

EXTENSION

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

2007Open to Public
Inspection

A For the 2007 calendar year, or tax year beginning

and ending

B Check if applicable

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

Please use IRS label or print or type See Specific Instructions

C Name of organization

VA ASSOCIATION OF FREE CLINICS, INC.

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

10231 TELEGRAPH ROAD

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

GLEN ALLEN, VA 23059

D Employer identification number

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)

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 ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.VAFREECLINICS.ORG

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,380,482.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds	1a				
b Direct public support (not included on line 1a)	1b	215,057.			
c Indirect public support (not included on line 1a)	1c				
d Government contributions (grants) (not included on line 1a)	1d	1,908,311.			
e Total (add lines 1a through 1d) (cash \$ 2,120,873. noncash \$ 2,495.)	1e			2,123,368.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			202,931.	
3 Membership dues and assessments	3			42,900.	
4 Interest on savings and temporary cash investments	4			11,283.	
5 Dividends and interest from securities	5				
6 a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	9				
a Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			2,380,482.	
13 Program services (from line 44, column (B))	13			2,444,940.	
14 Management and general (from line 44, column (C))	14			71,910.	
15 Fundraising (from line 44, column (D))	15			15,742.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses. Add lines 16 and 44, column (A)	17			2,532,592.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			<152,110.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			316,726.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20			30,315.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			194,931.	

723001
12-27-07

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

Form 990 (2007)

917-18

**VA ASSOCIATION OF FREE CLINICS,
INC.**

Form 990 (2007)

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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.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>2,134,266</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 2,134,266.	2,134,266.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 75,000.	48,410.		20,914.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 134,381.	113,321.	19,403.	1,657.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 26,996.	23,573.	2,670.	753.
29 Payroll taxes	29 15,923.	12,278.	3,084.	561.
30 Professional fundraising fees	30			
31 Accounting fees	31 4,825.		4,825.	
32 Legal fees	32 2,470.		2,470.	
33 Supplies	33 6,463.	3,232.	1,938.	1,293.
34 Telephone	34 2,358.	1,179.	707.	472.
35 Postage and shipping	35 952.	476.	286.	190.
36 Occupancy	36 11,156.	5,578.	3,347.	2,231.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 438.	219.	131.	88.
39 Travel	39 7,250.	3,996.	1,952.	1,302.
40 Conferences, conventions, and meetings	40 41,626.	41,626.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 2	43g 68,488.	56,786.	10,183.	1,519.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 2,532,592.	2,444,940.	71,910.	15,742.

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2007)

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

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.

What is the organization's primary exempt purpose? ▶

CHARTIABLE & 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) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a 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.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

2,134,266.

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

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

59,825.

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule) SEE STATEMENT 4

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

250,849.

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

2,444,940.

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INC.**

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Part IV Balance Sheets (See 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
Assets	45 Cash - non-interest-bearing	244,279.	45	235,568.
	46 Savings and temporary cash investments	26,807.	46	28,130.
	47 a Accounts receivable	55,141.		
	b Less allowance for doubtful accounts		47c	55,141.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
	56 Investments - other		56	
57 a Land, buildings, and equipment basis				
b Less accumulated depreciation		57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	329,506.	59	318,839.	
Liabilities	60 Accounts payable and accrued expenses	12,780.	60	55,042.
	61 Grants payable		61	68,225.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5)	0.	65	641.
66 Total liabilities. Add lines 60 through 65	12,780.	66	123,908.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	<20,692.>	67	101,789.
	68 Temporarily restricted	337,418.	68	93,142.
	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 and column (B) must equal line 21)	316,726.	73	194,931.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	329,506.	74	318,839.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a		Total revenue, gains, and other support per audited financial statements	a	2,380,482.
b		Amounts included on line a but not on Part I, line 12		
1	b1	Net unrealized gains on investments		
2	b2	Donated services and use of facilities		
3	b3	Recoveries of prior year grants		
4	b4	Other (specify) _____		
Add lines b1 through b4			b	0.
c		Subtract line b from line a	c	2,380,482.
d		Amounts included on Part I, line 12, but not on line a:		
1	d1	Investment expenses not included on Part I, line 6b		
2	d2	Other (specify) _____		
Add lines d1 and d2			d	0.
e		Total revenue (Part I, line 12). Add lines c and d	e	2,380,482.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return									
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a	Total expenses and losses per audited financial statements		a	2,532,592.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,532,592.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	2,532,592.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
-----------------	--

Yes	No
------------	-----------

- | | | | |
|------|---|-----|---|
| 75 a | Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>15</u> | | |
| b | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) | 75b | X |
| c | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization " | 75c | X |
| | If "Yes," attach a statement that includes the information described in the instructions | | |
| d | Does the organization have a written conflict of interest policy? | 75d | X |

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information <i>(See the instructions)</i>
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Yes	No
-----	----

- | | | | |
|------|---|-----|-----|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 76 | 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 | 77 | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | N/A |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a | 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 | X |
| b | If "Yes," enter the name of the organization N/A | | |
| | _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81 a | Enter direct and indirect political expenditures (See line 81 instructions) | 81a | 0. |
| b | Did the organization file Form 1120-POL for this year? | 81b | X |

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Part VI Other Information (continued)

		Yes	No
82 a 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)	82b		N/A
83 a 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 <i>quid pro quo</i> contributions?	83b	X	
84 a 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 a 501(c)(4), (5), or (6) 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?	85b		N/A
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.			
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
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) organizations Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88 a 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	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations 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 <u>0.</u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed <u>VA</u>			
b Number of employees employed in the pay period that includes March 12, 2007	90b		4
91 a The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>804-340-3434</u> Located at <u>10231 TELEGRAPH ROAD, GLEN ALLEN, VA</u> ZIP + 4 <u>23059</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X

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INC.**

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Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

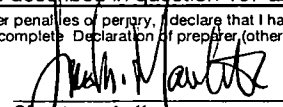
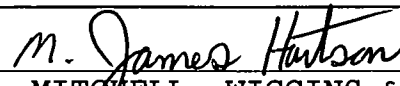
107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here	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	
	Type or print name and title Louis M. Markwith, Executive Director			
Paid Preparer's Use Only	Preparer's signature	 M. James Hutson Jr.	Date	9-10-08
	Firm's name (or yours if self-employed), address, and ZIP + 4	MITCHELL, WIGGINS & COMPANY LLP 100 FLANK ROAD PETERSBURG, VA 23805-9152		Check if self-employed <input type="checkbox"/>
		Preparer's SSN or PTIN (See Gen. Inst. X)		EIN 804-733-5566
		Phone no. 804-733-5566		

Form **990** (2007)

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization **VA 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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A 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 ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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: \$ _____ \$ <u>49,862.</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) VI-A, LINE 38B	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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

VA ASSOCIATION OF FREE CLINICS,

Schedule A (Form 990 or 990-EZ) 2007 **INC.**

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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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,394,741.	1,717,537.	1,208,591.	985,257.	6,306,126.
16 Membership fees received	153,721.	115,466.	97,044.	97,417.	463,648.
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	79,955.				79,955.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12,131.	3,795.	340.	427.	16,693.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,640,548.	1,836,798.	1,305,975.	1,083,101.	6,866,422.
24 Line 23 minus line 17	2,560,593.	1,836,798.	1,305,975.	1,083,101.	6,786,467.
25 Enter 1% of line 23	26,405.	18,368.	13,060.	10,831.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					135,729.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					393,542.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					6,786,467.
d Add: Amounts from column (e) for lines: 18 <u>16,693.</u> 19 _____					
22 <u>393,542.</u> 26b <u>393,542.</u>					410,235.
e Public support (line 26c minus line 26d total)					6,376,232.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					93.9551%
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: N/A					
(2006) (2005) (2004) (2003)					
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 11b, 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: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

NONE

VA ASSOCIATION OF FREE CLINICS,

Schedule A (Form 990 or 990-EZ) 2007 **INC.**

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Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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	
<hr/>		
<hr/>		
<hr/>		
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a 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	

Schedule A (Form 990 or 990-EZ) 2007

VA ASSOCIATION OF FREE CLINICS,

Schedule A (Form 990 or 990-EZ) 2007 **INC.**

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		11,364.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		38,498.
38 Total lobbying expenditures (add lines 36 and 37)	38		49,862.
39 Other exempt purpose expenditures	39		2,482,730.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		2,532,592.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
The lobbying nontaxable amount is -			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		69,158.
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 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	276,630.	275,770.	246,551.	192,581.	991,532.
46 Lobbying ceiling amount (150% of line 45(e))					1,487,298.
47 Total lobbying expenditures	49,862.	45,413.	34,222.	13,411.	142,908.
48 Grassroots nontaxable amount	69,158.	68,943.	61,638.	48,145.	247,884.
49 Grassroots ceiling amount (150% of line 48(e))					371,826.
50 Grassroots lobbying expenditures	11,364.	12,433.	10,634.	6,302.	40,733.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 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
		0.

Exempt Organizations (See page 14 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:

N/A

	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]

52 a 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:

N/A

[illegible]

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
PRIOR PERIOD ADJUSTMENT		<11,130.>	
PRIOR PERIOD ADJUSTMENT		41,445.	
TOTAL TO FORM 990, PART I, LINE 20		30,315.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ACCREDITATION PROGRAM	10,423.	10,423.			
CONSULTANTS	23,656.	23,656.			
DUES FEES & PUBLICATIONS	3,242.		3,242.		
INSURANCE	4,358.		4,358.		
RETREAT	15,435.	15,435.			
STAFF DEVELOPMENT	6,574.	3,287.	1,972.	1,315.	
WORKSHOPS AND OTHER	2,763.	2,763.			
BOARD AND COMMITTEE SUPPORT	2,037.	1,222.	611.	204.	
TOTAL TO FM 990, LN 43	68,488.	56,786.	10,183.	1,519.	

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 3
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
FREE CLINIC SUPPORT ALLEGHANY HIGHLANDS FREE CLINIC POST OFFICE BOX 216 LOW MOOR, VIRGINIA 24457	32,523.
FREE CLINIC SUPPORT AMERICAN RED CROSS ADULT DENTAL CLINIC 611 WEST BRAMBLETON AVENUE NORFOLK, VIRGINIA 23510	7,523.
FREE CLINIC SUPPORT ARLINGTON FREE CLINIC 3833 N. FAIRFAX DRIVE, SUITE 400 ARLINGTON, VIRGINIA 22203	49,773.
FREE CLINIC SUPPORT AUGUSTA REGIONAL FREE CLINIC POST OFFICE BOX 153 FISHERVILLE, VIRGINIA 22939	57,701.
FREE CLINIC SUPPORT BEACH HEALTH CLINIC 3396 HOLLAND ROAD, SUITE 102 VIRGINIA BEACH, VIRGINIA 23452	42,523.
FREE CLINIC SUPPORT BEDFORD CHRISTIAN FREE CLINIC POST OFFICE BOX 357 BEDFORD, VIRGINIA 24523	18,523.
FREE CLINIC SUPPORT BRADLEY FREE CLINIC 1240 THIRD STREET, SW ROANOKE, VIRGINIA 24016	58,023.
FREE CLINIC SUPPORT BROCK HUGHES FREE CLINIC 100 EDMONT ROAD WYTHEVILLE, VIRGINIA 24382	20,023.
FREE CLINIC SUPPORT CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DRIVE #200 CHARLOTTESVILLE, VIRGINIA 22903	121,333.

FREE CLINIC SUPPORT CHESAPEAKE CARE FREE CLINIC 2145 MILITARY HIGHWAY SOUTH CHESAPEAKE, VIRGINIA 23320	45,273.
FREE CLINIC SUPPORT LOVE OF JESUS FORMERLY COMMONWEALTH CLINIC 10930 HULL STREET ROAD MIDLOTHIAN, VIRGINIA 23112	36,910.
FREE CLINIC SUPPORT CROSS OVER MINISTRY 108 COWARDIN AVENUE RICHMOND, VIRGINIA 23224	62,173.
FREE CLINIC SUPPORT CROSSROADS MEDICAL MISSION POST OFFICE BOX 16852 BRISTOL, VIRGINIA 24209	30,523.
FREE CLINIC SUPPORT DR. RICHARD F. CLARK H.E.L.P. FREE CLINIC POST OFFICE BOX 190 HAMPTON, VIRGINIA 23669	23,523.
FREE CLINIC SUPPORT FAN FREE CLINIC POST OFFICE BOX 6477 RICHMOND, VIRGINIA 23230	69,923.
FREE CLINIC SUPPORT FAUQUIER FREE CLINIC POST OFFICE BOX 3138 WARRENTON, VIRGINIA 20188	40,904.
FREE CLINIC SUPPORT FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VIRGINIA 24504	53,023.
FREE CLINIC SUPPORT FREE CLINIC OF CULPEPER 610 LAUREL STREET, SUITE 3 CULPEPER, VIRGINIA 22701	49,848.
FREE CLINIC SUPPORT FREE CLINIC OF DANVILLE POST OFFICE BOX 665 DANVILLE, VIRGINIA 24543	29,023.

FREE CLINIC SUPPORT FREE CLINIC OF FRANKLIN COUNTY POST OFFICE BOX 764 ROCKY MOUNT, VIRGINIA 24151	41,522.
FREE CLINIC SUPPORT GOOCHLAND FREE CLINIC & FAMILY SERVICES POST OFFICE BOX 898 GOOCHLAND, VIRGINIA 23063	35,672.
FREE CLINIC SUPPORT CARING HEARTS FREE CLINIC OF PULASKI COUNTY POST OFFICE BOX 1088 PULASKI, VIRGINIA 24301	54,532.
FREE CLINIC SUPPORT FREE CLINIC OF NEW RIVER VALLEY 215 ROANOKE STREET CHRISTIANSBURG, VIRGINIA 24073	45,522.
FREE CLINIC SUPPORT FREE CLINIC OF THE TWIN COUNTIES POST OFFICE BOX 1708 GALAX, VIRGINIA 24333	14,272.
FREE CLINIC SUPPORT FREE MEDICAL CLINIC OF MARTINSVILLE AND HENRY COUNTY 22 EAST CHURCH, SUITE 311 MARTINSVILLE, VIRGINIA 24112	39,294.
FREE CLINIC SUPPORT FREE MEDICAL CLINIC OF NORTHERN SHENANDOAH VALLEY POST OFFICE BOX 44 WINCHESTER, VIRGINIA 22604	105,063.
FREE CLINIC SUPPORT GLOUCESTER-MATHEWS FREE CLINIC 2276 GEORGE WASHINGTON HIGHWAY HAYES, VIRGINIA 23072	32,522.
FREE CLINIC SUPPORT GREENE CARE CLINIC POST OFFICE BOX 54 STANARDSVILLE, VIRGINIA 22973	33,772.
FREE CLINIC SUPPORT HARRISONBURG-ROCKINGHAM FREE CLINIC 25 WEST WATER STREET HARRISONBURG, VIRGINIA 22801	50,377.

FREE CLINIC SUPPORT
HEALING HANDS HEALTH CENTER
210 MEMORIAL DRIVE
BRISTOL, VIRGINIA 37620

18,522.

FREE CLINIC SUPPORT
JEANIE SCHMIDT FREE CLINIC
POST OFFICE BOX 5143
HERNDON, VIRGINIA 20172

21,950.

FREE CLINIC SUPPORT
LACKEY FREE FAMILY MEDICINE CENTER
1620 OLD WILLIAMSBURG ROAD
YORKTOWN, VIRGINIA 23690

40,522.

FREE CLINIC SUPPORT
LLOYD F. MOSS FREE CLINIC
1301 SAM PERRY BOULEVARD, SUITE 100
FREDERICKSBURG, VIRGINIA 22401

53,522.

FREE CLINIC SUPPORT
LOUDOUN COMMUNITY FREE CLINIC
224 CORNWALL STREET, NW
LEESBURG, VIRGINIA 20176

58,016.

FREE CLINIC SUPPORT
LOUISA COUNTY RESOURCE COUNCIL
POST OFFICE BOX 52
LOUISA, VIRGINIA 23093

39,290.

FREE CLINIC SUPPORT
MADISON FREE CLINIC
12343 SIR JAMES COURT
RICHMOND, VIRGINIA 23233

22,567.

FREE CLINIC SUPPORT
NORTHERN NECK FREE HEALTH CLINIC
POST OFFICE BOX 1694
KILMARNOCK, VIRGINIA 22482

51,010.

FREE CLINIC SUPPORT
PRINCE WILLIAM AREA FREE CLINIC
9301 LEE AVENUE
MANASSAS, VIRGINIA 20110

39,980.

FREE CLINIC SUPPORT
PRO BONO COUNSELING PROGRAM
303 CHURCH STREET
BLACKSBURG, VIRGINIA 24060

19,022.

FREE CLINIC SUPPORT REDDY TRI-COUNTY HEALTH CLINIC POST OFFICE BOX 202 RICHLANDS, VIRGINIA 24641	43,010.
FREE CLINIC SUPPORT RESCUE MISSION HEALTH CARE CENTER POST OFFICE BOX 11525 ROANOKE, VIRGINIA 24022	20,022.
FREE CLINIC SUPPORT RICHMOND AREA HIGH BLOOD PRESSURE CENTER POST OFFICE BOX 5039 RICHMOND, VIRGINIA 23220	57,422.
FREE CLINIC SUPPORT ROANOKE VALLEY MH CARE COLLABORATIVE POST OFFICE BOX 592 ROANOKE, VIRGINIA 24004	19,022.
FREE CLINIC SUPPORT ROCKBRIDGE AREA FREE CLINIC POST OFFICE BOX 1573 LEXINGTON, VIRGINIA 24450	57,535.
FREE CLINIC SUPPORT SHENANDOAH COUNTY FREE CLINIC POST OFFICE BOX 759 WOODSTOCK, VIRGINIA 22664	65,522.
FREE CLINIC SUPPORT SMYTH COUNTY FREE CLINIC POST OFFICE BOX 1273 MARION, VIRGINIA 24354	33,522.
FREE CLINIC SUPPORT ST. DAVID'S FREE HEALTH CLINIC 11241 WEST RIVER ROAD AYLETT, VIRGINIA 23009	16,700.
FREE CLINIC SUPPORT ST. LUKE COMMUNITY CLINIC 316 NORTH ROYAL AVENUE FRONT ROYAL, VIRGINIA 22630	134,772.
FREE CLINIC SUPPORT SURRY AREA FREE CLINIC POST OFFICE BOX 32 SURRY, VIRGINIA 23883	20,722.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>2,134,266.</u>

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
DESCRIPTION OF OTHER PROGRAM SERVICES		GRANTS AND ALLOCATIONS	EXPENSES
OTHER UNALLOCATED EXPENSES		0.	250,849.
TOTAL TO FORM 990, PART III, LINE E			250,849.

FORM 990	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
EMPLOYEE PAYROLL DEDUCTIONS		641.	
TOTAL TO FORM 990, PART IV, LINE 65		641.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	6
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
DIANE KELLY 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	CHAIRMAN 0.00	0.	0.	0.
COLIN DROZDOWSKI 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	VICE CHAIRMAN 0.00	0.	0.	0.
L. TRICE GRAVATTE, IV 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	SECRETARY 0.00	0.	0.	0.
N. THOMAS CONNALLY 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
RUSSELL A. FOWLER 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.

VA ASSOCIATION OF FREE CLINICS, INC.

54-1802019

BENN H. LEGUM 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
CATHY LEWIS 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	CHAIRMAN 0.00	0.	0.	0.
REV. RICHARD C. MALLORY 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
JEAN NELSON 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
MARGE ROWE 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
DELL B. SOUTH 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
WARD W. STEVENS 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
JAMES A. KOHLER, JR 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
MEL LEAMAN 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
SUZANNE SHERIDAN 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	DIRECTOR 0.00	0.	0.	0.
LOUIS M. MARKWITH 10231 TELEGRAPH ROAD RICHMOND, VIRGINIA 23059	EXECUTIVE DIRECTOR 40.00	75,000.	9,414.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

75,000.	9,414.	0.
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Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization VIRGINIA ASSOCIATION OF FREE CLINICS, INC.	Employer identification number 54-1802019
	Number, street, and room or suite no. If a P O box, see instructions 10231 TELEGRAPH ROAD, SUITE B, NO. B	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLEAN ALLEN, VA 23059	

Check type of return to be filed(file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **THE ORGANIZATION**

Telephone No ► **804-340-3434**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2007** or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 3-2008)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization VA ASSOCIATION OF FREE CLINICS, INC.	Employer identification number 54-1802019
	Number, street, and room or suite no. If a P O box, see instructions 10231 TELEGRAPH ROAD, NO. B	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions GLEN ALLEN, VA 23059	

Check type of return to be filed (File a separate application for each return)

☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **THE ORGANIZATION**

Telephone No **804-340-3434**

FAX No

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008**

5 For calendar year **2007**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **M. James Hinton Jr.** Title **CFA**

Date **8/11/08**

Form 8868 (Rev. 4-2008)

MITCHELL, WIGGINS & COMPANY LLP

100 FLANK ROAD

PETERSBURG, VA 23805-9152