sale	es of inve	entory, less returns and allowances		10a		┚	
	b	Less cost	of good:	s sold		10b			
	С	Gro <del>șe pro</del>	fit or (lee	e) from sales of inventory (att sch ) (su	btract line 10b from line 10	)a)		10c	;
	11	Other reve	-REC	<b>Æ1</b> ₩ <u>E</u>				11	
	12	Total reve	nue (ad	d lines 1d, 2, 3, 4 6c, 7 8d, 9c 10c.	and 11)			12	1,275,715
E	13	Program s	er <b>if AY</b>	(from gn 2 60 200 from (B))				13	1,246,475
X P	14			general (from line 🕰 column (C))				14	29,965
ė n	15	Fundraisin	a rubin	<u>пе 44. социра (D))</u>				_15	14,349
S	16	Payments		de la chedule				16	
<u>.s</u>	17	Total exp	enses (a	dd lines 16 and 44, column (A))		<u></u>	<u> </u>	17	
A	18	Excess or	(deficit)	for the year (subtract line 17 from line 1	2)			18	<del></del>
N S	19	Net assets	or fund	balances at beginning of year (from line	e 73, column (A))			19	130,896
e e t t	20	Other char	nges in r	net assets or fund balances (attach expl	lanation)			20	
	21	Net assets	or fund	balances at end of year (combine lines	18, 19, and 20)	<u>, , , , , , , , , , , , , , , , , , , </u>		21	
For	Paperw	vork Reduc	tion Ac	t Notice, see the separate instruction	ıs				Form 990 (2001)

SCANNED JUL 17 MAIL

Form 990 (2001) VIRGINIA ASSOCIATION	OF		54-1802019		Page 2
Part II Statement of All organizations	must com	plete column (A) Columns	(B) (C), and (D) are requi	red for section 501(c)(3) ar	
Functional Expenses and section 4947	(a)(1) nor	nexempt chantable trusts b	ut optional for others (See	Specific Instructions on pa	ge 21 )
Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I		(A) 10th	services	and general	(D) Turidialsing
22 Grants and allocations (attach schedule)	1				
(cash \$ 1,125,812 cash \$	) 22	1,125,812	1,125,812		
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				<u> </u>
25 Compensation of officers, directors, etc	25	68,243	44,358	13,649	10,236
26 Other salaries and wages	26				_
27 Pension plan contributions	27				
28 Other employee benefits	28_		_		
29 Payroll taxes	29	4,863	3,161	973	729
30 Professional fundraising fees	30				<u> </u>
31 Accounting fees	31	400		400	
32 Legal fees	32	5,754		5,754	
33 Supplies	33	829	539	166	124
34 Telephone	34	3,490	2,268	698	524
35 Postage and shipping	35	1,041	677	208	156
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	5,387	3,502	1,077	808
39 Travel	39	9,679		1,936	1,452
40 Conferences, conventions, and meetings	40	42,044	42,044		
41 Interest	41			<del></del> -	
42 Depreciation, depletion, etc (att sch.)	42		· · · · · · · · · · · · · · · · · · ·		
43 Other expenses not covered above (itemize) a	43a	00.047	17 000	F 104	200
b SEE STATEMENT 1	43b	23,247	17,823	5,104	320
C .	43c			<u> </u>	
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations		1 200 700	1,246,475	20 065	14 240
completing columns (B)-(D), carry these totals to lines 13-15	44	1,230,703	1,240,473	29,965	14,349
Joint Costs Check ► ☐ If you are following SOP 98-2			2	<b>⊾</b> □ .	Yes 🔀 No
Are any joint costs from a combined educational campaign and fundraising "Yes," enter (i) the aggregate amount of these joint costs \$	ig solicita	•			res M NO
			amount allocated to Progr		
(In) the amount allocated to Management and general \$ Part III Statement of Program Service Acc	ompli		amount allocated to Fund		
What is the organization's primary exempt purpose?	Çinpii.	animenta (occ op	como manacnona	on page 24 )	Program Service
► CHARITABLE & EDUCATIONAL					Expenses
All organizations must describe their exempt purpose achievem of clients served, publications issued, etc. Discuss achievement	nențs în a	a clear and concise ma	nner State the number		(Required for 501(c)(3) and (4) orgs and 4947(a)(1)
of clients served, publications issued, etc. Discuss achievement organizations and 4947(a)(1) nonexempt chantable trusts must	ts that a	re not measurable (Se ter the amount of grant	ction 501(c)(3) and (4) s and allocations to othe	ers )	trusts, but optional for others )
a THE ASSOCIATION PROVIDES TR					Others )
FOR FREE CLINICS AND PROVID					
PUBLICATIONS AND ACTS AS A					
		(Grants and all	ocations \$	1,125,812 )	1,246,475
b					
		(Grants and all	ocations \$	)	
С	-				
		(Grants and all	ocations \$	)	
d	-		<del></del>		- <del> </del>
		(Grants and all	ocations \$	)	<del></del>
Other program services (attach schedule)		(Grants and all	ocations \$	)	<u>.                                    </u>
f Total of Program Service Expenses (should equal line 44	colum	n (B), Program services	<u>)</u>	<u> </u>	1,246,475
DAA					Form 990 (2001)

#### Balance Sheets (See Specific Instructions on page 24.)

_	Note	Where required, attached schedules and amounts with column should be for end-of-year amounts only	in the description	(A) Beginning of year		(B) End of year
_	45	Cash-non-interest-bearing		123,857	45	109,274
	46	Savings and temporary cash investments		123,037	46	103,214
	47a	Accounts receivable	47a 7,552		[	N.
	b	Less allowance for doubtful accounts	47b	7,966	47c	7,552
	40-	Plates and the	1.0-			
	48a	Pledges receivable	48a		ا ۵۰ ا	
	ا ل	Less allowance for doubtful accounts	48b		48c_	<del>-</del>
	49	Grants receivable	amployage	<del></del>	49	
A	50	Receivables from officers, directors, trustees, and key (attach schedule)	employees		50	
s	51a	Other notes and loans receivable (attach				
5		schedule)	51a			
e	ь	Less allowance for doubtful accounts	51b		51c	
t	52	Inventories for sale or use			52	
5	53	Prepaid expenses and deferred charges	[		53	
	54	Investments-securities SEE STMT	2 ▶ ☐ Cost ☐ FMV [	1,039	54	1,047
	55a	investments-land, buildings, and				
		equipment basis	55a			
	ь	Less accumulated depreciation (attach				
		schedule)	55b		55c	==
	56	Investments-other (attach schedule)	· · · · · · · · · · · · · · · · · · ·	· <del></del>	56	
	57a	Land buildings, and equipment basis	57a			
	Ь	Less accumulated depreciation (attach				
		schedule)	57b	<del></del>	57c	
	58	Other assets (describe	- '	<del></del>	58	
	59	Total assets (add lines 45 through 58) (must equal line	9 74)	132,862	59	117,873
	60	Accounts payable and accrued expenses		1,966		_2,051
L	61	Grants payable	Ī		61	
a	62	Deferred revenue	{		62	
þ	63	Loans from officers, directors, trustees, and key emplo	yees (attach			
i		schedule)			63	
I	64a	Tax-exempt bond liabilities (attach schedule)			64a	
t I	b	Mortgages and other notes payable (attach schedule)			64b	
e	65	Other liabilities (describe	<b> '</b>	·	65	
3		T		1 000		0.051
_	66	Total liabilities (add lines 60 through 65)  nizations that follow SFAS 117, check here	and complete lines	1,966	66	2,051
	Orga	67 through 69 and lines 73 and 74	and complete lines			
NF	67	Unrestricted		41,450	67	77,532
8 U	68	Temporanly restricted	ļ-	-11,130	68	
t n	69	Permanently restricted	Ţ.	89,446		38,290
d A	l .	nizations that do not follow SFAS 117, check here	▶ ∏ and			<u> </u>
s B		complete lines 70 through 74	3			
s a	70	Capital stock, trust principal, or current funds			70	
el ta	71	Paid-in or capital surplus, or land, building, and equipm	ent fund		71	
s n	72	Retained earnings endowment, accumulated income,	or other funds		72	
C	73	Total net assets or fund balances (add lines 67 throi	ugh 69 OR lines			
о <sub>е</sub> Г 5		70 through 72,	}			
Ĭ		column (A) must equal line 19, column (B) must equal		130,896		115,822
	74	Total liabilities and net assets / fund balances (add	lines 66 and 73)	132,862	74	<u>11</u> 7,873

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

	990 (2001)	VIRGINIA ASS	<u> </u>	IA	TION OF		54-1802019			Page	4
Pa	rt IV-A	Reconciliation of I	Reve	enu	e per Audited	Pa	art IV-B Reconciliation of	•			
		Financial Stateme	nts '	wit	h Revenue per		Financial Stateme	nts v	with	Expenses per	
		Return (See Speci	fic I	<u>nst</u>	ructions, page 26)		Return				
a	·Total revenue	e, gains, and other suppor	t			а	Total expenses and losses per				
	per audited fi	inancial statements		а	1,277,011		audited financial statements	•	a	1,292,08	<u> 35</u>
b	Amounts incl	uded on line a but not on				ь	Amounts included on line a but not				
	line 12, Form	990					on line 17, Form 990				
(1)	Net unrealize	ed gains on				(1)	Donated services and use				
	investments	\$					of facilities \$ 1,2	96	- 1		
(2)	Donated serv	vices and use				(2)	Pnor year adjustments				
	of facilities	<u>\$ 1,2</u>	96				reported on line 20,		ł		
(3)	Recoveries o	of pnor					Form 990 \$				
	year grants	\$		İ		(3)	Losses reported on line 20				
(4)	Other (specif	(y)					Form 990 \$				
						(4)	Other (specify)				
		\$									
	Add amounts	on lines (1) through (4)	◀	b	1,296		<u>\$</u>				
							Add amounts on lines (1) through (4)	•	ь	1,29	<del>}</del> 6
С	Line a minus	line b		С	1,275,715	С	Line a minus line b	▶	С	1,290,78	39
d	Amounts incl	uded on line 12,				đ	Amounts included on line 17,	ĺ	(		
	Form 990 but	t not on line a					Form 990 but not on line a				
(1)	Investment e	xpenses				(1)	Investment expenses		- 1		
	not included i	on line 6b,					not included on line 6b,	- 1	Ì		
	Form 990	\$					Form 990 \$				
(2)	Other (specif	ý)				(2)	Other (specify)				
		\$					<u>s</u>				
	Add amounts	on lines (1) and (2)	•	d			Add amounts on lines (1) and (2)	<b>•</b>	đ		
e	Total revenue	e per line 12, Form 990				8	Total expenses per line 17, Form 990				
	(line c plus_lir	ne d)	ightharpoonup	•	1,275,715		(line c plus line d)	▶	е	1,290,78	39

issudctions on page 20 )				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARK R CRUISE	EXECUTUVE DR			
PO BOX 11692, RICHMOND, VA 23230	40	68,243	_ 0	0
LINDA CORNELIUS	PRESIDENT			
PO BOX 153, FISHERSVILLE, VA 22939	PT	0	. 0	0
KAREN DULANEY	VICE-PRES			
PO BOX 1843, FREDERICKSBURG, VA 2240	PT	o	O	0
JAMES G BECKNER	VICE-PRES			
PO BOX 6477, RICHMOND, VA 23230	PT	0	0	0
ROBERT H PRICE	TREASURER			
201 CEOCIA LA, STUARTS DRAFT VA 24477	PT	0	0	0
TAMARA TOLLIVER	SECRETARY			
PO BOX 392, WYTHEVILLE, VA 24382	PT	0	. 0	0
SUSAN GARRETT	DIRECTOR			
1845 WAYSIDE PL, CHARLOTTESVILLE VA	PT	O	O	0
AMIE MANIS	DIRECTOR			
PO BOX 216, LOW MOOR, VA 24457	PT	o	0	0
JEAN NELSON	DIRECTOR			
PO BOX 1694, KILMARNOCK, VA 22482	PT	0	0	<u>0</u>
SUZANNE SHERIDAN	DIRECTOR			
PO BOX 1573, LEXINGTON, VA 24450	PT _	0	0	

75	Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your
	organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
	If "Yes " attach schedule-see Specific Instructions on page 27

▶ [	Yes	X	No
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Form	990 (2001) VIRGINIA ASSOCIATION OF 54-1802019		_ Pa	ige 5
Pa	irt VI Other Information (See Specific Instructions on page 27 )		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of			
	each activity	76		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes " attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a	'	v
		78b	<del></del> -	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	700		<u>~</u>
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes," attach a			v
	statement	79		<u> </u>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		<u> </u>
Ь	if "Yes," enter the name of the organization			
	and check whether it is exempt OR in nonexempt			
81a	Enter direct or indirect political expenditures. See line 81 instr.			
ь	Did the organization file Form 1120-POL for this year?	81ь		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		ľ	
	or at substantially less than fair rental value?	82a	X	<u></u>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	in Part I or as an expense in Part II (See instructions in Part III) SEE STMT 3 826 1,296			l
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
ь	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions			
_	or gifts were not tax deductible?	846		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?  N/A	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	000		
	received a waiver for proxy tax owed for the prior year	i		l
_	Dues, assessments, and similar amounts from members		!	į
C		1		İ
d		1 1		l
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e	1		
Ţ	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?  N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	l		
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  N/A	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12			
þ	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders.  87a	1		
þ	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )	, 1		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			l
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-37 if "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89Ъ		$\mathbf{x}_{-}$
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		_	Ō
90a	List the states with which a copy of this return is filed VA			<u> </u>
ь	Number of employees employed in the pay period that includes March 12, 2001 (See instructions )			
91	The books are in care of THE ORGANIZATION Telephone no			
٠,	Located at ▶ 1010 N HAMILTON ST, RICHMOND, VA ZIP+4 ▶ 23230			
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here			⊾п
74	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and ones and amount of tax-exemptimic carreceived of accided during the tax year.		990	
		LOITI	42A	(2001)

orm 990 (2001) VIRGINIA ASSO				02019		Page 6
Part VII Analysis of Income-Pr	oducing Activities	s (See Spe	cific Instruction:	s on pag	e 32)	
Note Enter gross amounts unless otherwise	<u> </u>	Unrelate	d business income	Exclude	by sec 512 513 or 514	(E) Related or
indicated	i	(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt function
3 Program service revenue				code	, and an	ıncome
a						
b	}	<del></del>	<del></del>	+		
c				_		
d	<b>-</b>					<del></del>
e		_				_ <del></del>
f Medicare/Medicaid payments	ļ		<u> </u>			
g Fees and contracts from government ager	ncies		<del></del>	<del> </del>		<del> </del>
4 Membership dues and assessments	ļ.			_	ļ. <u> </u>	107,109
5 Interest on savings and temporary cash in	vestments					7,526
6 Dividends and interest from securities	-					
7 Net rental income or (loss) from real estate	e [					<del></del>
a debt-financed property	}		<del></del>		<del> </del>	
b not debt-financed property	<u> </u>	_		-	<del>                                     </del>	<u> </u>
Net rental income or (loss) from personal p	property !			<del></del>		
9 Other investment income			<del></del>	<del>                                     </del>	- <del></del>	<del></del>
OG Gain or (loss) from sales of assets other th	nan inventory		<del></del>			
Net income or (loss) from special events	-			<del> </del>		
Of Gross profit or (loss) from sales of inventor	·	<del></del>				<del></del>
Other revenue a		_			<del></del>	<del></del> _
b						
<u> </u>			<u> </u>	-		
d	<del></del>		<del>-</del>			<del></del> ,_
4 Cubbatal (add calumas (D) (D) and (C))		<del></del>		0	0	114 625
94 Subtotal (add columns (B), (D), and (E))	(E))			<u> </u>	) <u> </u>	114,635 114,635
Total (add line 104, columns (B), (D), and one Line 105 plus line 1d, Part I, should equal.		Port I				111,000
Part VIII Relationship of Activit			of Exempt Purp	nses (Se	e Specific Instructions of	n nage 32 \
Line No Explain how each activity for wh						
of the organization's exempt pur				pu	by to the deadphomine.	
N/A	<u>, pooco (00 ioi, 110 ii 12) p.</u>	o contract of the contract of	saar perpessey			
		<del></del>			<del></del>	
	<del></del>				<del></del>	
				<u> </u>		
Part IX Information Regarding 1	Taxable Subsidiar	ies and Dis	regarded Entit	I <b>es</b> (See S	pecific Instructions on p	age 33 )
(A)	(B)		(C)		(D)	_ (E)
Name, address, and EIN of corporation, partnership or disregarded entity	Percentage of ownership interest		lature of activities		Total income	End-of-year assets
N/A		%				···
	<del> </del>	%				
		%				
		%				
Part X Information Regarding 3	Transfers Associa	ted with P	ersonal Benefit	Contrac	ts (See Specific Instruc	tions on pg 33)
(a) Did the organization, during the year, receive						Yes X No
(b) Did the organization, during the year, p	pay premiums, directly of	or indirectly, or	n a personal benefit	contract?		Yes 🔀 No
Note If "Yes" to (b), file Form 8870 and For		-				
Underpenalties of perjury, I declare t			ccompanying schedule:	s and statem	ents, and to the best of my	knowledge
and belief, it is true correct, and con-	_	_				
					J:150	a
		$\wedge$	- · · · · · · · · · · · · · · · · · · ·		Date	<u> </u>
		rein	dent		<del> •</del>	

Form 990 (2001) VIRGINIA ASSOCIATION OF 54-1802019

**SCHEDULE A** 

(Form 990 or 990-EZ)

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2001

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions ) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Free CLINICS, INC  Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one If there are none, enter "None" (a) Name and address of each mightype paid more inan \$50,000 (b) Tipe and variety parts plural per week deviced to position of the fire of other employees paid over professional of the part of the parts of the	Name of the orga				Employer Identific	cation number
Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None")  (a) Name and address of each amployee paid more man \$50,000  NONE  Total number of other employees paid over \$50,000  Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the Instr. List each one (whether individuals or firms) If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$50,000  NONE  Total number of others receiving over \$50,000 for					54-180201	a
(See page 1 of the instructions List each one if there are none, enter "None")  (a) Name and address of each imployee pair more in an \$30,000 (b) Title and evoted to position per week devoted to position to deferred compensation and collect expenses and advances to position per week devoted to position per week devoted to position to deferred compensation and collect expenses and advances to position per week devoted to position per week devoted to position to position per week devoted to position per week devoted to position to position per week devoted to position devoted to position per week devoted to position per week devoted to position per week devoted to position per week devoted to position per week devoted to position per week devoted to position per week devoted to position per week devoted to position per week devoted to position per week devoted to position per			aid Employees Other Tha	an Officers. Dir		
(a) Name and address of each employee paid more than \$50,000.  **NONE***  Total number of other employees paid over \$50,000.  **Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instr. List each one (whether individuals or firms) If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$50,000.  **NONE***  Total number of other employees paid over \$50,000.  **Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instr. List each one (whether individuals or firms) If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$50,000.  **NONE***  Total number of others receiving over \$50,000 for						
Total number of other employees paid over \$50,000  Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instr. List each one (whether individuals or firms) If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$ 50 000 (b) Type of service (c) Compensation  NONE  Total number of others receiving over \$50,000 for	(a)	Name and address of each employee paid more	(b) Title and average hours		(d) Contributions to employee ben plans &	account and other
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the Instr. List each one (whether individuals or firms). If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$ 50 000.  (b) Type of service.  (c) Compensation  NONE  Total number of others receiving over \$50,000 for	NONE					 
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the Instr. List each one (whether individuals or firms). If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$ 50 000.  (b) Type of service.  (c) Compensation  NONE  Total number of others receiving over \$50,000 for						
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the Instr. List each one (whether individuals or firms). If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$ 50 000.  (b) Type of service.  (c) Compensation  NONE  Total number of others receiving over \$50,000 for						
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the Instr. List each one (whether individuals or firms). If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$ 50 000.  (b) Type of service.  (c) Compensation  NONE  Total number of others receiving over \$50,000 for						
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the Instr. List each one (whether individuals or firms). If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$ 50 000. (b) Type of service. (c) Compensation.  NONE  Total number of others receiving over \$50,000 for.						
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the Instr. List each one (whether individuals or firms). If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$ 50 000.  (b) Type of service.  (c) Compensation  NONE  Total number of others receiving over \$50,000 for	Total number of	of other employees paid over	<del></del>	-	<u></u>	
(See page 2 of the instr_List each one (whether individuals or firms) If there are none, enter "None")  (a) Name and address of each independent contractor paid more than \$ 50 000  (b) Type of service  (c) Compensation  NONE  Total number of others receiving over \$50,000 for			<u> </u>			
NONE  Total number of others receiving over \$50,000 for	Part II					one ")
Total number of others receiving over \$50,000 for		(a) Name and address of each independent contractor	paid more than \$ 50 000	(ь) Ту	pe of service	(c) Compensation
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Sche	hedule A (Form 990 or 990-EZ) 2001 VIR	GINIA ASSOCIATION OF	54-1802019		P:	age 2
Pa	Part III Statements About Activitie	s (See page 2 of the instructions)			Yes	No
1	During the year, has the organization attempte	ed to influence national, state or local legislation including	any	T .		
	, attempt to influence public opinion on a legisla	tive matter or referendum? If "Yes," enter the total expense	es paid	1	<u> </u>	X
	or incurred in connection with the lobbying act	ivities S (Must equ	ial amount on line 38,	1		
	Part VI-A, or line I of Part VI-B)					
		ction 501(h) by filing Form 5768 must complete Part VI-A (			ĺ	
		Part VI-B AND attach a statement giving a detailed descrip	nou ot			
<u>:</u>	the lobbying activities	rectly or indirectly, engaged in any of the following acts wit	th any			
•	_ · · · · · · · · · · · · · · · · · · ·	ficers, creators, key employees or members of their familie			ł	
		such person is affiliated as an officer, director, trustee, majo				
		to any question is "Yes," attach a detailed statement explain			1	
	transactions )		•		1	
a				2a		X
ь	Lending of money or other extension of credit	,		2b		x
¢	: Furnishing of goods, services, or facilities?			2c_		X
d	Payment of compensation (or payment or reimbu	rsement of exp if more than \$1 000)?		2d	<u> </u>	X
e	Transfer of any part of its income or assets?			2е		x
•	manage of any part of its mostile of 20002.					
	Does the organization make grants for scholar	rships, fellowships, student loans, etc ? (See Note below )		3	Ь	X
•	Do you have a section 403(b) annuity plan for			4_		X
		ation determines that individuals or organizations receiving	grants	1		
loa	loans from it in furtherance of its charitable progra	ms "quality" to receive payments		ــــــ		
Pa	Part IV Reason for Non-Private Fo	undation Status (See pages 3 through 6 of the	he instructions )			
	e organization is not a private foundation because					
i	H	ociation of churches Section 170(b)(1)(A)(i)				
;	A school Section 170(b)(1)(A)(ii) (Also co					
,	A hospital or a cooperative hospital servic  A Federal, state, or local government or go					
)		in conjunction with a hospital Section 170(b)(1)(A)(iii) En	ter the hospital's name city			
,	A medical research organization operation	The conjunction with a hospital occoon to (b)(1)(A)(iii) Eli	tor the hospitars haring, city,			
	and state	for all and a second and a second all the second and a second all the second and a second all the second and a				
)	(Also complete the Support Schedule in	f a college or university owned or operated by a governmer Part IV-A)	ntal unit Section 170(b)(1)(A)(IV)	ł		
la	<b>—</b>	substantial part of its support from a governmental unit or fro	om the general public			
	Section 170(b)(1)(A)(vi) (Also complete the					
þ		i) (Also complete the Support Schedule in Part IV-A)				
2		) more than 33 1/3% of its support from contributions, men	· · · · -			
	•	able, etc., functions-subject to certain exceptions, and (2) n				
		and unrelated business taxable income (less section 511 to				
ı		see section 509(a)(2) (Also complete the Support Schedu my disqualified persons (other than foundation managers) a	•			
,	<b>-</b>	or (2) section 501(c)(4), (5), or (6), if they meet the test of				
	section 509(a)(3) )	n about the supported organizations (See page 5 of the in-	structions )			—
		(a) Name(s) of supported organization(s)		Line n	numbei	<del></del>
	<del></del>	fet trametation or anthorizen ordentzenouta)		from a	above	
		· ————————————————————————————————————				
	<del>-</del>					
	П					

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Cale	You may use the worksheet in the instru	- T	,			
$\overline{}$	ndar year (or fiscal year beginning in) 📗 🕨	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants and contributions	]	1	1	ļ	
	received (Do not include unusual	1			į	
	grants See line 28)	985,657	<u>416,566</u>		425	1,415,003
<u>16</u>	Membership fees received	68,633	7,012	6,233	3,500	85,378
17	Gross receipts from admissions merchandise	į į	ı			
	sold or services performed or furnishing of					
	facilities in any activity that is related to				1	
	the organization's chantable etc purpose					<u></u>
18	Gross Inc. from int. dividends amounts received from pyrnt. on securities					
	loans (section 512(a)(5)) rents royalties & unrelated bush taxable inc (less					
	sec 511 taxes) from businesses acquired by the organization after June 30, 1975	1,363	414	374	125	2,276
19	Net income from unrelated business	1,303		<u> </u>		
13	activities not included in line 18					
20	Tax revn levied for the organization's ben					-
20	& either paid to it or expended on its behalf	1			}	
21	The value of serv or fact furnished to the org by a governmental unit without charge					·····
	Do not incli the value of servior facigen- erally furnished to the public without charge		. <u>-</u>			
22	Other income Attach a schedule Do not include gain or (loss) from sale of cap assets			46,320	41,403	87,723
23	Total of lines 15 through 22	1,055,653	423,992	65,282	45,453	1,590,380
24	Line 23 minus line 17	1,055,653	<u>423,992</u>	65,282	45,453	1,590,380
25	Enter 1% of line 23	10,557	4,240	653	455	31,808
С	governmental unit or publicly supported amount shown in line 26a Do not file the Total support for section 509(a)(1) test. It	is list with your return Enter line 24, column (e)	<del>-</del>		► 26b ► 26c	1,590,380
d	Add Amounts from column (e) for lines	18 <u>2</u>	. 276 19		▶ 26d	89.999
d	, ,	22 87	, 276 19 , 723 26b		▶ 26d ▶ 26e	89,999 1,500,381
	Public support (line 26c minus line 26d to	22 <u>87</u>	,723 26b		▶ 26e	1,500,381
f	Public support (line 26c minus line 26d to Public support percentage (line 26e (i	22 87 ptal) numerator) divided by li	, 723 26b		26e > 26f	1,500,381
	Public support (line 26c minus line 26d to	22 87 ntal) numerator) divided by li a For amounts includ show the name of, and	ne 26c (denominator ed in lines 15, 16, and total amounts received	17 that were received f	26e 261 rom a *disqualified	1,500,381 94.3410%
f 27	Public support (line 26c minus line 26d to Public support percentage (line 26e (no Organizations described on line 12 person,* prepare a list for your records to Do not file this list with your return E	22 87 otal) numerator) divided by lift a For amounts include to show the name of, and inter the sum of such amounts included to the sum of such amounts included the sum of su	ne 26c (denominator ed in lines 15, 16, and total amounts received ounts for each year (1998)	17 that were received fi in each year from, eac	p 26e 26f 26f 26f 26f 26f 26f 26f 26f 26f 26f	1,500,381 94.3410% N/F
f 27	Public support (line 26c minus line 26d to Public support percentage (line 26e (no Organizations described on line 12 person," prepare a list for your records to Do not file this list with your return E (2000)  (2000)	22 87 otal) numerator) divided by lift a For amounts include to show the name of, and inter the sum of such amounts included the sum of sum of such amounts included the sum of	ne 26c (denominator ed in lines 15, 16, and total amounts received ounts for each year (1998) erson (other than *diso	17 that were received for in each year from, each year from, each year from, each year from the form of the form o	rom a "disqualified h "disqualified person"  (1997) tare a list for your recor	1,500,381 94.3410% N/F
f 27	Public support (line 26c minus line 26d to Public support percentage (line 26e (in Organizations described on line 12 person," prepare a list for your records to Do not file this list with your return E (2000)  (For any amount included in line 17 that with a mame of, and amount received	22 87  otal) numerator) divided by li a For amounts includ o show the name of, and inter the sum of such amounts 1999) ras received from each p for each year, that was in	ne 26c (denominator ed in lines 15, 16, and total amounts received ounts for each year (1998) erson (other than "disc nore than the larger of	17 that were received for in each year from, each year from, each year from, each year from the persons.	rom a "disqualified h "disqualified person"  (1997) hare a list for your recores for the year or (2) \$5	1,500,381 94.3410% N/F
f 27	Public support (line 26c minus line 26d to Public support percentage (line 26e (in Organizations described on line 12 person," prepare a list for your records to Do not file this list with your return E (2000)  (For any amount included in line 17 that wishow the name of, and amount received (Include in the list organizations described)	22 87 otal) numerator) divided by life a For amounts include to show the name of, and inter the sum of such amounts received from each perfor each year, that was included in lines 5 through 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and otal in lines 11, and	ne 26c (denominator ed in lines 15, 16, and total amounts received ounts for each year  (1998) erson (other than "disonore than the larger of s well as individuals ) if	17 that were received for in each year from, each year from, each year from, each year from the property of the amount on line to not file this list with the amount on the property of the amount on the this list with the amount on the this list with the property of the	26e 26f  rom a "disqualified h "disqualified person"  (1997) hare a list for your recor 25 for the year or (2) \$3 h your return After co	1,500,381 94.3410% N/A ds to 5,000 mputing
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f 27	Public support (line 26c minus line 26d to Public support percentage (line 26e (in Organizations described on line 12 person," prepare a list for your records to Do not file this list with your return E (2000)  (For any amount included in line 17 that wishow the name of, and amount received (Include in the list organizations describe the difference between the amount received amounts) for each year (2000)  (Add Amounts from column (e) for lines 17  Add Line 27a total  Public support (line 27c total minus line 2	22 87  otal)  numerator) divided by lift a For amounts included by show the name of, and other the sum of such amounts received from each properties of in lines 5 through 11, and other the larger amounts and in lines 5 through 11, and other larger amounts and in lines 5 through 11, and other larger amounts and in lines 5 through 11, and other larger amounts and lines 5 through 11, and other larger amounts and lines 5 through 11, and other larger amounts and lines 5 through 11, and other larger amounts and lines 5 through 11, and other larger amounts and lines 5 through 11, and other larger amounts and lines 5 through 11, and other larger amounts and lines 5 through 12, and other larger amounts and lines 5 through 12, and other larger	ne 26c (denominator ed in lines 15, 16, and total amounts received ounts for each year  (1998) erson (other than "disciplore than the larger of s well as individuals ) int described in (1) or (2 (1998) 16 21 b total	17 that were received for in each year from, each year from, each year from, each year from, each year from the amount on line to not file this list with the sum of these	26e 26f  rom a "disqualified h "disqualified person"  (1997) hare a list for your recore 25 for the year or (2) \$3 th your return After contained differences (the excellent of the excellent of	1,500,381 94.3410% N/F ds to 5,000 mputing
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b	Public support (line 26c minus line 26d to Public support percentage (line 26e (in Organizations described on line 12 person," prepare a list for your records to Do not file this list with your return E (2000)  (For any amount included in line 17 that wishow the name of, and amount received (Include in the list organizations describe the difference between the amount received amounts) for each year (2000)  (Add Amounts from column (e) for lines 17  Add Line 27a total  Public support (line 27c total minus line 2	22 87  otal) numerator) divided by li a For amounts includ o show the name of, and inter the sum of such amounts received from each p for each year, that was in id in lines 5 through 11, a ved and the larger amount 1999)  15 20 and line 27 27d total) Enter amount on line 23, in numerator) divided by li	ne 26c (denominator ed in lines 15, 16, and total amounts received ounts for each year (1998) erson (other than "disquere than the larger of s well as individuals ) int described in (1) or (2 (1998) 16 21 b total column (e) ne 27f (denominator)	17 that were received fine each year from, each year from, each qualified persons*), prep (1) the amount on line Do not file this list with the sum of these 27f	26e 26f  rom a "disqualified h "disqualified person"  (1997) hare a list for your recore 25 for the year or (2) \$3 h your return After co he differences (the excel (1997)  27c 27d	N/A ds to 5,000 mputing

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Schedule A (Form 990 or 990-EZ) 2001 VIRGINIA ASSOCIATION OF 54~1802019 Page 4 Private School Questionnaire (See page 7 of the instructions ) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 Yes No other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32¢ d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to 33

Students' rights or privileges?

Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

Educational policies?

Use of facilities?

Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

33a

33b

33c

33d

33e

33f

33g

33h

34a

34b

35

Sch	nedule A (Form 990 or 990-EZ) 2001	VIRGINIA A	SSOCIATION	OF		5	4-1	<u>802</u>	019 Page 5
F	Part VI-A Lobbying Expend (To be completed				-		iction N/A	-	
Ch	eck a if the organization below	ngs to an affiliated grou	p Check	b if	you che	cked "a" and	"limite	d cont	rol" provisions apply
	Limits on	Lobbying Expend	ditures			(a) Affiliated gr		is	(b) To be completed for ALL electing
_	(The term *expendit	ures" means amounts p	aid or incurred )						organizations
36	Total lobbying expenditures to influence	public opinion (grassro	ots lobbying)		36 37				
	/ Total lobbying expenditures to influence a legislative body (direct lobbying)								
	Total lobbying expenditures (add lines 3	6 and 37)			38				
	Other exempt purpose expenditures				39				
	Total exempt purpose expenditures (add	•			40				
41	Lobbying nontaxable amount Enter the		-						
	If the amount on line 40 Is-		intaxable amount is-	٦					
	Not over \$500,000	20% of the amou		500 000				J	
	Over \$500,000 but not over \$1,000,000	•	% of the excess over \$		اما				
	Over \$1,000,000 but not over \$1,500,00		% of the excess over \$	- 11	41		_	-	
	Over \$1,500 000 but not over \$17,000 0	\$1,000,000 pius 57	6 of the excess over \$1	,500,000					
42	Over \$17,000,000 Grassroots nontaxable amount (enter 2)			الـ	42				
	Subtract line 42 from line 36 Enter -0- if		a 36		43				<del></del>
	Subtract line 41 from line 38 Enter -0- if				44				
	Subtract line 41 from time 36 Enter 40 fr	inte 41 is more than in	<del>a</del> 30						
	Caution If there is an amount on either	line 43 or line 44 your	must file Form 4720						
			ing Period Under	Section	501(h	1)	-		
	(Some organizations	that made a section 50	1(h) election do not hav	re to comple	te all of	the five colu	nns be	low	
	See the in:	structions for lines 45 th	rough 50 on page 11 o	f the instruct	ions )				
			Lobbying Exp	enditures D	uring 4	1-Year Avera	ging P	eriod	
	Calendar year (or	(a)	(b)	(c	`	<del></del>	(d)		(8)
	fiscal year beginning in)	2001	2000	199	=		1998		Total
_									
45	Lobbying nontaxable amount		<u>.</u>						
	Lobbying ceiling amount (150% of								
	line 45(e))	_							
<u>47</u>	Total lobbying expenditures								
<u>48</u>	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of								
	line 48(e))		_						
	Grassroots lobbying expenditures Part VI-B Lobbying Activity	, bu Nanalashaa F	Zublia Charitiaa						
r	Part VI-B Lobbying Activity (For reporting only	-		data Bort	\/I A\	/\$00 ppg	- 12 4	of tha	einstr) N/A
		<del></del>				(oee pag	12	וו ווופ	ilisu ) N/A
	ring the year, did the organization attemp empt to influence public opinion on a legis			_	ıy		Yes	No	Amount
auc		NAUVO MARIEL OF TELETERS	adın, unoagn die ase o	1					
ь		mnensation in evnense	s renorted on lines a thi	rough h. )					
c		Poliozaon in expense.	. sported on miles 6 Ul	oognii /			Н		
d		e public					$\vdash \dashv$		
e		· ·					$\vdash$		
f							$\vdash$		
g			ls or a legislative body						
h		<del>-</del>	· ·						<del></del>
ı.	Total lobbying expenditures (add lines						Г '		<del>-</del>
•	If "Yes" to any of the above, also attac		detailed description of t	he lobbyina	activitie	s			· ·
							edule	A (Fo	rm 990 or 990-EZ) 2001

Schedule A (Form	990 or 990-EZ) 2 <u>001</u>	VIR	SINIA ASSOCIATION	OF 54-	-1802019	ľ	• Page 6
Part VII	Information Rega	arding Tra	insfers To and Transaction	is and Relationships With N	oncharitable		
			e page 12 of the instruction				_
				th any other organization described in	1 section		
			) organizations) or in section 527, re				
a Transfers fr	om the reporting organi	zation to a n	onchantable exempt organization o	f·		Yes	_
(i) Cash					51a(i	<u> </u>	<u> </u>
(II) Other	assets				_a(II)		<u> </u>
b Other trans	actions						1 _
	•		chantable exempt organization		_b(i)	$\neg -$	<u>X</u>
<b>\</b>	ases of assets from a r		,		b(u)		X
• •	al of facilities, equipmen		sets		b(iii		X
	bursement arrangement	ts			b(iv	$\neg$	X
	s or loan guarantees				_ <u>b(v)</u>	$\overline{}$	X
` '		-	or fundraising solicitations		_ b(vl)	<del></del>	X
-		-	er assets, or paid employees				<u> </u>
	-			n (b) should always show the fair mark			
=	<del>-</del>	' <del>-</del> '		ition received less than fair market val	ide in any		
	1	T Show in Co	umn (d) the value of the goods, oth	_	d)		
(a) Line no	(b) Amount involved	Name o	f noncharitable exempt organization	Description of transfers transact	•	mante	
N/A	AIROURE III VOI VAU	INAMINE C	THORATERIADA EXEMPLO O GENEZOUST	Description of transfers transact	ions and sharing arrange	anenta	
21/22		<u> </u>					
-		<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·			•
-		i		<del> </del>			
		<del></del>					
	<del> </del>						
		<del>                                     </del>					
	·		<del></del>				
			-				
					<u> </u>		
			<del></del>				
described in		ode (other ti	with, or related to, one or more tax nan section 501(c)(3)) or in section	· -	<b>•</b> 0	Yes [	X No
	(a)		(b)		(c)		
	Name of organization		Type of organization	Description o	f relationship		
N/A							
					·		
	<u> </u>						
				<u></u>			
<del></del>				<u> </u>			
			<u> </u>	<u>l                                     </u>			

42990 VIRGINIA ASSOCIATION OF

**Federal Statements** 

FYE 12/31/2001

54-1802019

5/14/2002 10.19 AM\*

### Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total <u>Expense</u>		gram vice	Mgt & General	Fund- Raising	
	\$	\$	\$		\$	
EXPENSES						
DUES & PUBLICATIONS	1,1	136		1,136		
INSURANCE	1,	431		1,431		
MISCELLANEOUS	1,2	276		1,276		
NATIONAL ASSOCIATION SUPPORT	2,5	500	2,500			
OFFICE EQUIPMENT	2,	132	1,386	426	32	20
PUBLIC RELATIONS	8,2	293	8,293			
REGOGNITION		144	144			
STAFF DEVELPOMENT	(	835		835		
STRATEGIC PLANNING	5,	500	5,500			_
TOTAL	\$ 23,	247 \$ 1	7,823 \$	5,104	\$ 32	20

42990 VIRGINIA ASSOCIATION OF

5/14/2002 10 19 AM\*

54-1802019 FYE 12/31/2001 **Federal Statements** 

Statement 2 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK		<del>-</del>	_ <del>-</del>
	1,039	1,047	
	1,039	1,047	

42990 VIRGINIA ASSOCIATION OF 54-1802019

Federal Statements

5/14/2002 10 19 AM\*

FYE 12/31/2001

### Statement 3 - Form 990, Part VI, Line 82b - Donated Services

Description		Amount
DONATED OFFICE SPACE	\$_	1,296
TOTAL	\$_	1,296

## COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

December 28, 2001

The State Corporation Commission has found the accompanying articles submitted on behalf of

Virginia Association of Free Clinics, Inc. (formerly ASSOCIATION OF FREE CLINICS, INC.)

to comply with the requirements of law, and confirms payment of all related fees

Therefore, it is ORDERED that this

### CERTIFICATE OF AMENDMENT AND RESTATEMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the Commission, effective December 28, 2001, at 10 40 AM

The corporation is granted the authority conferred on it by law in accordance with the articles, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

# AMENDED AND RESTATED ARTICLES OF INCORPORATION OF

### ASSOCIATION OF FREE CLINICS, INC.

By unanimous consent of its members on the 8th day of October, 2001, the Board of Directors of Association of Free Clinics, Inc., a Virginia non-stock corporation (the "Corporation"), found that the following proposed Amendment to and Restatement of the Articles of Incorporation of the Corporation was in the best interests of the Corporation.

Article I. Name. The name of the Corporation is Virginia Association of Free Clinics, Inc

### Article II. Purposes.

1. <u>General Purposes</u> The Corporation is organized exclusively for charitable and educational purposes, including but not limited to the following:

The Corporation exists to provide networking opportunities among the Corporation members, in order that member organizations may create a strong organizational structure and provide more efficient and effective services to their clients. This will be accomplished through:

- (a) Regular meetings and conferences of the Corporation membership;
- (b) Corporation publications, including newsletters; and
- (c) An active committee structure.
- 2. <u>Ancillary Purposes</u> To do and engage in all lawful activities that are in furtherance of one or more of the general purposes of the corporation.
- 3. <u>Statutory Powers</u>. To have and exercise the general powers specified in Article 4 of the Virginia Non-Stock Corporation Act.

Article III. Registered Office and Agent. The registered office shall be located within the City of Richmond at 701 East Byrd Street, 15th Floor, Richmond, Virginia 23219. The registered agent shall be K. Marshall Cook, whose business address is the same as the address of the registered office and who is a resident of Virginia and a member of the Virginia State Bar.

Article IV. Membership. The members of the Corporation consist of the clinics elected by a vote of a majority of the Board of Directors. There is one class of membership. The rights of a member consist of the rights to attend, speak and vote at any membership meeting of the Corporation and to inspect any materials pertaining to its functions and operations. The rights of a member to vote shall cease on termination of the clinic's membership. No member shall be entitled to share in the distribution of the corporate assets upon dissolution of the Corporation.

Article V. Directors. The affairs of the Corporation shall be managed by a Board of Directors. The number of Directors shall not be more than fifteen (15) or less than five (5) persons, as stated in the Bylaws of the Corporation as amended from time to time.

Article VI. Restrictions. The following provisions are inserted for the regulation of the affairs of the Corporation.

- Legislative and Political Activities. No substantial part of the activities of the Corporation shall consist of attempting to influence legislation by propaganda or otherwise, or directly participating in, or intervening in (including the publishing or distributing of statements), any political campaign on behalf of or in opposition to any candidate for public office
- 2. <u>Distribution of Assets on Dissolution</u>. Upon dissolution of the Corporation, its remaining assets, if any, shall be distributed to one or more organizations organized and operated exclusively for charitable purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code, as now in force or afterwards amended, as the Directors of the Corporation shall determine.
- 3. <u>Prohibited Transactions</u>. The Corporation shall not engage in any of the prohibited transactions described in Section 501 (c) of the Internal Revenue Code, as now in force or afterwards amended.
- 4. <u>Accumulation of Income</u> The Corporation shall not unreasonably accumulate income within the meaning of Section 504 of the Internal Revenue Code, as now in force or afterwards amended.
- 5. <u>Trade or Business</u>. The Corporation shall not be operated for the primary purpose of carrying on an unrelated trade or business as defined in Section 513 of the Internal Revenue Code, as now in force or afterwards amended.
- 6. <u>Distribution of Earnings</u>. No part of the net earnings of the Corporation shall inure to the benefit of any private shareholder or individual within the meaning of Section 501 (c) (3) of the Internal Revenue Code, as now in force or afterwards amended.
- 7 <u>Compensation</u>. No compensation shall be paid to any member, officer, director, trustee, creator or organizer of the Corporation or substantial contributor to it except as a reasonable allowance for services actually rendered to or for the Corporation.
- 8. <u>Public Purpose</u>. The Corporation is organized to serve public interests. Accordingly, it shall not be operated for the benefit of private interests, such as contributors to the Corporation, or persons controlled directly or indirectly by such private interests.

Notwithstanding any of the other provisions of these Articles, the Corporation shall not carry on any activity not permitted to be carried on:

(a) By a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code; or

(b) By any corporation, contributions to which are deductable under Section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Article VII. Indemnification. The Corporation shall have the power to indemnify any officer or director, agent or employee of the Corporation against expenses, including attorneys' fees, judgments, fines and amounts paid in settlement in the circumstances described in and as provided by § 13 1-876, et seq of the Code of Virginia of 1950, as amended, or any successor provision.

Article VIII. Amendment. These Articles may be altered, amended or repealed, and new Articles may be adopted by a two-third (2/3) majority of the voting members of the Corporation present at any regular or special meeting called for such purpose. Any regular or special meeting called for the purpose of amending these Articles must have notice given no less than twenty-five (25) days prior to the meeting.

Dated: December 17, 2001

Landa J. Cornelia President