

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2010**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> National Association of Free Clinics, Inc.		<b>D Employer identification number</b> 56-2273242
	Doing Business As		<b>E Telephone number</b> 703-647-7427
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1800 Diagonal Road, Suite 600	<b>G Gross receipts \$</b> 1,975,478.	
	City or town, state or country, and ZIP + 4 Alexandria, VA 22314		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F Name and address of principal officer:</b> Nicole Lamoureux 1800 Diagonal Road, Suite 600, Alexandria, VA		<b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status:</b> <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			
<b>J Website:</b> ▶ www.freeclinics.us/			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 2003
<b>M State of legal domicile:</b> WV			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Create and maintain a national Organization for the benefit of free clinics around the country.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2
	<b>6</b> Total number of volunteers (estimate if necessary)	6	1500
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 2,400,916.	Current Year 1,958,897.
	<b>9</b> Program service revenue (Part VIII, line 2g)	35,337.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,551.	5,749.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,439,804.	1,964,646.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	143,961.	226,999.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,449,535.	2,154,751.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,593,496.	2,381,750.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	846,308.	-417,104.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 1,193,138.	End of Year 902,094.
	<b>21</b> Total liabilities (Part X, line 26)	30,905.	156,965.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,162,233.	745,129.

**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.

<b>Sign Here</b>	Signature of officer <i>Nicole Lamoureux</i>	Date Aug 29 2013
	Nicole Lamoureux, Executive Director Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Allan C. Sanders, CPA	Preparer's signature <i>Allan Sanders</i>
	Firm's name Weil, Akman, Baylin & Coleman, P.A.	Date AUG 12 2013
	Firm's address 201 West Padonia Road, Suite 600 Timonium, MD 21093-2186	Check <input type="checkbox"/> self-employed Firm's EIN Phone no. 410-561-4411

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No