NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493314015519

Form **990**

Department of the Treasury Internal Revenue

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

2008
Open to Public Inspection

Servi	сe							
A Fo	r the :	2008	calendar yea	r, or tax year beginning 01-01	-2008 and ending 12-31-2008		D Employer id	entification number
B Che	ck ıf a	pplicabl	ricase	C Name of organization VA Association of Free Clinics Inc			D Employer Id	entification number
☐ Add	ress ch	nange	use IRS label or	Doing Business As			54-18020: E Telephone n	
┌ Nar	ne cha	nge	print or	Doing business As			E Telephone n	umber
┌ Inıt	al retu	rn	type. See Specific	Number and street (or P.O. box	f mail is not delivered to street address	N Room/suite	(804) 340-	
┌ _{Ter}	minatio	on	Instruc- tions.	10231 Telegraph Road No B		, in the same	G Gross receip	ots \$ 4,195,041
┌ Am	ended	return		City or town, state or country, ar	nd ZIP + 4			
_		n pendir		Glen Allen, VA 23059	14 21 1			
i Abt	ilcatioi	i penun						
				ne and address of Principal O M MARKWITH	fficer		a group retur	
				TELEGRAPH ROAD		affiliat	es?	ΓYes Γ Nο
			_	ALLEN,VA 23059		H(b) Are all	affiliates includ	led?
I Ta	k-exem	npt stat	us 🔽 501(c))(3) ◀ (insert no)	1) or 527	(If "No	o," attach a lıs	t See instructions)
v c	eb sit	e: ► v	ww vafreeclir	nics org		H(c) Group	Exemption N	umber 🟲
К Тур	e of org	ganızatı	on 🔽 Corporat	ion trust association other	►	L Year of For	mation 1993 N	State of legal domicile VA
Pa	rt I	Sui	mmary					
	1			e organization's mission or m	ost significant activities			
ψ.		Topr	ovide training	and technical assistance, re	search, resource development a	nd advocacy	to Free Clinic	s throughout the
ဋ					s and supports Virginia's networ			
Governance		large	st providers o	of health care to the uninsured	I			
홀	2	Chec	k this box 🦵	if the organization discontinu	ed its operations or disposed of r	more than 25	5% of its asset	ts
উ	3	Numb	er of voting r	nembers of the governing bod	y (Part VI, line 1a)		3	15
න් ර	4	Numb	er of indepen	ident voting members of the g	overning body (Part VI, line 1b)		. 4	15
<u>ĕ</u>	5	Total	number of en	nployees (Part V , line 2a) .			5	5
Activities &	6	Total	number of vo	olunteers (estimate if necessa	ry)		6	1
ଧୁ	7a	Total	gross unrela	ted business revenue from Pa	rt VIII, line 12, column (C)		7a	0
	ь	Netu	nrelated busi	ness taxable income from For	m 990-T, line 34		7b	0
						Prio	r Year	Current Year
	8	Con	tributions and	d grants (Part VIII, line 1h)			2,123,368	3,782,270
활	9						245,831	403,325
Revenue	10	, and a second control of the second control					11,283	9,446
2	11			art VIII, column (A), lines 5,				0
	12		-		qual Part VIII, column (A), line			•
		12)			, , , , , , , , , , , , , , , , , , ,		2,380,482	4,195,041
	13	Grai	nts and simila	ar amounts paid (Part IX, colu	mn (A), lines 1–3)		2,134,266	3,472,338
	14	Ben	efits paid to o	or for members (Part IX, colun	nn (A), line 4)			0
76	15		iries, other co	ompensation, employee benef	ts (Part IX, column (A), lines 5-			246 764
\$		10)					236,377	246,761
Expenses	16a	Prof	essional fund	raising fees (Part IX, column	(A), line 11e)			0
ਡੋ	b	(Tota	al fundraising ex	penses, Part IX, column (D), line 25	11,161			
	17	Oth	erexpenses ((Part IX, column (A), lines 11	a-11d, 11f-24f)		161,949	156,240
	18	Tota	al expenses—	add lines 13–17 (must equal	Part IX, line 25, column (A))		2,532,592	3,875,339
	19	Rev	enue less exp	penses Subtract line 18 from	line 12		-152,110	319,702
Net Assets or Fund Bafances						Beginniı	ng of Year	End of Year
9 4	20	Tota	al assets (Par	rt X, line 16)			318,839	529,753
Age Be	21	Tota	al liabilities (F	Part X, line 26)			123,908	15,120
<u> </u>	22		•	d balances Subtract line 21	from line 20		194,931	514,633
	t II		nature Blo		Tom file 20		194,931	514,055
Ρđ	. 11		=		d this return, including accompanying so	chedules and st	atements and to	the hest of my knowledge
					f preparer (other than officer) is based of			
Plea		*	****			2009-	11-10	
Sign		Si	gnature of office	er		Date		
Here	•	l lo	uıs m markwıth	executive director				
		Ty	ype or print nam	e and title				
			Irono		Date	Check If	Preparer's PTI	N (See Gen Inst)
Paid	i		reparer's Ignature M	James Hartson Jr CPA	s	elf-	.	
	pare		,		e	mpolyed 🕨		
Use	,	F	irm's name (or		<u> </u>			
Onl			f self-employed) Iddress, and ZIP	<u>+</u> 4	un.		EIN 🕨	
- ,	•			Mitchell Wiggins & Company	LLT			
				100 Flank Road			Phone no 🕨	(804) 733-5566
				Petersburg, VA 238059152				

May the IRS discuss this return with the preparer shown above? (See instructions)

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

1	Briefly describe the organization's mission				
	The Association Administered Funding From the medications for their patients	Commonwealth of Virginia	a and made grants to its	member clinics for the purpose of	providing access to prescription
2	Did the organization undertake any signature form 200 or 200 E73		vices during the yea	r which were not listed on	⊤Yes ▼ No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services				Tes Tes
3	Did the organization cease conducting		changes in how it co	nducts any program	
	services?				┌ Yes ┌ No
4	If "Yes," describe these changes on S				
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) tr	usts are required to	report the amount of grants	
	(Code) (Expenses \$	3,472,338	ıncludıng grants of \$	2,749,883) (Revenue \$	2,746,392)
	The Association Administered Funding From t				
	medications for their patients				
4b	(Code) (Expenses \$		including grants of \$	715,000) (Revenue \$	750,000)
	The Association Administered Funding From t	he Anthem Blue Cross and	Blue Shield Foundation	and made grants to its member cli	nics for the purpose of building a
	strong and vibrant network of Free Clinics ac	cross the Commonwealth o	of Virginia		
4c	(Code) (Expenses \$,	including grants of \$) (Revenue \$	64,246)
	The Association Planned and conducted an al Coordinators Workday, and Governance Trail		a's Free Clinics, an Exect	itive Directors Retreat, Medical Dir	ectors Council Meetings, A Clinical
	(Code) (Expenses \$	271,151	including grants of \$) (Revenue \$	111,269)
	Other program services (Describe ii	n Schedule O N			
-ru	(Expenses \$	including grants of s	5) (Revenue \$)
46					/
<u>4e</u>	Total program service expenses \$	3,800,572	must equal Part IX	, Line 25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			N o
7	Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		N o
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		 N o
9	complete Schedule D, Part III			
	complete Schedule D, Part IV	9		N o
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		N o
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Section State Section Stat	Pai	t V Statements Regarding Other IRS Filings and Tax Complian	ce				
so U.S. Information Returns. Enter-0- if not applicable is Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable is the cognization comply with backup withfolding rules for reportable payments to vendors and reportable gaming (pamiling) withings to prize withins 7. 20. Enter the number of employees reported on Form W-3. Transmitted Wage and Trax Statements file for the calendar year ending with or within the year covered by this fat least one is reported in 2a, did the organization of them to writhin the year covered by the fat least one is reported in 2a, did the organization for within the year of life this return. 3 bif the logarization have unrelated business gross income of \$2.000 or more dumpt by ever covered by this cuttom. 3 bif the cognization in the citiendar year, did the organization have an interest in, or a signiture or other authority over, a financial secount in a freely encurity (such as a bank account, securities account). 4 contraction of the foreign country (such as a bank account, securities account). 5 different interest the name of the foreign country (such as a bank account, securities account). 6 different interest the name of the foreign country (such as a bank account, securities account). 6 different interest the name of the foreign country (such as a bank account, securities account). 6 different interest the name of the foreign country (such as a bank account, securities account). 6 different interest the name of the foreign country (such as a bank account, securities). 6 different interest the name of the foreign country (such as a bank account, securities). 6 different interest the name of the foreign country (such as a bank account, securities). 6 different interest the name of the foreign country (such as a country). 8 different interest the name of the foreign country (such as a country). 9 foreign country (such as a cou						Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter-9- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) within mines of employees reported on Form W-3, Transmitted of Mage and Tax Statements Ried for the calendar year ending with or within the year covered by this return. 5 Enter the number of employees reported on Form W-3, Transmitted of Mage and Tax Statements Ried for the calendar year ending with or within the year overed by this return. 6 If Tax Bloads one is reported in 2a, did the organization file all required federal employment tax returns? 7 Marketif the sum of here I and 2a greater than 250, you may be required to enhelicitive return. 8 If Tax Bloads one is reported in 2a, did the organization file all required federal employment tax returns? 8 Marketif the sum of here I and 2a greater than 250, you may be required to enhelicitive return. 9 If Tax Bloads on the sum of the Internation of the Internation of State of State of International Activities and the organization have an internation on Schedule O. 9 If Tax Bloads on the sum of the foreign country (such as a bank account, securities account, or other authority and country). 9 If Tax Bloads on the sum of the foreign country. 9 If Tax Bloads or acceptions and filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Transmitch Accounts. 9 If Tax Bloads or acceptions and filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Transmitch Accounts. 9 If Tax Bloads or acceptions and filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Transmitch Accounts. 9 If Tax Bloads or acceptions and filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Transmitch Accounts. 9 If Tax Bloads or acception and provide acception and the sum of the Section 120(2) and the sum of the form 10 Section 10 Sectio	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
b Enter the number of Forms W-2G included in line 1s Enter-9- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gramming gaming gamin		of U.S. Information Returns. Enter -0- if not applicable					
c Die the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2 Einter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements flied for the calendar year ending with or within the year covered by this return. 5 If Tax least one is reported in 2a, did the organization file all required federal employment tax returns? Notes! If the sum of lines 1 and 22 is greater than 250, you may be required to e-file this return. 5 If Yes, This it filed a Form 990-T for this year? If No, "provide an explanation in Schedule 0			1a	11			
spanning (gambling) wannings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3. Transmitted of Wage and Tark Statements filed for the celebrating year anding with or within the year covered by this return. 2b If it least one is reported in 2s, did the organization file all required federal employment tax returns? Notes of the sum of times 1s and 2s is greater than 250, you may be required to effect this return. 2b If it reas, has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C. 3b If 'Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C. 3b If Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C. 3c If Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C. 3c If Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C. 3c If Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C. 3c If Yes,' has it filed a Form 990-1 for this year? If 'Wo,' provide an explanation in Schedule C. 3c If Yes,' has it filed a Form 990-1 for this year? If 'Wo,' provide an explanation in Schedule C. 3c If Yes,' has it filed a Form 990-1 for this year? If 'Wo,' provide an explanation in Schedule C. 3c If Yes,' has it filed a Form 990-1 for this year? If 'Wo,' provide an explanation in Schedule C. 3c If Yes,' explore the name of the foreign country. 3c If Yes,' to Sa or Sb, did the organization that it was or is a party to a prohibited tax scheller transaction? 3c If Yes,' to Sa or Sb, did the organization that it was or is a party to a prohibited tax scheller transaction? 3c If Yes,' to Sa or Sb, did the organization this form 8886-7. Declarate the Schedule Contributions or orfits were not tax deductible? 3c Ord the organization schedule with every solicitation an express statement that such contributions or orfits were not tax deductible? 3c Ord the organization schedule and the schedule Contributions under section 17	c		to ven	dors and reportable			
Statements filed for the calendar year ending with or within the year covered by this return. b If at least one is reported in 2s, did the organization hie all required federal employment tax returns? Notest If the sum of nies 1s and 2sis greater than 250, you may be required to e-fire this treturn? 30. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 32. Was the organization have unrelated our organization have an interest in, or a signature or other submority over, a financial account; in foreign country (such as a bank account, securities account, or other financial accounts? 42. No b If "Yes," enter the name of this foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts? 53. Was the organization party to a prohibited tax sheller transaction? 54. No b Did any taxable party notify the organization hie form 88 Be-1, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 55. No b If "Yes," to Sar of Sh, did the organization hie form 88 Be-1, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 55. No 16. If "Yes," field the organization include with very solicitation an express statement that such contributions orgits were not tax deductible? 56. On the organization provide goods or services in exchange for any guid pro quo contribution of \$75 or more? 57. Organizations that may receive deductible contributions under section 170(c). a Did the organization on, during the year, receive any funds, directly or indirectly, on personal benefit contract? 78. No 79. No 69. Ordanization, during the year, receive any funds, directly or indirectly, on personal benefit contract? 79. No 79. No 80. Section 501(c)(3) and other sponsoring organizations maintaining doner advised funds	_		; ·		1c		
b If I least one is reported in 2s, did the organization file all required faderal employment tax returns? Notes if the sum of lines is and 2s is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this start of the property of the prop	2a	Statements filed for the calendar year ending with or within the year covered by this		5			
Note: If the sum of lines Is and 2s is greater than 250, you may be required to efficit this return. 30 Did the organization have unrelated business gross incomes of \$1,000 or more during the year covered by this return? 31 Did the organization have unrelated business gross incomes of \$1,000 or more during the year covered by this provide an explanation in Schedule O. 32 Did the organization than 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a party to a prohibited tax sheller transaction? 52 Was the organization apparty to a prohibited tax sheller transaction? 53 Was the organization apparty to a prohibited tax sheller transaction? 54 No 11 "Yes," did the organization file form 8865-T, Oscioure by Tar-Exempt Entity Regarding Prohibited Tax Sheller Transaction? 54 No 11 "Yes," did the organization include with every solicitation an express statement that such contributions or offer were not tax deductible? 55 Ut the organization solicit any contributions under section 170(c). 56 Ut the organization provide goods or services in exchange for any audi por quo contribution of \$75 or No No 11 "Yes," indicate the number of Forms 8282 filed during the year. 56 If	h			av returns?			
return? 38 IN 0 b If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O. 38 IN 0 b If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O. 39 In Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O. 30 In Yes, the tree is the mark of the foreign country (such as a bank account, securities account, or other mancial account in a foreign country (such as a bank account, securities account, or other mancial account.) If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other mancial accounts." See the instructions for exceptions and filing requirements for Form TDF 99-22.1, Report of Foreign Bank and Foreig					2b	Yes	
4a 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, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial account). b If "yes," enter the name of the foreign country (such as a bank account, secunties account, or other financial account). See the instructions for exceptions and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report for Foreign Bank and filing requirements for Foreign Bank and filing requirements for Foreign Bank and filing Foreign Bank and filing Foreign Bank and filing Foreign Bank a	3а		ng the	year covered by this	3a		No
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	а		ntrıbut	ion of \$75 or	7a		No
Rile Form 8282?	b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year	С		erty for	which it was required to			N1 -
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			 		/c		IN O
benefit contract?	u	Trives, indicate the number of Forms 6262 filed during the year					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	e			niums on a personal	7e		Νο
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		Νο
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9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	8	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
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facilities 11 Section 501(c)(12) organizations Enter a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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a Gross income from members or shareholders	11	Section 501(c)(12) organizations Enter					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	а		 11a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	b	· · · · · · · · · · · · · · · · · · ·	;				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu (of Form 1041?	12a		
year 12b	b	•	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing bu	uy anu management	

tion A. Consuming Rody and Management

					Yes	No	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,				
1a	Enter the number of voting members of the governing body	1a	15				
ь	Enter the number of voting members that are independent	1b	15				
2	b Enter the number of voting members that are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					Νo	
3	, ,			3		Νo	
4	, , ,	ince t	he prior Form 990 was	4		Νo	
Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Table 1. Did the organization have members or stockholders? Table 2. Table 3. Table 4. Table 4. Table 4. Table 5. Table 6. Table 6. Table 6. Table 6. Table 7. Table 7. Table 7. Table 7. Table 8. Table 9. Ta						Νo	
6	6 Does the organization have members or stockholders?						
7a	6 Does the organization have members or stockholders?						
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		No	
8	· · · · · · · · · · · · · · · · · · ·	ons ur	ndertaken during the				
а	the governing body?			8a	Yes		
b	each committee with authority to act on behalf of the governing body?			8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		. ,	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		•	10	Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		Νο	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		No
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Organization 10123 telegraph road Glen Allen, VA 23059 (804) 340-3434

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did r	not compens	ate any	offic	er, c	lirec	tor, tru	uste	e or key employee		
			:ion (chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	(C) n (check all apply) (D) (E) Reportable	Estimated amount of other compensation from the organization and related organizations					
DIANE KELLY , CHAirman		Х		Х				0	0	0
COLIN Drozdowski , VICE CHAIRMAN		Х		Х				0	0	0
L Trice Gravatte IV , SECRETARY		Х		Х				0	0	0
N Thomas Connally , Director		Х						0	0	0
RUSSELL A FOWLER , Director		Х						0	0	0
BEnn H Legum , director		X						0	0	0
CATHY LEWIS , Director		X						0	0	0
REv Richard C Mallory , director		X						0	0	0
JEAN NELSON , director		Х						0	0	0
MARGE ROWE, director		X						0	0	0
DELL B SOUTH, director		Х						0	0	0
WARD W STEVENS , Director		X						0	0	0
JAMEs A Kohler Jr , Director		Х						0	0	0
MEL Leaman, Director		Х						0	0	0
Suzanne Sheridan , Director		Х						0	0	0
LOUIS M MARKWITH , EXECUTIVE DIRECTOR	40 00			Х		Х		95,450	0	14,873

Part VIII Continued

		1	(ition that a	•					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total			٠.	-	<u> </u>		►	95,450	0	14,873

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		N o
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Tatal number of independent contractors (including these in 1) who received more than the	100 000 in componention	

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a		Revenue		312, 313, 61 311
数数	ь		46,100	-			
亞黃			1b	-			
Contributions, gifts, grants and other similar amounts	С	Fundraising events	 1c ————	_			
£ ï	d	Related organizations					
% <u>E</u>	e	Government grants (contributions)		-			
<u>≗</u> .≅		All other contributions, gifts, grants		- !] 		
きゃ	f	similar amounts not included above	e 	-			
豊智	_	Noncash contributions inclu	1f				
25	g	lines 1a-1f \$					
O a	h	Total (Add lines 1a-1f)		3,782,270			
			Business Code	•			
<u> 9</u>	2a	MANAGEMENT FEES	900,09	⊢	339,079		
e E				<u>'</u>	<u>'</u>		
æ	Ь	CONFERENCE REGISTRATIO	900,09	<u>'</u>	· · · · · · · · · · · · · · · · · · ·		
o Ç	С	CONFERENCE SPONSORSHIP	900,09	9 26,750	26,750		
ja ja	d						
ය ⊆	e						
듄	f	All other program service re	venue				
Program Serwice Revenue	g	Total. Add lines 2a-2f ► \$ 403,325					
	3	Investment income (includin	ig dividends, interest	1			
		other similar amounts)		9,446			9,446
	_			•			
	4	Income from investment of tax-ex	empt bond proceeds	<u> </u>			
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss)		\dashv			
		Net rental income of (1055)	· · · · · · · ·	-			
		(ı) Securitie	es (II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		<u>.</u>			
	8a	Gross income from fundraising	- i				-
ψ.		events (not including	ing				
Other Revenue		of contributions reported on	line				
× 4		1c) See Part IV, line 18 Attach Schedule G if total exce	eeds				
č		\$15,000					
Ē	ь	Less direct expenses .	ь	7			
⇟	с	Net income or (loss) from fur	ndraising events				
_	9a	Gross income from gaming	<u> </u>	<u>* </u>			-
		activities See part IV, line 1	19				
		Complete Schedule G if total					
		exceeds \$15,000	a				
	ь	Less direct expenses		1			
	c	Net income or (loss) from ga		+			
			<u> </u>	-			
	10a	Gross sales of inventory, les returns and allowances .					
	.	_	a 	4			
	b	Less cost of goods sold .		-			
	С	Net income or (loss) from sa	ies of life entory : :-				
	4.4	Miscellaneous Revenue	Business Code	4			
	11a						ļ
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d .					
	12	Total Revenue. Add lines 1h		4,195,041	403,325	0	9,446
		8c, 9c, 10c, and 11e		-			

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,472,338	3,472,338		·
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	95,450	76,634	16,435	2,381
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	107,374	86,206		2,680
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	28,415	23,096	4,575	744
10	Payroll taxes	15,522	12,080	3,055	387
11	Fees for services (non-employees)				
а	Management				
b	Legal	178		178	
C	Accounting	6,200		6,200	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,752	876	526	350
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	955	478	286	191
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	49,331	49,331		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance	4,079		4,079	
	total expenses shown on line 25 below)				
а	accreditation program	39,770	39,770		
b	consultants	19,809	19,809		
c	rent	11,156	5,578	3,347	2,231
d	retreat	7,414	7,414		
е	staff development	5,808	2,904	1,742	1,162
f	All other expenses	9,788	4,058	4,695	1,035
25	Total functional expenses. Add lines 1 through 24f	3,875,339	3,800,572	63,606	11,161
26	Joint Costs. Check Tif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

				(A)		(E	
	L			Beginning of year	_	End of	<u> </u>
	1	Cash—non-interest-bearing		235,568	1		346,620
	2	Savings and temporary cash investments		28,130	2		28,799
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		55,141	4		150,797
	5	Receivables from current and former officers, directors, trustees, ke other related parties <i>Complete Part II of Schedule L</i>			5		
	6	Receivables from other disqualified persons (as defined under section ersons described in section 4958(c)(3)(B) Complete Part II of School			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
92	9	Prepaid expenses and deferred charges			9		
ssets	10a						
AS		Land, buildings, and equipment cost basis	10a				
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		10c		
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11 Complete Part V Schedule D	'II of		12		
	13	Investments—program-related See Part IV, line 11 Complete Part V of Schedule D.	/III		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		0	15		3,537
	16	Total assets. Add lines 1 through 15 (must equal line 34)		318,839	16		529.753
	17			55,042	17		14,414
		Accounts payable and accrued expenses .		68,225	18		17,717
	18 19	Grants payable		66,223	19		
	20	Deferred revenue			20		
Ø.		·					
ij.	21	Escrow account liability Complete Part IV of Schedule D	•		21		
園	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Liabilities		persons Complete Part II of Schedule L			22		
_	23	Secured mortgages and notes payable to unrelated third parties .			23		
	24	Unsecured notes and loans payable	•		24		
	25	Other liabilities Complete Part X of Schedule D		641	25		706
	26	Total liabilities. Add lines 17 through 25		123,908	26		15,120
ტ ა		Organizations that follow SFAS 117, check here ▶ 🔽 and complete through 29, and lines 33 and 34.	e lines 27	,			,
ġ	27	Unrestricted net assets		101,789	27		365,621
Balance	28	Temporarily restricted net assets		93,142	28		149,012
<u> </u>	29	Permanently restricted net assets		33,142	29		. 10,012
Fund	23	Organizations that do not follow SFAS 117, check here ► □ and co	mnlat a		23		
or F		lines 30 through 34.	лиріесе		-		
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
Net	33	Total net assets or fund balances		194,931	33		514,633
	34	Total liabilities and net assets/fund balances		318,839	34		529,753
D	rt XI	Financial Statements and Reporting					
ı e	11-VI	i mancial Statements and Reporting				T	
1	٨٠٠٠	ounting method used to prepare the Form 990 Cash 🔽 acc	runi Cathar			Yes	No

art VI	Einancial	Statements	and Reporting
<i>7.</i> 1 a - 3. 4	Financiai	Statements	and keporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Public Charity Status and Public Support

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

Name of the organization

VA Ass	ociatioi	on of Free Clinics Inc						
		54-1802019						
	rt I		ns)					
	rganı	nization is not a private foundation because it is (Please check only one organization)						
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).						
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	<u>_</u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach	•					
4	Γ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A hospital's name, city, and state)(iii). Enter the					
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental ur	nit described in					
		Section 170(b)(1)(A)(iv). (Complete Part II)						
6	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).						
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from t	he general public					
		described in Section 170(b)(1)(A)(vi) (Complete Part II)						
8	Γ	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)						
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, members	hip fees, and gross					
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more th	an 331/3% 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). (Complete Part III)						
10	Г	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See	instructions)					
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to cal						
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Se the box that describes the type of supporting organization and complete lines 11e through 11h	ect ion 509(a)(3). Check					
		a Type I b Type II c Type III - Functionally Integrated d	Type III - Other					
e	Г	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more	· · · ·					
	·	other than foundation managers and other than one or more publicly supported organizations described in						
_		section 509(a)(2)						
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III s check this box	upporting organization,					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the	,					
_		following persons?						
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	Yes No					
		and (III) below, the governing body of the the supported organization?	11g(i)					
		(ii) a family member of a person described in (i) above?	11g(ii)					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)					
h		Provide the following information about the organizations the organization supports						

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))		ation in listed in verning	the orga) of your	(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
-									
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box o	11 IIIIe 5, 7, or	o oi Part I.)				
	ublic Support	1						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,319,158	1,862,819	2,547,323	2,166,268		3,782,270	11,677,838
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf The value of services or facilities						\longrightarrow	
3	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	1,319,158	1,862,819	2,547,323	2,166,268		3,782,270	11,677,838
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							1,015,703
6	Public Support subtract line 5 from line							
Ü	4							10,662,135
T	otal Support						<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,319,158	3,795	2,547,323	2,166,268		3,782,270	11,677,838
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	340	3,795	12,131	11,283		9,446	36,995
-	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							11,714,833
12	Gross receipts from related activities, etc	(See instruction	s)			12		686,211
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		91 010 %
	Public Support Percentage for 2007 Sched		-	(//		15		93 960 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizati	on	·			▶ ✓
17a	box and stop here. The organization qualification for the stand of the organization meets the "factor" and if the organization meets the "factor" and "facto	If the organization is the community of	on did not check ances" test, che	a box on line 1. eck this box and	stop here. Exp	laın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organization is and circumst	on did not check ances" test, che	a box on line 1 eck this box and	3, 16a, 16b, or I stop here. Exp	17a ai Iain in	nd line 15 i Part IV ho	
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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DLN: 93493314015519

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Service If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities) Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B Section 527 organizations complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities) ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) ◆ Section 501(c)(4), (5), or (6) organizations complete Part III Name of the organization Employer identification number VA Association of Free Clinics Inc 54-1802019 Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? **4a** If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(c)(tion 501(h)). (See the instructions for Schedule C		68
Α	_	belongs to an affiliated group		
В	Check If the filing organization	checked box A and "limited control" provisions apply		
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	10,591	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	29,313	
c	: Total lobbying expenditures (add line	es 1a and 1b)	39,904	
d	Other exempt purpose expenditures	3,835,435		
e	Total exempt purpose expenditures	(add lines 1c and 1d)	3,875,339	
f	Lobbying nontaxable amount Enter t	343,767		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	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		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	85,942	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
i	Subtract line 1f from line 1c Enter-	0		

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 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2a	Lobbying non-taxable amount	246,551	275,770	276,630	343,767	1,142,718					
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,714,077					
c	Total lobbying expenditures	34,222	45,413	49,862	39,904	169,401					
d	Grassroots non-taxable amount	61,638	68,943	69,158	85,942	285,681					
e	Grassroots ceiling amount (150% of line d, column (e))					428,522					
f	Grassroots lobbying expenditures	10,634	12,433	11,364	10,591	45,022					

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
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	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
C	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493314015519

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Service Name of the organization **Employer identification number** VA Association of Free Clinics Inc 54-1802019 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service,

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

-\$

Assets included in Form 990, Part X Cat No 52283D

following amounts required to be reported under SFAS 116 relating to these items

provide, in Part XIV, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Par	Organizations Maintaining Co	llections of Art	, His	tori	cal Treasur	es, or Othei	Similar Asse	ts (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie foll	_	-	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or excha	nge programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	further the org	janization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the organi		ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions or	other assets n	ot	Yes	∏ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior \	'ear (c)Two	Years Back (d)T	hree Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held a	is						
а	Board designated or quasi-endowment								
ь	Permanent endowment								
	Term endowment ►								
с За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held and adr	mınıstered for t	:he	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(II), are the related organizatio	•					3b		
ט	Describe in Part XIV the intended uses of th	e organization's end							
4									
4	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990, Par	t X, line 10.	T		
4	t VI Investments—Land, Buildings Description of investment	s, and Equipme	nt. S	(;	orm 990, Par a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
4 Par		s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a	Description of investment	s, and Equipme	<u>nt. S</u>	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a b	Description of investment	s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par Par 1a b c	Description of investment Land	s, and Equipme	nt. S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b c d	Description of investment Land		· · ·	(i ba	a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value

	Investments—Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial d	erivatives and other financial products			
	ld equity interests			
Other				
-				
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Part VIII	Investments—Program Related. Se	e Form 990, Part X, line		
	(a) Description of investment type	(b) Book value		d of valuation ·year market value
			333737311111111111111111111111111111111	, our market raide
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 13) 🕨			
Part IX	Other Assets. See Form 990, Part X, I			
	(a) Descri	ption		(b) Book value
		4.5.)		
	mm (b) should equal Form 990, Part X, col.(B) line			
Part X	Other Liabilities. See Form 990, Part (a) Description of Liability	(b) A mount		
Federal Inc	come Taxes	(b) Amount	1	
	payroll deductions	706		
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 25)	706	1	
			4	

Par	t XII Reconciliation of Cl	hange in Net Assets from Fori	<u>n 99</u>	<u>0 to F</u>	<u>inan</u> c	<u>cial State</u>	<u>eme</u> r	<u>ıts</u>	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)						1	4,195,041
2	Total expenses (Form 990, Par	t IX, column (A), line 25)						2	3,875,339
3	Excess or (deficit) for the year	Subtract line 2 from line 1						3	319,702
4	Net unrealized gains (losses) or	n investments						4	
5	Donated services and use of fac	cilities						5	
6	Investment expenses							6	
7	Prior period adjustments							7	
8	Other (Describe in Part XIV)							8	
9	Total adjustments (net) Add Iir	nes 4 - 8						9	0
10		per financial statements Combine line	s 3 ar	ıd 9				10	319,702
Par		evenue per Audited Financial			ts Wi	th Rever	iue p	er R	<u> </u>
1		r support per audited financial					1		4,195,041
	statements						-	1	
2		t not on Form 990, Part VIII, line 12							
а	Net unrealized gains on invest		•	2a					
Ь	Donated services and use of fa		•	2b					
C	Recoveries of prior year grants	5	•	2c					
d	Other (Describe in Part XIV)		•	2d					
e	Add lines 2a through 2d .						٠	2e	0
3	Subtract line 2e from line 1 .						٠	3	4,195,041
4		0, Part VIII, line 12, but not on line 1							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	•	4a					
b	Other (Describe in Part XIV)			4b					
С	Add lines 4a and 4b						.	4c	0
5		d 4c. (This should equal Form 990, Par						5	4,195,041
		xpenses per Audited Financia		teme	nts W	ith Expe	nses		
1	·	audited financial statements					•	1	3,875,339
2	Donated services and use of fa	t not on Form 990, Part IX, line 25		ء ا	ı				
a			• •	2a					
b	Prior year adjustments		•	2b					
C		Part IX, line 25		2c					
d	Other (Describe in Part XIV)		•	2d				3-	
e	Add lines 2a through 2d						•	2e	0
3	Subtract line 2e from line 1 .		•				•	3	3,875,339
4		O, Part IX, line 25, but not on line 1:		1.	ı				
а		uded on Form 990, Part VIII, line 7b		4a					
Ь	Other (Describe in Part XIV)		•	4b				_	_
_ C	Add lines 4a and 4b						•	4c	0
5 Dar	t XIV Supplemental Inf	nd 4c. (This should equal Form 990, Pa	rt I, II	ne 18 ,)	· · ·	•	5	3,875,339
Con	plete this part to provide the des	scriptions required for Part II, lines 3,				nes 1a and	1 4 , Pa	art XIV	, lines 1b and 2b,
Part		Part XII, lines 2d and 4b, and Part XI	II, lın	es 2da	and 4b				
	Ident if ier	Return Reference				Exp	lanati	ion	

Part XIV Supplemental Information(continued)									
Ident if ier	Return Reference	Explanation							
	-								
	-								
	ļ								

Schedule D (Form 990) 2008

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DLN: 93493314015519 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Schedule I

(Form 990)

Internal Revenue Service	Complete	if the organization ans	wered "Yes," on Form 99	00, Part IV, lines 21 or	22. Attach to Form 990.		Inspection
Name of the organization VA Association of Free Clinics	Inc					Employer identi	fication number
						54-1802019	
		nts and Assistance					
1 Does the organization mathematical the selection criteria use							
2 Describe in Part IV the o							, , , , , , ,
Form 990, Part Part IV and Sch	IV, line 21 for ar redule I-1 if addi	ny recipient that rece	eived more than \$5,0		tes. Complete if the output if the output if no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec	ction 501(c)(3) and	l government	•	_	•		49

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

Software ID:

Software Version:

EIN: 54-1802019

Name: VA Association of Free Clinics Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Par	t II, Grants a	<u>nd Other Assistanc</u>	<u>e to Governments</u>	<u>s and Organization</u>	is in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)		(h) Purpose of grant or assistance
ALLEGHANY HIGHLANDS FREE CLINICPOST OFFICE BOX 216 LOW MOOR, VA 24457	54-1904342	501(c)(3)	65,878				FREE CLINIC SUPPORT
AMERICAN RED CROSS ADULT DENTAL CLINIC611 WEST BRAMBLETON AVENUE NORFOLK,VA 23510	54-0505864	501(c)(3)	29,642				FREE CLINIC SUPPORT
ARLINGTON FREE CLINIC 3833 N FAIRFAX DRIVE SUITE 400 ARLINGTON,VA 22203	54-1671883	501(c)(3)	75,241				FREE CLINIC SUPPORT
AUGUSTA REGIONAL FREE CLINICPOST OFFICE BOX 153 FISHERVILLE,VA 22939	54-1651896	501(c)(3)	83,826				FREE CLINIC SUPPORT
BEACH HEALTH CLINIC 3396 HOLLAND ROAD SUITE 102 VIRGINIA BEACH, VA 23542	54-1366960	501(c)(3)	81,985				FREE CLINIC SUPPORT
BEDFORD CHRISTIAN FREE CLINICPOST OFFICE BOX 357 BEDFORD, VA 24523	54-1630812	501(c)(3)	36,515				FREE CLINIC SUPPORT
BRADLEY FREE CLINIC1240 THIRD STREET SW ROANOKE, VA 24016	23-7380491	501(c)(3)	97,529				FREE CLINIC SUPPORT
BROCK HUGHES FREE CLINIC100 EDGEMONT ROAD WYTHEVILLE,VA 24382	20-2353144	501(c)(3)	50,590				FREE CLINIC SUPPORT
CHARLOTTESVILLE FREE CLINIC1138 ROSE HILL DRIVE 200 CHARLOTTESVILLE, VA 22903	54-1610405	501(c)(3)	184,008				FREE CLINIC SUPPORT
CHESAPEAKE CARE FREE CLINIC2145 MILITARY HIGHWAY SOUTH CHESAPEAKE,VA 23320	54-1642754	501(c)(3)	86,169				FREE CLINIC SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	n (e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	1 ' '		
LOVE OF JESUS FORMERLY COMMONWEALTH CLINIC10930 HULL STREET ROAD MIDLOTHIAN,VA 23112	03-0450006	501(c)(3)	76,977				FREE CLINIC SUPPORT		
CROSS OVER MINISTRY 108 COWARDIN AVENUE RICHMOND,VA 23224	54-1371067	501(c)(3)	113,483				FREE CLINIC SUPPORT		
CROSSROADS MEDICAL MISSIONPOST OFFICE BOX 16852 BRISTOL,VA 24209	54-2038877	501(c)(3)	49,275				FREE CLINIC SUPPORT		
DR RICHARD F CLARK HELP FREE CLINICPOST OFFICE BOX 190 HAMPTON,VA 23669	54-1209213	501(c)(3)	61,859				FREE CLINIC SUPPORT		
FAN FREE CLINICPOST OFFICE BOX 6477 RICHMOND,VA 23230	54-0927792	501(c)(3)	126,676				FREE CLINIC SUPPORT		
FAUQUIER FREE CLINIC POST OFFICE BOX 3138 WARRENTON, VA 20188	54-1669652	501(c)(3)	70,991				FREE CLINIC SUPPORT		
FREE CLINIC OF CENTRAL VIRGINIA1016 MAIN STREET LYNCHBURG,VA 24504	54-1420756	501(c)(3)	92,595				FREE CLINIC SUPPORT		
FREE CLINIC OF CULPEPER610 LAUREL STREET SUITE 3 CULPEPER,VA 22701	52-1366700	501(c)(3)	56,595				FREE CLINIC SUPPORT		
FREE CLINIC OF DANVILLEPOST OFFICE BOX 665 DANVILLE, VA 24543	54-1667654	501(c)(3)	61,356				FREE CLINIC SUPPORT		
FREE CLINIC OF FRANKLIN COUNTYPOST OFFICE BOX 764 ROCKY MOUNT, VA 24151	54-1634138	501(c)(3)	76,008				FREE CLINIC SUPPORT		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOCHLAND FREE CLINIC & FAMILY SERVICESPOST OFFICE BOX 898 GOOCHLAND, VA 23063	54-1967650	501(c)(3)	60,866				FREE CLINIC SUPPORT
CARING HEARTS FREE CLINIC OF PULASKI COUNTYPOST OFFICE BOX 1088 PULASKI,VA 24301	14-1909014	501(c)(3)	42,825				FREE CLINIC SUPPORT
FREE CLINIC OF NEW RIVER VALLEY215 ROANOKE STREET CHRISTIANSBURG, VA 24073	51-0247098	501(c)(3)	87,007				FREE CLINIC SUPPORT
FREE CLINIC OF THE TWIN COUNTIESPOST OFFICE BOX 1708 GALAX,VA 24333	54-1632194	501(c)(3)	38,663				FREE CLINIC SUPPORT
FREE MEDICAL CLINIC OF MARTINSVILLE AND HENRY COUNTY22 EAST CHURCH SUITE 311 MARTINSVILLE, VA 24112	20-2908001	501(c)(3)	61,165				FREE CLINIC SUPPORT
FREE MEDICAL CLINIC OF NORTHERN SHENANDOAH VALLEY POST OFFICE BOX 44 WINCHESTER, VA 22604	54-1373296	501(c)(3)	111,261				FREE CLINIC SUPPORT
GLOUCESTER-MATHEWS FREE CLINIC2276 GEORGE WASHINGTON HIGHWAY HAYES,VA 23072	54-1875619	501(c)(3)	65,437				FREE CLINIC SUPPORT
GREENE CARE CLINIC POST OFFICE BOX 54 STANARDSVILLE, VA 22973	72-1602744	501(c)(3)	45,393				FREE CLINIC SUPPORT
HARRISONBURG- ROCKINGHAM FREE CLINIC25 WEST WATER STREET HARRISONBURG, VA 22801	54-1568909	501(c)(3)	84,409				FREE CLINIC SUPPORT
HEALING HANDS HEALTH CENTER210 MEMORIAL DRIVE BRISTOL,VA 37620	78-0001847	501(c)(3)	22,569				FREE CLINIC SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEANIE SCHMIDT FREE CLINICPOST OFFICE BOX 5143 HERNDON,VA 20172	71-0877944	501(c)(3)	52,351				FREE CLINIC SUPPORT
LACKEY FREE FAMILY MEDICINE CENTER1620 OLD WILLIAMSBURG ROAD YORKTOWN,VA 23690	54-1850915	501(c)(3)	96,246				FREE CLINIC SUPPORT
LLOYD F MOSS FREE CLINIC1301 SAM PERRY BOULEVARD SUITE 100 FREDERICKSBURG, VA 22401	54-1677934	501(c)(3)	102,325				FREE CLINIC SUPPORT
LOUDOUN COMMUNITY FREE CLINIC224 CORNWALL STREET NW LEESBURG, VA 20176	54-1921059	501(c)(3)	68,636				FREE CLINIC SUPPORT
LOUISA COUNTY RESOURCE COUNCIL POST OFFICE BOX 52 LOUISA,VA 23093	54-1648752	501(c)(3)	15,190				FREE CLINIC SUPPORT
MADISON FREE CLINIC 12343 SIR JAMES COURT RICHMOND,VA 23233	31-1654015	501(c)(3)	48,728				FREE CLINIC SUPPORT
NORTHERN NECK FREE HEALTH CLINICPOST OFFICE BOX 1694 KILMARNOCK,VA 22482	54-1679279	501(c)(3)	90,487				FREE CLINIC SUPPORT
PRINCE WILLIAM AREA FREE CLINIC9301 LEE AVENUE MANASSAS,VA 20110	54-1619202	501(c)(3)	82,165				FREE CLINIC SUPPORT
PRO BONO COUNSELING PROGRAM303 CHURCH STREET BLACKSBURG, VA 24060	31-1579158	501(c)(3)	32,801				FREE CLINIC SUPPORT
REDDY TRI-COUNTY HEALTH CLINICPOST OFFICE BOX 202 RICHLANDS,VA 24641	54-1590912	501(c)(3)	47,552				FREE CLINIC SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (d) A mount of cash (e) A mount of non-(a) Name and address of **(b)** EIN (c) IRC Code (f) Method of (a) Description of (h) Purpose of grant organization section arant cash valuation (book. lnon-cash assistancel or assistance ıf applıcable FMV, appraisal, or government assistance other) 54-0573900 RESCUE MISSION 501(c)(3) 48,828 FREE CLINIC SUPPORT HEALTH CARE CENTER POST OFFICE BOX 11525 ROANOKE, VA 24022 52-1303481 99.248 RICHMOND AREA HIGH 501(c)(3) FREE CLINIC **BLOOD PRESSURE** SUPPORT CENTERPOST OFFICE BOX 5039 RICHMOND, VA 23220 ROANOKE VALLEY MH 54-0703132 501(c)(3) 34,907 FREE CLINIC CARE COLLABORATIVE SUPPORT POST OFFICE BOX 592 ROANOKE, VA 24004 ROCKBRIDGE AREA FREE 54-1642220 501(c)(3) 89,889 FREE CLINIC SUPPORT CLINICPOST OFFICE BOX 1573 LEXINGTON, VA 24450 54-2032008 SHENANDOAH COUNTY 501(c)(3) 66,614 FREE CLINIC FREE CLINICPOST SUPPORT OFFICE BOX 759 WOODSTOCK, VA 22664 SMYTH COUNTY FREE 54-1993876 501(c)(3) 53,625 FREE CLINIC CLINICPOST OFFICE SUPPORT BOX 1273 MARION, VA 24354 ST DAVID'S FREE 26-0117479 501(c)(3) 37,871 FREE CLINIC SUPPORT HEALTH CLINIC11241 WEST RIVER ROAD AYLETT, VA 23009 ST LUKE COMMUNITY 54-1801220 501(c)(3) 101,357 FREE CLINIC SUPPORT CLINIC316 NORTH **ROYAL AVENUE** FRONT ROYAL, VA 22630 SURRY AREA FREE 54-1715186 501(c)(3) 42,625 FREE CLINIC CLINICPOST OFFICE SUPPORT BO X 32 SURRY, VA 23883 FREE CLINIC OF 52-1318621 501(c)(3) 56,645 FREE CLINIC PULASKI COUNTYPOST SUPPORT OFFICE BOX 1088 PULASKI, VA 24301

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization VA Association of Free Clinics Inc **Employer identification number**

54-1802019

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	The Association administered various grants to include a grant from the Virginia Health Care Foundation that is an Organizational Capacity Building grant that supports Free Clinics in long-term planning, a grant from the Virginia Department of Health for the purpose of developing an infranstructure at the state level for assessing current systmes, tracking clinical data, and improving quality of care using evidence-based processes, and this includes all Other Unallocated program expenses Expenses \$ 271151 including grants of \$ 0 Revenue \$ 111269

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Organization distributes a copy of the form 990 to all members of the Finance & Audit Committee and makes it available for all other board members prior to the form being filed

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Organization has a written "Conflict of Interest" policy which is reaffirmed each January Each Board member completes a conflict of interest form and signs the form in January The forms are maintained on file in the Organization's office

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Organization posts its current Audited Financial Statement on its wieb site, each year. In addition, copies of the Audited Financial Statements are sent electronically to each member clinic. It is the policy of the Organization to provide copies of financial statements, governing documents and confict of interest information and other documents to the members of the public upon written request. Single copies are provided free of charge. Multiple copies are sent upon the receipt of fifty cents for each page requested. These requests are processed and the information is forwarded within two wieeks.

ldentifier	Return Reference	Explanation
FORM 990 PART XI - LINE 2(C)		THE ORGANIZATION HAS A FORMAL AUDIT COMMITTEE THAT MAINTAINS THIS OVERSIGHT RESPONSIBILITY