

Form **990**Department of the Treasury
Internal Revenue Service

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

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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

C Name of organization**VIRGINIA ASSOCIATION OF
FREE CLINICS, INC**

Number and street (or P O box if mail is not delivered to street address)

10231 TELEGRAPH ROAD

Room/suite

B

City or town, state or country, and ZIP + 4

GLEN ALLEN**VA 23059****D** Employer identification no.**54-1802019****E** Telephone number**804-340-3434****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.VAFREECLINICS.ORG****J** Organization type(check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000.

The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required

to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,319,498****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

REVENUE

1 Contributions, gifts, grants, and similar amounts received**a** Direct public support**b** Indirect public support**c** Government contributions (grants)

1a	8,220
1b	212,021
1c	988,350

d Total (add lines 1a through 1c) (cash \$ **1,208,591** noncash \$)**1d** **1,208,591****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3** **110,567****4** Interest on savings and temporary cash investments**4** **340****5** Dividends and interest from securities**5****6a** Gross rents**b** Less: rental expenses**c** Net rental income or (loss) (subtract line 6b from line 6a)

6a	
6b	

6c**7** Other investment income (describe ▶)**7****8a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

b Less: cost or other basis and sales expenses**c** Gain or (loss) (attach schedule)**d** Net gain or (loss) (combine line 8c, columns (A) and (B))

8a	
8b	
8c	

8d**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (including \$ of contributions reported on line 1a)**b** Less: direct expenses other than fundraising expenses**c** Net income or (loss) from special events (subtract line 9b from line 9a)

9a	
9b	

9c**10a** Gross sales of inventory, less returns and allowances**b** Less: cost of goods sold**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10a	
10b	

10c**11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **1,319,498****13** Program services (from line 44, column (B))**13** **1,175,809****14** Management and general (from line 44, column (C))**14** **60,814****15** Fundraising (from line 44, column (D))**15** **35,563****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **1,272,186****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **47,312****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **209,814****20** Other changes in net assets or fund balances (attach explanation)**20****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **257,126**

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2004)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) STMT 1 (cash \$ 988,350 non-cash \$)	22 988,350	988,350		
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25 71,315	35,657	21,395	14,263
26	Other salaries and wages	26 48,653	29,207	12,156	7,290
27	Pension plan contributions	27			
28	Other employee benefits	28 15,339	7,669	4,602	3,068
29	Payroll taxes	29 9,043	4,521	2,713	1,809
30	Professional fundraising fees	30			
31	Accounting fees	31 2,126		2,126	
32	Legal fees	32 2,216	1,108	1,108	
33	Supplies	33 4,686	2,343	1,406	937
34	Telephone	34 3,981	1,991	1,194	796
35	Postage and shipping	35 2,270	1,135	681	454
36	Occupancy	36 8,796	4,398	2,639	1,759
37	Equipment rental and maintenance	37			
38	Printing and publications	38 3,782	1,891	1,135	756
39	Travel	39 16,609	9,607	4,200	2,802
40	Conferences, conventions, and meetings	40 67,671	67,671		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize): a	43a			
b	SEE STATEMENT 2	43b 27,349	20,261	5,459	1,629
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,272,186	1,175,809	60,814	35,563

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$

(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

▶ **CHARITABLE & EDUCATIONAL**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)a **SEE STATEMENT 3**

(Grants and allocations \$ 988,350) 988,350

b **SEE STATEMENT 4**

(Grants and allocations \$) 67,671

c

(Grants and allocations \$)

d

(Grants and allocations \$) 119,788

e Other program services (attach schedule) **SEE STMT 5** (Grants and allocations \$)

▶ 1,175,809

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	94,510	45	128,434
46	Savings and temporary cash investments	101,292	46	101,631
47a	Accounts receivable	29,743		
b	Less: allowance for doubtful accounts		47c	29,743
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities SEE STATEMENT 6 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,051	54	1,052
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		57c	
58	Other assets (describe)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	213,073	59	260,860
60	Accounts payable and accrued expenses	3,259	60	3,734
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	3,259	66	3,734
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	91,114	67	51,367
68	Temporarily restricted	118,700	68	205,759
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	209,814	73	257,126
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	213,073	74	260,860

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.

Part IV-A

**Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return (See page 27 of the instructions.)**

Part IV-B

Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements ▶	a	1,327,270	a	Total expenses and losses per audited financial statements ▶	a	1,279,958
b	Amounts included on line a but not on line 12, Form 990.			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$ 7,772		
(2)	Donated services and use of facilities \$ 7,772			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify).			(4)	Other (specify):		
	\$				\$		
	Add amounts on lines (1) through (4) ▶	b	7,772		Add amounts on lines (1) through (4) ▶	b	7,772
c	Line a minus line b ▶	c	1,319,498	c	Line a minus line b ▶	c	1,272,186
d	Amounts included on line 12, Form 990 but not on line a :			d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify).			(2)	Other (specify):		
	\$				\$		
	Add amounts on lines (1) and (2) ▶	d			Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,319,498	e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,272,186

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions)

[illegible]

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 page 28 of the instructions

▶ ☐ Yes ☒ No

Part VI Other Information (See page 28 of the instructions.)

		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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
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?		X
b	If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
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 8	82b	7,772
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	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 on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter. a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter. a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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		
b	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	89b	X
c	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		0
90a	List the states with which a copy of this return is filed ▶ VA	90b	3
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		
91	The books are in care of ▶ THE ORGANIZATION Located at ▶ GLEN ALLEN, VA	Telephone no ▶ 804-340-3434 ZIP + 4 ▶ 23059	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					110,567
95 Interest on savings and temporary cash investments					340
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	110,907
105 Total (add line 104, columns (B), (D), and (E))					110,907

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please
Sign

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

Signature of officer

Date

VICE DIRECTOR

Check if
self-

Preparer's SSN or PTIN
(See page 34 of the instructions.)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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**Supplementary Information-(See separate instructions.)**

OMB No 1545-0047

2004▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**VIRGINIA ASSOCIATION OF
FREE CLINICS, INC**

Employer identification number

54-1802019**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 employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl ben plans & deferred comp	(e) Expense account and other allowances
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 instructions. 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 professional services ▶		

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

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ 13,411 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a** Sale, exchange, or leasing of property?
b Lending of money or other extension of credit?
c Furnishing of goods, services, or facilities?
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2a X
 2b X
 2c X
 2d X

- e** Transfer of any part of its income or assets?
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)
b Do you have a section 403(b) annuity plan for your employees?
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

2e X
 3a X
 3b X
 4a X
 4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
12 ☐ 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 charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	985,257	1,265,605	1,161,080	985,657	4,397,599
16 Membership fees received	103,349	96,921	99,557	68,633	368,460
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	427	2,634	7,526	1,363	11,950
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	1,089,033	1,365,160	1,268,163	1,055,653	4,778,009
24 Line 23 minus line 17	1,089,033	1,365,160	1,268,163	1,055,653	4,778,009
25 Enter 1% of line 23	10,890	13,652	12,682	10,557	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					95,560
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					4,778,009
d Add: Amounts from column (e) for lines 18 <u>11,950</u> 19 _____ 22 _____ 26b _____					11,950
e Public support (line 26c minus line 26d total)					4,766,059
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.7499%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					N/A
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V 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	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 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 basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
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.)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
35 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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check <input type="checkbox"/>	a if the organization belongs to an affiliated group	Check <input type="checkbox"/>	b if you checked "a" and "limited control" provisions apply.
---------------------------------------	---	---------------------------------------	---

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	6,302												
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	7,109												
38 Total lobbying expenditures (add lines 36 and 37)	38	13,411												
39 Other exempt purpose expenditures	39	1,162,397												
40 Total exempt purpose expenditures (add lines 38 and 39)	40	1,175,808												
41 Lobbying nontaxable amount. Enter the amount from the following table-														
<table style="width:100%; border: none;"> <tr> <td style="width:50%;">If the amount on line 40 is-</td> <td style="width:50%;">The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is-	The lobbying nontaxable amount is-													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42	48,145												
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0												
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0												

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

SEE STATEMENT 9

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount	192,581	177,655	201,466		571,702
46 Lobbying ceiling amount (150% of line 45(e))					857,553
47 Total lobbying expenditures	13,411	14,792	10,686		38,889
48 Grassroots nontaxable amount	48,145	44,414	50,367		142,926
49 Grassroots ceiling amount (150% of line 48(e))					214,389
50 Grassroots lobbying expenditures	6,302	9,590	7,219		23,111

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of

- (i) **Cash**

- (ii) Other assets

- b Other transactions:**

- (i) **Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) **Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements

- (v) Loans or loan guarantees**

- (vi) Performance of services or membership or fundraising solicitations**

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

- b If "Yes," complete the following schedule:**

[illegible]

Federal Statements

Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			BV Explantn	FMV Explantn
				Cash Contrib	NonCash Contrib	Book Value		
FY 2004 FUND				\$ 460,700	\$			
FY 2005 FUND				527,650				
TOTAL				\$ 988,350	\$ 0	\$ 0		

Federal Statements**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
STAFF DEVELOPMENT	810	405	243	162
WORKERS COMP INSURANCE	624	312	187	125
LIFE & DISABILITY INSUR.	711	356	213	142
BOARD & COMMITTEE SUPPORT	2,993	1,796	898	299
OFFICE EQUIPMENT	3,790	1,895	1,137	758
OFFICE EQUIPMENT MAINT.	199	99	60	40
DUES, FEES & PUBLICATIONS	957		957	
INSURANCE	1,610		1,610	
RECOGNITION	650	650		
PUBLIC RELATIONS/MARKETING	14,491	14,491		
MISCELLANEOUS	514	257	154	103
TOTAL	\$ 27,349	\$ 20,261	\$ 5,459	\$ 1,629

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

THE ASSOCIATION ADMINISTERED FUNDING FROM THE COMMONWEALTH OF VIRGINIA AND MADE GRANTS TO ITS MEMBER CLINICS FOR THE PURPOSE OF PROVIDING ACCESS TO PRESCRIPTION MEDICATIONS FOR THEIR PATIENTS.

Statement 4 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

THE ASSOCIATION PLANNED AND CONDUCTED AN ANNUAL CONFERENCE OF VIRGINIA'S FREE CLINICS, AN EXECUTIVE DIRECTORS RETREAT, MEDICAL DIRECTORS COUNCIL MEETINGS AND A CLINICAL COORDINATORS WORKDAY

Statement 5 - Form 990, Part III, Line e - Other Program Services

OTHER UNALLOCATED EXPENSES

Federal Statements

5/13/2005 4:00 PM

Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK			
EDWARD JONES INVESTMENT ACCOUNT	<u>1,051</u>	<u>1,052</u>	
	<u>1,051</u>	<u>1,052</u>	

Federal Statements

Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
MARK R CRUSE	GLEN ALLEN VA 23059	10231 TELEGRAPH RD - SUITE B EXEC DIRECT.	40	70,115	6,735	0
KAREN DULANEY	PO BOX 1843 FREDERICKSBURG VA 22401	PRESIDENT	PT	0	0	0
WARD W STEVENS	3700 SOUTH MAIN ST BLACKSBURG VA 24060	VICE-PRES	PT	0	0	0
ELLY SWECKER	25 WEST WATER ST HARRISONBURG VA 22801	TREASURER	PT	0	0	0
MARGE ROWE	316 NORTH ROYAL AVE FRONT ROYAL VA 22630	SECRETARY	PT	0	0	0
N THOMAS CONNALLY	3563 NORTH ABINGDON ST ARLINGTON VA 22207	DIRECTOR	PT	0	0	0
JOSEPH M DOHERTY	10619 JOUSTING LANE RICHMOND VA 23235	DIRECTOR	PT	0	0	0
L TRICE GRAVATTE, IV	493 BLACKWELL RD #202 WARRENTON VA 20186	DIRECTOR	PT	0	0	0
DIANE KELLY	PO BOX 592 ROANOKE VA 24004	DIRECTOR	PT	0	0	0
MEL LEAMAN	PO BOX 1273 MARION VA 24354	DIRECTOR	PT	0	0	0
BENN H LEGUM	1204 WESTMORELAND DR STAUNTON VA 24401	DIRECTOR	PT	0	0	0
JEAN NELSON	PO BOX 1694 KILMARNOCK VA 22482	DIRECTOR	PT	0	0	0
DELL B SOUTH	6409 GLADYS MAY LANE ALEXANDRIA VA 22310	DIRECTOR	PT	0	0	0
BROOKE TAYLOR	PO BOX 27401 - 46D RICHMOND VA 23279	DIRECTOR	PT	0	0	0

Federal Statements**Statement 8 - Form 990, Part VI, Line 82b - Donated Services**

<u>Description</u>	<u>Amount</u>
EXECUTIVE DESK FROM ANTHEM BLUE CROSS	\$ 5,054
PFIZER'S RESERVATION-LESS TELECONFERENCE SERVICE	1,463
QUICKBOOKS TECHNICAL SUPPORT FROM RYAN AND AMES	1,255
TOTAL	<u>\$ 7,772</u>

Statement 9 - Schedule A, Part VI-A - Explanation for Not Completing All Columns

NO LOBBYING EXPENDITURES PRIOR TO 2002.