

## Return of Organization Exempt From Income Tax

2022

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

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

B Check if applicable:	C Community Free Clinic, Inc. 528-A Lake Concord Road Concord, NC 28025	D Employer identification number 58-2131301
<input type="checkbox"/> Address change		E Telephone number 9804983051
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		G Gross receipts \$ 2,633,881.

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer: Laura Leyerly Milliken Same As C Above	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	---

J Website: <a href="http://www.communityfreeclinic.org">http://www.communityfreeclinic.org</a>	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
--	---

K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 0		
Revenue	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) .....	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	5	16
	6 Total number of volunteers (estimate if necessary) .....	6	270
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	7b	0.
Expenses			
	8 Contributions and grants (Part VIII, line 1h) .....	Prior Year 2,142,819.	Current Year 2,567,338.
Net Assets or Fund Balances	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) .....		
	b Total fundraising expenses (Part IX, column (D), line 25) .....	44,544.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,774,133.	1,990,828.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	2,287,681.	2,640,167.
	19 Revenue less expenses. Subtract line 18 from line 12 .....	-53,653.	-12,824.
	20 Total assets (Part X, line 16) .....	Beginning of Current Year 2,692,783.	End of Year 2,955,982.
	21 Total liabilities (Part X, line 26) .....	35,317.	231,394.
	22 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	<i>Laura Leyerly Milliken</i> Signature of officer	5-16-2024 Date			
	Laura Leyerly Milliken Type or print name and title	Executive Dir.			
Paid Preparer Use Only	Print/Type preparer's name Terry W. Lancaster	Preparer's signature <i>Terry W. Lancaster</i>	Date	Check <input type="checkbox"/> if self-employed	PTIN P00096087
	Firm's name Foard and Company P.A.				
	Firm's address 1347 Harding Place Charlotte, NC 28204			Firm's EIN 56-1688300	
				Phone no.	704-372-1515

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)