

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do no **▶** Go

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ot enter socia	al secur	ity nu	imbers on the	is form as it may	y be ma	de pub	olic.		Open to Publi
to www.irs.g	gov/Fori	m990	for instruction	ons and the late	st infor	mation	l <u>.</u>		Inspection
boninninn	TTTT	1	2020	and anding	TTTNT	3 0	2021		

Α	For the	e 2020 calendar year, or tax year beginning $$ JUL $1,2020$ and e	nding J	UN 30, 2	021	
B B	Check if applicabl	C Name of organization		D Employer id		ation number
	Addre chang					
	Name chang	Doing business as		54-16	1040)5
	Initial return Final return	0.01 DDEGTON AVE	Room/suite 01	E Telephone r 434-2		
	termin			G Gross receipts	\$	3,763,960.
	Amen- return	CHARLOTTESVILLE, VA 22903		H(a) Is this a g	roup re	turn
	Application	F Name and address of principal officer: SOSAN SHERMAN		for subord	dinates'	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subord	dinates inc	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527			list. See instructions
		te: > WWW.CVILLEFREECLINIC.ORG	1	H(c) Group exe		
	Form of art I	forganization: X Corporation Trust Association Other ► Summary	L Year o	of formation: 19	9 T M	State of legal domicile: VA
		Briefly describe the organization's mission or most significant activities: THE C	HARLO'	TTESVILL	E FR	EEE
e	: ·	CLINIC'S MISSION IS TO:				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its	net ass	ets.
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			3	12
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)				12
8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	25
Ņ.	6	Total number of volunteers (estimate if necessary)			6	327
Ċ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			. 7b	0.
				Prior Year		Current Year
9	8	Contributions and grants (Part VIII, line 1h)		3,910,1		3,724,797.
en l	9	Program service revenue (Part VIII, line 2g)		24.4	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,4		12,193.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,9 3,929,6		26,970. 3,763,960.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,949,0	0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)		1,168,3		1,238,561.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		1,100,5	0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 25) 118, 22	0.			
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,438,7	33.	1,952,282.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,607,1		3,190,843.
		Revenue less expenses. Subtract line 18 from line 12		322,4		573,117.
or			Beg	ginning of Current	Year	End of Year
Assets or	20	Total assets (Part X, line 16)		3,259,8		3,456,389.
L Ass	21	Total liabilities (Part X, line 26)		221,7		9,585.
<u>e</u> :		Net assets or fund balances. Subtract line 21 from line 20		3,038,1	06.	3,446,804.
	art II	Signature Block				
		alties of perjury, I declare that I have examined this return, including accompanying schedules a		•		knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledgi T	e	
.		Signature of officer		I Date		
Sig		SUSAN SHERMAN, EXECUTIVE DIRECTOR		Duto		
He	re	Type or print name and title				
			ID	oate (Check	PTIN
Pai	d	Print/Type preparer's name P FRANK BERRY		if	f self-employe	⁻
	parer	Firm's name HANTZMON WIEBEL LLP, CPA'S				54-0618213
	Only	Firm's address PO BOX 1408		1111131		
	,	CHARLOTTESVILLE, VA 22902		Phone r	no. (43	34)296-2156
Ma	y the II	RS discuss this return with the preparer shown above? See instructions				X Yes No
	_					

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CHARLOTTESVILLE FREE CLINIC'S MISSION IS TO:
	1. PROVIDE A VOLUNTEER COMMUNITY HEALTH SUPPORT SYSTEM THAT OFFERS
	HIGH-QUALITY HEALTH CARE TO THE WORKING UNINSURED AND UNDERINSURED
	POPULATION, WHICH WOULD OTHERWISE HAVE LIMITED ACCESS TO CARE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,797,159. including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$2, 797, 159. including grants of \$) (Revenue \$
	CARE AND PHARMACEUTICALS TO QUALIFYING INDIVIDUALS WHO DO NOT QUALIFY
	FOR MEDICARE AND/OR MEDICAID, AND ARE UNINSURED OR UNDERINSURED. THE
	CLINIC RECEIVED SUPPORT IN THE FORM OF DONATED SERVICES AND FACILITIES.
	THE DONATED SERVICES, VALUED AT \$278,620 WERE PROVIDED BY HEALTH CARE
	PROFESSIONALS, PHARMACISTS, LAB TECHNICIANS AND OTHER PROFESSIONALS.
	THE DONATED FACILITY WAS VALUED AT \$33,000 AND DONATED PHARMACEUTICALS
	WERE VALUED AT \$1,385,612. THE CLINIC ENCOURAGES PATIENTS TO SEEK
	TREATMENT EARLY BEFORE SMALL PROBLEMS BECOME LARGE PROBLEMS. THE
	SERVICES ARE PROVIDED BY APPROXIMATELY 327 VOLUNTEERS FROM THROUGHOUT
	THE COMMUNITY INCLUDING MEDICAL STAFF AND OTHER HEALTH PROFESSIONALS
	FROM LOCAL HOSPITALS AND OTHER COMMUNITY HEALTH FACILITIES. ON-SITE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}}\)
4e	Total program service expenses ► 2,797,159.
	Form 990 (2020

Form 990 (2020) CHARLOTTESVILLE FREE CLINIC 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	├°		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ _ _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
10		10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2020) CHARLOTTESVILLE FREE CLINIC Part IV Checklist of Required Schedules (continued)

	• (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
244	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
UZ.		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		х
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		_ <u>-</u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 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		х
37	Did the organization conduct more than 5% 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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
•	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
c				
	(gambling) winnings to prize winners?	1c		
00000	4 12 23 20		990	(2020)

Form 990 (2020) CHARLOTTESVILLE FREE CLINIC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[
	filed for the calendar year ending with or within the year covered by this return 2a	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account))?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ	ization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g	gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro	ovided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi				7.7
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	······	7e		X
f			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	ſ	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		•		
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds. Did the opensoring organization make any toyable distributions under acction 10000		0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				_
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	e?	16		X
	If "Yes," complete Form 4720, Schedule O.			000	
			Farm	990	$(\Omega \Omega \Omega \Omega)$

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 21
7a		7-		Х
	more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUSAN SHERMAN - 434-296-5525			
	901 PRESTON AVE, NO. 301, CHARLOTTESVILLE, VA 22903			

032006 12-23-20

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck	c) itior more		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JONATHAN B. LEIST DENTIST	40.00					x		120 221	0.	0 705
(2) COLLEEN KELLER	40.00					<u> </u>		130,231.	0.	8,795.
FORMER EXECUTIVE DIRECTOR	40.00	1		х	X			121,849.	0.	15,071.
(3) PATRICIA POLGAR-BAILEY	40.00							121/0150		13/0/11
FAMILY NURSE PRACTITIONER		1	Ι.,			X		117,918.	0.	35,387.
(4) DAVID SCHMITT	1.00								<u> </u>	
DIRECTOR		X	7			Ь		0.	0.	0.
(5) JACK KAYTON	1.00			7						
VICE CHAIR		Х		X	7	1		0.	0.	0.
(6) MICHAEL BROOKS	1.00									
DIRECTOR		X						0.	0.	0.
(7) WILL KNIGHT	1.00									
SECRETARY		X		Х				0.	0.	0.
(8) BOBBIE BRUNER	1.00									
DIRECTOR		X						0.	0.	0.
(9) KARA RAMIREZ MULLINS	1.00	l								
DIRECTOR		Х						0.	0.	0.
(10) J. COREY FEIST	1.00	l		l						•
CHAIR	1 00	Х		Х				0.	0.	0.
(11) CHRIS POWELL	1.00	٠,,								0
DIRECTOR (12) AMIT SHAHANE	1 00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) NATE TRICKER	1.00	A				-		0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(14) REBECCA SWETT	1.00	Α				_		0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(15) SANDHYA CHHABRA	1.00							0.	0.	<u></u>
TREASURER	1.00	х		х				0.	0.	0.
(16) SUSAN SHERMAN	40.00	 				T			•	•
EXECUTIVE DIRECTOR		1		х				0.	0.	0.
		1								
									_	
	_	_	_	_	_	_	_			

54-1610405

(A) Name and title	(B) Average hours per		not cl		ition nore	l than o		(D) Reportable compensation	(E) Reportable compensation	- 1	(F) stimate mount	
	week (list any hours for related organizations below line)				recto	Highest compensated character complex compensated character charac	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cor or a	other mpensa from th ganiza nd rela ganizat	ation ne ition ted
										-		
										+		
1b Subtotal								369,998.	0		9,2	53.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)			7					369,998.	0		9,2	
 Total number of individuals (including but n compensation from the organization 							o re	ceived more than \$100,	000 of reportable			2
Did the organization list any former officer.	director trust	20 10	2011.0	mnl	27/2	0 01	bia	host componented omp	lovos on		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su									-			X
and related organizations greater than \$150Did any person listed on line 1a receive or a										4		┢
rendered to the organization? If "Yes." com		_								5		X
Complete this table for your five highest co	mpensated ind	eper	nder	nt cc	ntra	actor	s th	nat received more than \$	3100,000 of compen	sation f	rom	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wi	thin T		ear.			
(A) Name and business	address	NC	NE	C				(B) Description of s	ervices	Comp	C) ensatio	on
2 Total number of independent contractors (i \$100,000 of compensation from the organic		ot lin	nited	l to t	thos C		ted	above) who received mo	ore than			
										Forn	990	(2020)

Form 990 (2020) CHARLOT
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any lin	e in this Dart VIII			
		Crieck ii Scrieddie O Cortains a response of	Thole to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
, Grants mounts	1 :	a Federated campaigns 1a					
z z		b Membership dues1b					
, E	(c Fundraising events1c					
ifts	١,	d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	١,	e Government grants (contributions) 1e 6	511,161.				
Sig		f All other contributions, gifts, grants, and	,				
Ę Ę	· '		L13,636.				
ë =			515,108.				
o d		•		3,724,797.	4		
<u>O</u> 0	ı	h Total. Add lines 1a-1f		5,124,131.			
		-	Business Code				
Ç	2 :	a					
ē Š	ı	b					
am Ser evenue	١ ،	c					
ame		d					
Program Service Revenue		e					
P	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		12,193.			12,193.
	4	Income from investment of tax-exempt bond pro		22/2300			
	5						
	5	Royalties(i) Real	(ii) Personal				
			(II) Fersoriai				
	6 :						
	l	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
	٠	d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
e		and sales expenses 7b					
Revenue	١,	c Gain or (loss) 7c					
Şe.	١,	d Net gain or (loss)	 				
her		a Gross income from fundraising events (not					
₽		including \$					
•		contributions reported on line 1c). See					
	١.	7					
		c Net income or (loss) from fundraising events	·····				
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
	٠ (c Net income or (loss) from gaming activities					
	10 :	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	>				
			Business Code				
ns	11 :	a CONTRACT SERVICES & RE	621400	26,970.	26,970.		
ned iue	• • • •	b					
Miscellaneous Revenue	'						
Sce	'	C					
Ĭ	l '	d All other revenue		26 070			
		e Total. Add lines 11a-11d		26,970.	26 070	^	10 102
	12	Total revenue. See instructions	<u></u>	3,763,960.	26,970.	0.	12,193.

Form 990 (2020) CHARLOTTESVILLE FREE CLINIC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) orga	enizations must complete all column	as All other organizations must se	molete column (A)
Section 30 Hojoj and 30 Hoj(4) orga	anizations must complete all column	is. Ali otri c i organizations must co	mpiete column (A).

	ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	and rob or Fart vin. and other assistance to domestic organizations		expenses	general expenses	expenses
	mestic governments. See Part IV, line 21				
	s and other assistance to domestic				
	duals. See Part IV, line 22				
	s and other assistance to foreign				
	izations, foreign governments, and foreign				
	duals. See Part IV, lines 15 and 16				
	its paid to or for members				
	ensation of current officers, directors,				
•	es, and key employees	110,957.	87,656.	14,424.	8,87
	ensation not included above to disqualified		. , , , , , , ,		
-	s (as defined under section 4958(f)(1)) and				
-	s described in section 4958(c)(3)(B)				
-	salaries and wages	911,559.	722,540.	116,897.	72,12
	n plan accruals and contributions (include	,	, .		,
	1 401(k) and 403(b) employer contributions)				
	employee benefits	137,822.	111,636.	16,539.	9,64
	Il taxes	78,223.	61,796.	10,169.	9,64° 6,25°
	or services (nonemployees):	•			•
	gement				
	ınting				
	ring				
	sional fundraising services. See Part IV, line 17				
	ment management fees				
	(If line 11g amount exceeds 10% of line 25,				
_	n (A) amount, list line 11g expenses on Sch O.)	185,594.	83,668.	94,763.	7,16
	tising and promotion				
	expenses	9,742.	8,768.	487.	48
	nation technology				
	ties				
	pancy	64,230.	59,336.	2,447.	2,44
Travel					-
Payme	ents of travel or entertainment expenses				
	y federal, state, or local public officials				
	rences, conventions, and meetings	9,233.	9,233.		
Interes	st				
Payme	ents to affiliates				
	ciation, depletion, and amortization	68,099.	57,884.	9,534.	68
Insura	ince	6,642.	5,314.	664.	66
	expenses. Itemize expenses not covered				
	(List miscellaneous expenses on line 24e. If e amount exceeds 10% of line 25, column (A)				
	t, list line 24e expenses on Schedule 0.)				
a SUP	PLIES	1,500,524.	1,497,224.	1,650.	1,65
b MIS	CELLANEOUS	62,624.	52,767.	2,825.	7,03
c MEM	BERSHIP FEES	19,366.	15,493.	3,873.	
d UTI	LITIES	11,265.	10,139.	563.	56
e All oth	ner expenses	14,963.	13,705.	629.	62
	unctional expenses. Add lines 1 through 24e	3,190,843.	2,797,159.	275,464.	118,22
	osts. Complete this line only if the organization				
	ed in column (B) joint costs from a combined				
	ional campaign and fundraising solicitation.				
	ere if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,941,040.	1	3,090,569.		
	2	Savings and temporary cash investments	949,718.	2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons descri	oed in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	·
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D		677,390.			
	b	Less: accumulated depreciation	10b	313,570.	369,075.	10c	363,820.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, Iir	ne 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	2,000.
	16	Total assets. Add lines 1 through 15 (must e			3,259,833.	16	3,456,389
	17	Accounts payable and accrued expenses			221,727.	17	9,585.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D		·····	221,727.	25	9,585.
	26	Total liabilities. Add lines 17 through 25	4	▶ ▼	221,121.	26	9,505.
ģ		Organizations that follow FASB ASC 958, o	check here				
nce		and complete lines 27, 28, 32, and 33.			3,038,106.	07	3,446,804.
<u>ala</u>	27				3,030,100.	27	3,440,004.
Ö	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB ASC	958, cne د	ck nere			
P		and complete lines 29 through 33.	-1-				
şte	29	Capital stock or trust principal, or current fun				29	
\SS(30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			3,038,106.	31 32	3,446,804.
ž	32	Total net assets or fund balances Total liabilities and net assets/fund balances			3,259,833.	32	3,456,389.
	<u> </u>	Total liabilities and fiet assets/fully balances			3,433,033.	33	Form 990 (2020

	rt XI Reconciliation of Net Assets			. α	90
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,763	3,9	60.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,19		
3	Revenue less expenses. Subtract line 2 from line 1	3	57	3,1	17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,03	8,1	06.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-16	4,4	19.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	3,44	6,8	04.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>/</u>	<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	· · · · · · · · · · · · · · · · · · ·		. 2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			37
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b	000	(0.0.0.)
			Form	990	(2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

CHARLOTTESVILLE FREE CLINIC

54-1610405 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4145862.	4145929.	3638968.	3910174.	3331397.	19172330.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4145862.	4145929.	3638968.	3910174.	3331397.	19172330.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					Ť	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						19172330.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4145862.	4145929.	3638968.	3910174.	3331397.	19172330.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,916.	13,450.	12,162.	24,419.	12,193.	70,140.
9	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	1					
	assets (Explain in Part VI.)	331,307.	9,870.	20,904.	3,036.		758,517.
11	Total support. Add lines 7 through 10						20000987.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	150,718.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2020 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	95.86 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	97.40 %
16a	33 1/3% support test - 2020. If the o	rganization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies a	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2019. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualifies as a publicly supported organization						
17a	'a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pul	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513					, i	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		4				
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				r	1	Г
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts 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 June 30, 1975						
	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 from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		•		. , . ,	
	check this box and stop here						>
	ction C. Computation of Publi					 	
	Public support percentage for 2020 (li	, , , , , , , , , , , , , , , , , , , ,	,			15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves			10 1 (0)		I 4= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18 0.1/00/ and line 1:	<u>%</u>
198	33 1/3% support tests - 2020. If the						. .
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2019. If the						
00	line 18 is not more than 33 1/3%, che						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	aton 6. Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes." <i>describe in</i> Part VI <i>the role played by the organization in this regard.</i>	3b		
	- 1. 10 Supposed organizations. II Tes, describe in the true played by the organization in this regard.	√ N		

Pa	rt V Typ	e III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Chec	k here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions.
		her Type III non-functionally integrated supporting organizations must co		·	
Sect	ion A - Adjus	sted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-te	rm capital gain	1		
2	Recoveries	of prior-year distributions	2		
3	Other gross	s income (see instructions)	3		
4	Add lines 1	through 3.	4		
5	Depreciatio	n and depletion	5		
6	Portion of o	perating expenses paid or incurred for production or			
	collection o	f gross income or for management, conservation, or			
	maintenanc	e of property held for production of income (see instructions)	6		
7	Other exper	nses (see instructions)	7		
8	Adjusted N	et Income (subtract lines 5, 6, and 7 from line 4)	8		•
Sect	ion B - Minir	num Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate f	air market value of all non-exempt-use assets (see			
	instructions	for short tax year or assets held for part of year):			
а	Average mo	onthly value of securities	1a		
b	Average mo	onthly cash balances	1b		
С	Fair market	value of other non-exempt-use assets	1c		
d	Total (add I	ines 1a, 1b, and 1c)	1d		
е	Discount c	laimed for blockage or other factors			
	(explain in a	letail in Part VI):			
2	Acquisition	indebtedness applicable to non-exempt-use assets	2		
3	Subtract lin	e 2 from line 1d.	3		
4	Cash deem	ed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instruct	ions).	4		
5	Net value of	f non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line	e 5 by 0.035.	6		
7	Recoveries	of prior-year distributions	7		
8	Minimum A	Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distr	ibutable Amount			Current Year
1	Adjusted ne	et income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 d		2		
3	Minimum as	sset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greate	er of line 2 or line 3.	4		
5	Income tax	imposed in prior year	5		
6	Distributab	le Amount. Subtract line 5 from line 4, unless subject to			
	emergency	temporary reduction (see instructions).	6		
7	Chec	k here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting orgar	nization (see
	inatu	otiona)			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(contin}	ued)	
Section	on D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp				
	organ	izations, in excess of income from activity		2		
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	}	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other	distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrib	outions to attentive supported organizations to which th	ne organization is responsive			
	(provid	de details in Part VI). See instructions.			8	
9	Distrib	outable amount for 2020 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
Sectio	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distrib	outable amount for 2020 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2020 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
С	From	2017				
d	From	2018				
е	From	2019				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2020 distributable amount				
i	Carry	over from 2015 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2020 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2020 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
		ining underdistributions for years prior to 2020, if				
	-	Subtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in Part VI. See instructions.				
		ining underdistributions for 2020. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	/I. See instructions.				
7	Exces	s distributions carryover to 2021. Add lines 3j				
	and 4	C.				
8	Break	down of line 7:				
а	Exces	s from 2016				
b	Exces	s from 2017				
		s from 2018				
٨	Evene	s from 2010				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: SPECIAL EVENT PROCEEDS 2016 AMOUNT: \$ 331,307. 2017 AMOUNT: \$ 9,870. 2018 AMOUNT: \$ 20,904. 2019 AMOUNT: \$ 3,036. 2020 AMOUNT: \$ PPP LOAN INCOME 393,400. 2020 AMOUNT: \$

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Part VI

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

OMB No. 1545-0047

	CH	ARLOTTESVILLE FREE CLINIC	54-1610405			
Organiz	ation type (check o	ne):				
Filers of	f:	Section:				
Form 99	00 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	00-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation	•			
		501(c)(3) taxable private foundation				
	, 0	s covered by the General Rule or a Special Rule.				
Note: O	nly a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.			
General	l Rule					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special	Rules					
X	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support te and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	r 16b, and that received from			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcup \$					
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For				

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

CHARLOTTESVILLE FREE CLINIC

54-1610405

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 393,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000 .	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 133,761.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$84,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$350,375.	Person X Payroll

Name of organization Employer identification number

CHARLOTTESVILLE FREE CLINIC

54-1610405

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,403,812.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHARLOTTESVILLE FREE CLINIC

54-1610405

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	476 SHARES OF MICROSOFT (MSFT)	\$102,043.	12/04/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PHARMACEUTICAL SUPPLIES	\$ 1,385,612.	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	000 000 F7 av 000 PF/ (000)

Employer identification number

Name of organization

CHARLO	OTTESVILLE FREE CLINIC			54-1610405
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line e charitable, etc., contributions of \$1,000 c	entry. For organizations	at total more than \$1,000 for the year
(a) No. from Part I	Use duplicate copies of Part III if additional (b) Purpose of gift	space is needed. (c) Use of gift	(d) Desc	ription of how gift is held
_		(e) Transfer of g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			32	
-		(e) Transfer of g		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, a	(e) Transfer of g		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I				
_		(e) Transfer of g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHARLOTTESVILLE FREE CLINIC

Employer identification number 54-1610405

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other strength of year	er accounts
	accounts
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	Yes No
3 1 1 7, 7	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	res NO
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically important la	and area
Protection of natural habitat Preservation of a certified historic struct	
Preservation of open space	uie
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement	ent on the last
	End of the Tax Year
a Total number of conservation easements 2a	LIIG OI LIIG TAX TOUT
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the t	ax
year	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during	g the year
	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the	e year
> \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, 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.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, 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, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, 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,	
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	-
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990. Part X \$\Bigsir \text{3} \text{5} \text{5}	
) (Form 990) 2020

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other Similar A	ssets (continued)						
3	Using the organization's acquisition, accession					, , , , , , , , , , , , , , , , , , , ,						
	collection items (check all that apply):	•	,	Ü	J							
а	Public exhibition	d	Loan or exc	hange progra	m							
b	Scholarly research	e		9- 9								
c	Preservation for future generations	-										
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exempt purpose ir	n Part XIII						
5	During the year, did the organization solicit o											
_	to be sold to raise funds rather than to be ma					Yes No						
Par	t IV Escrow and Custodial Arran											
	reported an amount on Form 990, Pai		3			, , , , , ,						
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other ass	ets not included							
	on Form 990, Part X?					Yes No						
b	If "Yes," explain the arrangement in Part XIII											
		·	· ·			Amount						
С												
	Additions during the year											
	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on Fo					Yes No						
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on F	Part XIII							
Pai	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	orm 990, Part	IV, line 10.							
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years	s back (e) Four years back						
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as:								
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Term endowment	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
За	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administere	ed for the organization	າ						
	by:					Yes No						
	(i) Unrelated organizations					3a(i)						
	(ii) Related organizations											
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			3b						
4	Describe in Part XIII the intended uses of the		ment funds.									
Par	t VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990,	Part X, line 10.							
	Description of property	(a) Cost or ot basis (investm	, , , , , ,	or other (other)	(c) Accumulated depreciation	(d) Book value						
1a	Land											
	Buildings			9,320.	18,193							
С	Leasehold improvements			8,515.	26,967							
	Equipment			9,555.	254,521							
	Other		2	0,000.	13,889							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(. column (B), line 1	0c.)	>	363,820.						

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 CHARLOTTES VI	THE PRES CHI	NIC JE	TOTOTOS Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of year market value
(4) =:	(b) book value	(c) Method of Valuation. Cost of end-	Or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			*
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 900 Part IV line	11d Soo Form 000 Part V line 15	
	Description	Tru. See Form 330, Fart X, line 13.	(b) Book value
(1)	osen pliion		(a) Doom value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line	15.)	>	
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	CHARLOTTESVI	LLE FR	EE CLINIC			54	<u>4-1610</u>	405	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	r	Method noncash cor	(d) of determin ntribution a	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications						>		
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	5	129,496	FMV	DATE	OF TR	ANSI	FER
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other			· ·					
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies	X	1	1,385,612	RET	'AIL V	ALUE		
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other								
26	Other • ()								
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throu	gh 28,	that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	used fo	r			
	exempt purposes for the entire holding period?)					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribu	utions?		31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash	1				
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is che	ecked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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Schedule M (Form 990) 2020

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

CHARLOTTESVILLE FREE CLINIC

Employer identification number 54-1610405

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
1. PROVIDE A VOLUNTEER COMMUNITY HEALTH SUPPORT SYSTEM THAT OFFERS
HIGH-QUALITY HEALTH CARE TO THE WORKING UNINSURED AND UNDERINSURED
POPULATION, WHICH WOULD OTHERWISE HAVE LIMITED ACCESS TO CARE.
2. PROVIDE PRACTICAL EXPERIENCE FOR CURRENT AND FUTURE HEALTH CARE
PROFESSIONALS.
3. HASTEN, THROUGH EDUCATION AND ADVOCACY, THE CREATION OF A
COMPREHENSIVE POLICY FOR ACCESS TO HEALTH CARE.
OUR VALUES INCLUDE:
1. HEALTH CARE (INCLUDING PREVENTION AND EDUCATION), WHICH IS PROMPT,
EXPERT AND EFFICACIOUS.
2. DELIVERY OF SUCH CARE WITH EMPHASIS ON COMPASSION, SENSITIVITY,
CONFIDENTIALITY AND INTEGRITY.
3. ADVOCACY FOR A BETTER SYSTEM OF HEALTH CARE FOR ALL, EVENTUALLY
ELIMINATING THE NEED FOR FREE CLINICS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
2. PROVIDE PRACTICAL EXPERIENCE FOR CURRENT AND FUTURE HEALTH CARE
PROFESSIONALS.
3. HASTEN, THROUGH EDUCATION AND ADVOCACY, THE CREATION OF A
COMPREHENSIVE POLICY FOR ACCESS TO HEALTH CARE.
OUR VALUES INCLUDE:
1. HEALTH CARE (INCLUDING PREVENTION AND EDUCATION), WHICH IS PROMPT,

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

Schedule O (Form 990 or 990-EZ) 2020

EXPERT AND EFFICACIOUS.

Name of the organization

CHARLOTTESVILLE FREE CLINIC

CHARLOTTESVILLE FREE CLINIC

2. DELIVERY OF SUCH CARE WITH EMPHASIS ON COMPASSION, SENSITIVITY,

CONFIDENTIALITY AND INTEGRITY.

3. ADVOCACY FOR A BETTER SYSTEM OF HEALTH CARE FOR ALL, EVENTUALLY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES INCLUDE MEDICAL AND NURSING ASSISTANCE FOR PRIMARY CARE,

MENTAL HEALTH ISSUES, BASIC LAB TESTING, INDIVIDUAL AND GROUP HEALTH

EDUCATION PROGRAMS, DENTAL SERVICES, AND A FULLY LICENSED PHARMACY.

REFERRAL SERVICES INCLUDE COMPREHENSIVE LAB TESTING, RADIOLOGY SERVICES

AND OTHER MEDICAL SPECIALTY SERVICES. ALL SERVICES, SUPPLIES AND

MEDICATION ARE PROVIDED FREE OF CHARGE.

FORM 990, PART VI, SECTION B, LINE 11B:

ELIMINATING THE NEED FOR FREE CLINICS.

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER AND IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS MADE AWARE OF, AND SIGNS, THE WRITTEN CONFLICT OF

INTEREST POLICY. POTENTIAL CONFLICTS OF INTERESTS ARE REQUIRED TO BE

DISCLOSED AT THE EARLIEST PRACTICAL TIME. NO BOARD MEMBER SHALL VOTE ON

ANY MATTER IN WHICH SUCH BOARD MEMBER HAS A CONFLICT OF INTEREST. ANY

BOARD MEMBER, WHO IS UNCERTAIN WHETHER A CONFLICT OF INTERESTS EXISTS, MAY

REQUEST THE BOARD TO MAKE A DETERMINATION REGARDING THE EXISTENCE OF A

CONFLICT OF INTEREST, AND THE BOARD SHALL RESOLVE THE QUESTION BY A

MAJORITY VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

CHARLOTTESVILLE FREE CLINIC	54-1610405
THE BOARD REFERENCES SALARY SURVEYS PUBLISHED BY THE VIRGI	NIA ASSOCIATION
OF FREE CLINICS AND CHARLOTTESVILLE'S CENTER FOR NONPROFIT	EXCELLENCE IN
DETERMINING SALARIES OF ALL STAFF, INCLUDING THE EXECUTIVE	DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 18:	
COPIES OF THE 990 ARE KEPT IN THE EXECUTIVE DIRECTOR'S OFF	ICE AND AVAILABLE
FOR PUBLIC INSPECTION UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, RELATED POLICIES,	AND FINANCIAL
STATEMENTS ARE AVAILABLE, UPON REQUEST, AT THE ORGANIZATION	N'S OFFICE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON ABANDONMENT OF LEASEHOLD IMPROVEMENTS	-164,419.
FORM 990, PART XI, QUESTION 2C: ORGANIZATION'S REVIEW OF A	UDITED FINANCIALS
THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS	

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING IMPROVEMENTS	VARIOUS	SL	20.00	1	16	89,320.				89,320.	18,194.		4,704.	22,898.
_	* 990 PAGE 10 TOTAL						, , , , , ,				, , , , , , ,			-,	,
	BUILDINGS						89,320.				89,320.	18,194.		4,704.	22,898.
	MACHINERY & EQUIPMENT														
	OFFICE FURNITURE AND														
2	EQUIPMENT	VARIOUS	SL	5.00	1	16	174,447.				174,447.	161,713.		9,152.	170,865.
	MEDICAL FURNITURE &														
3	EQUIPMENT	VARIOUS	SL	3.00	1	16	121,098.				121,098.	74,083.		12,092.	86,175.
5	DENTAL EQUIPMENT	VARIOUS	SL	3.00	1	16	44,010.				44,010.	18,725.		8,898.	27,623.
	* 990 PAGE 10 TOTAL														
	MACHINERY & EQUIPMENT						339,555.				339,555.	254,521.		30,142.	284,663.
	OTHER														
4	WEB SITE DEVELOPMENT	VARIOUS	SL	3.00	1	16	20,000.				20,000.	13,889.		6,667.	20,556.
6	BUILD OUT	VARIOUS	SL	5.00	1	16	228,515.				228,515.	26,967.		26,585.	53,552.
	* 990 PAGE 10 TOTAL OTHER						248,515.				248,515.	40,856.		33,252.	74,108.
	* GRAND TOTAL 990 PAGE 10 DEPR				M		677,390.				677,390.	313,571.		68,098.	381,669.
							<i>0,11,030</i> .				0,7,050.	010,011.		35,630.	301,003.

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⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

CHARLOTTESVILLE FREE CLINIC

Asset No.	Description	Dat Acqui	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS BUILDING												
1		VARI	ES	SL	20.00	16	89,320.			89,320.	18,194.		4,704.
	* 990 PAGE 10 TOTAL BUILDINGS						89,320.		0.	89,320.	18,194.		4,704.
	MACHINERY & EQUIPMENT						09,320.		0.	89,320.	10,194.		4,704.
2	OFFICE FURNITURE AND EQUIPMENT MEDICAL FURNITURE &	VARI	ES	SL	5.00	16	174,447.			174,447.	161,713.		9,152.
		VARI	ES	SL	3.00	16	121,098.			121,098.	74,083.		12,092.
5	DENTAL EQUIPMENT * 990 PAGE 10 TOTAL	VARI	ES	SL	3.00	16	44,010.		U	44,010.	18,725.		8,898.
	MACHINERY & EQUIPME						339,555.		0.	339,555.	254,521.		30,142.
	OTHER		L										
	WEB SITE DEVELOPMENT	VARI	ES	SL	3.00	16	20,000.			20,000.	13,889.		6,667.
6	BUILD OUT * 990 PAGE 10 TOTAL	VARI	ES	SL	5.00	16	228,515.			228,515.	26,967.		26,585.
	OTHER						248,515.		0.	248,515.	40,856.		33,252.
	* GRAND TOTAL 990 PAGE 10 DEPR						677,390.		0.	677,390.	313,571.		68,098.