

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 7/01, 2022, and ending 6/30, 2023

B Check if applicable:

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

C
 Community Free Clinic, Inc.
 528-A Lake Concord Road
 Concord, NC 28025

D Employer identification number

58-2131301

E Telephone number

9804983051

G Gross receipts \$ 2,633,881.

F Name and address of principal officer: Laura Lyerly Milliken
 Same As C Above

H(a) Is this a group return for subordinates?

Yes ☐ No ☒H(b) Are all subordinates included?
If "No," attach a list. See instructions.Yes ☐ No ☐I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: <http://www.communityfreeclinic.org>

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1993

M State of legal domicile: NC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: See Schedule O			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	17		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	16		
	6	Total number of volunteers (estimate if necessary)	270		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.		
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,142,819.	Current Year 2,567,338.	
	9	Program service revenue (Part VIII, line 2g)			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,182.	28,867.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,027.	31,138.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,234,028.	2,627,343.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	513,548.	649,339.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	17	b Total fundraising expenses (Part IX, column (D), line 25)	44,544.		
Expenses	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,774,133.	1,990,828.	
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,287,681.	2,640,167.	
	20	Revenue less expenses. Subtract line 18 from line 12	-53,653.	-12,824.	
	Net Assets or Fund Balances	21	Total assets (Part X, line 16)	Beginning of Current Year 2,692,783.	End of Year 2,955,982.
		22	Total liabilities (Part X, line 26)	35,317.	231,394.
		23	Net assets or fund balances. Subtract line 21 from line 20	2,657,466.	2,724,588.

Part II Signature Block

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

Sign Here	Signature of officer: <u>Laura Lyerly Milliken</u>		Date: <u>5-16-2024</u>
	Type or print name and title: <u>Laura Lyerly Milliken</u>		<u>Executive Dir.</u>
Paid Preparer Use Only	Print/Type preparer's name: <u>Terry W. Lancaster</u>	Preparer's signature: <u>Terry W. Lancaster</u>	Date: _____
	Firm's name: <u>Foard and Company P.A.</u>	Check <input type="checkbox"/> if self-employed	PTIN: <u>P00096087</u>
	Firm's address: <u>1347 Harding Place</u>	Firm's EIN: <u>56-1688300</u>	
	<u>Charlotte, NC 28204</u>	Phone no.: <u>704-372-1515</u>	

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

Yes ☒ No ☐

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/01/22

Form 990 (2022)