990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

	For the	e 2018 calend	lar year, or tax year begin	nina .		, 2018, and en	dina			, 20	
_		applicable:	C Name of organization Clin	_	Inc.	,,	- J		П	Employer identification no.	
	Address		Doing business as							20-2778895	
Н	Name ch	•	Number and street (or P.O. box	v if mail is not delivered to	etroat address)		Room/suite	<u> </u>		Telephone number	
\equiv	Initial ret	•	2560 Westgate A		street address)		1100iii/Juite	(561)640-2995			
Н		urn/terminated	City or town, state or province,		n nostal codo		G Gross receipts				
П				•	ii postai code				•		
		nended return West Palm Beach, FL 33409 F Name and address of principal officer:								\$ 1,759,789 ubordinates? Yes X No	
Ш	Applicati	ion pending	r Name and address of principal	onicer:				nis a group re			
_	T	. .	501(c)(3) 501(c) () 4 (manual man)	1047(-)(4)	507	n(b) Are	all subord		- -	
) (insert no.)	4947(a)(1) or	527				st. (see instructions)	
	Website		v.clinicscanhelp.c					roup exem			
		organization: X		ociation Other		L Year of formation: 20	307	M State o	f legal d	lomicile: FL	
Pa	art I	Summar	•								
	1	•	ribe the organization's missi	ŭ		provide used					
ė			t and unwrapped m			ts who may no	t be a	ble to	o af	ford medical	
Governance		equipmen	t for their physi	cal recovery	•						
ern											
Š	2		ox ► ☐ if the organization	•	•			1	. 1		
∞	3		oting members of the gove		,			_ F	3	11	
es	4		ndependent voting members						4	11	
Activities &	5	Total numbe	er of individuals employed in	calendar year 2018	3 (Part V, line 2a)			1	5	11	
Act	6	Total numbe	er of volunteers (estimate if r	necessary)				▼.	6	12	
•	7a		ted business revenue from I						7a	0	
	b	Net unrelate	ed business taxable income	from Form 990-T, li	ne 38				7b	0	
							Prio	r Year		Current Year	
ne	8	Contributions	s and grants (Part VIII, line	1h)			1	L,513,	759	1,745,127	
	9	Program ser	rvice revenue (Part VIII, line	2g)	~~	,				0	
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)					99	183	
Re	11	Other revenu	ue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c	and 11e)			(536)	(1,735)	
	12	Total revenu	ie - add lines 8 through 11 (i	must equal Part VIII,	column (A), line 12)	1	L,513,	322	1,743,575	
	13	Grants and s	similar amounts paid (Part I	X, column (A), lines	1-3)			916,	926	1,012,384	
	14	Benefits paid	d to or for members (Part IX	(, column (A), line 4)						0	
	15	Salaries, oth	ner compensation, employee	benefits (Part IX, c	olumn (A), lines 5-10	0)		290,	486	338,204	
Ses	16a	Professional	I fundraising fees (Part IX, o	column (A), line 11e)						0	
Expenses	t	Total fundrai	ising expenses (Part IX, col	umn (D), line 25)	•	67,099					
Ξ	17	Other expen	ses (Part IX, column (A), lin	es 11a-11d, 11f-24e)			180,	542	165,083	
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, colum	nn (A), line 25) .		1	L,387,	954	1,515,671	
	19	•	ss expenses. Subtract line		, ,			125,		227,904	
- 5	£						Beginning o			End of Year	
Net Assets or	20	Total assets	(Part X, line 16)				1	L,694,	650	1,986,389	
Ass	21	Total liabilitie	es (Part X, line 26)						895	84,730	
Set	22	Net assets of	or fund balances. Subtract	line 21 from line 20			1	L,673,		1,901,659	
Pa	rt II		ire Block					, ,			
Unc	ler penal	ties of perjury, I dea	clare that I have examined this retur				nowledge and	d belief, it is	S		
true	, correct,	, and complete. De	claration of preparer (other than offi	cer) is based on all inform	ation of which preparer ha	s any knowledge.			1		
		Owen	O'Neill						05-	15-2019	
Sig	ın	I	re of officer						Date		
He		Owen	O'Neill, CEO								
	-		print name and title								
		17	eparer's name	Preparer's signature) _	Date	Ch	eck	if PT	'IN	
Pai	id		Legretti		llect	05-14-2019		_		P00837589	
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Mar	, the ID	00 dia	Palm Bea	ch Gardens FI				56.	T-55	3-3682	

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,"		37	
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
,	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)	•		21
	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 provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			7.7
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		v
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
• • • • • • • • • • • • • • • • • • • •	VII, VIII, IX, or X as applicable.			
а				
·	complete Schedule D, Part VI	11a	Х	
k				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
c	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		Χ
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	, , , , , , , , , , , , , , , , , , , ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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	400		3.7
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. a		21
	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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا مد		7.7
20	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
21	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	as in the second distriction of the second s			~~

8) Clinics Can Help, Inc.
Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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 Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3.7
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v
22	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		v
24		33		X
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		77
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		- 23
	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	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	Χ	
Part				
	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	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

18) Clinics Can Help, Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 11								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ					
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 (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		Х					
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								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	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 provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X					
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		X					
9	Sponsoring organizations maintaining donor advised funds.	0-		37					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X					
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
b 1	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders								
a b	Gross income from other sources (Do not net amounts due or paid to other sources								
~	against amounts due or received from them.)								
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
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 in 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		Χ					
	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?	16		X					
	If "Yes," complete Form 4720, Schedule O.								

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 in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

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			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
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	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or 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:	_	7.5	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		Х
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
	tion by a chiefe (This code in Brequeste information about policies not required by the internal revenue code.)		Yes	No
10a	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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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	401		
800	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Florida Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable) 990, and 990-T (Section 501(c))			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Solity) available for public inspection, indicate now you made these available. Check all that apply. ☐ Own website ☐ Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial 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:			
	Clinics Can Help. Inc (561)640-2995. 2560 Westgate Ave. West Palm Beach. FL 33409			

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.

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

Check this box if fielther the organization flor any related	Torgariizatio	Treompe			lincer, director, or ti	usiee.	
				(C)			
(A)	(B)			sition	(D)	(E)	(F)
Name and Title	Average			nore than one rson is both an	Reportable	Reportable	Estimated
Traine and True	hours per			rector/trustee)	compensation	compensation from	amount of
	week (list any				from	related	other
	hours for related	9 5	<u> </u>	7 g x 7	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	divid	Institut	Highes employ	(W-2/1099-MISC)	(W-2/1099-WIGC)	organization
	below dotted	Individual trustee or director	Institutional trust	Highest compensated employee Key employee			and related
	line)	trust		ompe			organizations
		e e	stee	ensa			
				ted			
		7					
(1) Andrea McMillan, Esq	2.00						
Chair		X	X			0	0
(2) John Davis	2.00						
Vice Chair	4.4	X	X			0	0
(3) Alan R Salomon	2.00					-	-
Secretary		X	X			0	0
(4) Thomas A Robilotta	2.00	25	23			,	
Treasurer	2.00	X	X			0	0
	2 00	Λ	^			, ,	U
(5) Richard Lubliner, Esq	2.00	37					•
Director		Х			(0	0
(6) Despina C_Hall, MSPT	2.00						
Director		X			(0	0
(7) John T Levy, Esq	2.00						
Director		Х			(0	0
(8) Alexander Meyers, Esq	2.00						
Director		X				0	0
(9) Carole D Seigworth	2.00						
Director		X				0	0
(10)David Stein, CPA	2.00						
Director		X				0	0
(11)Jason K Pizzo	2.00						
Director		X				0	0
	2.00	21				,	0
(12)Bryant Sims, Esq	2.00_	X					0
Immediate Past Chair	40.00	^			(0	0
(13)Owen O'Neill	40.00					_	_
Chief Executive Officer			X		92,400	0	0
<u>(14)</u>							

Form 990 (2018)

	90 (2018) Clinics Can Help,									20-27788	95	Pa	ige 8
Part	VII Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and			t Con	npen	sated Employee	s (continued)			
	40	(5)			Posi				(5)	(F)		(E)	
	(A)	(B)	(do n	ot che			an one		(D)	(E)	_	(F)	
	Name and title	Average hours per					both an		Reportable compensation	Reportable compensation from		timated nount of	
		week (list any					trustee)		from	related	u	other	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	am pl	Former	the	organizations		pensation	1
		related organizations	ecto	utior	_ e	empl	est c oyee	ē	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the anization	
		below dotted	r trus	al tru		oyee	omp					d related	
		line)	lee	istee			Highest compensated employee				orga	anizations	
							ted						
(15)													
<u>(16)</u>													
(17)													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)						-							
(22)													
<u>(23</u>)_													
(24)													
(25)													
1b	Sub-total							•					-
С	Total from continuation sheets to Part VII, Section							•					
d	Total (add lines 1b and 1c)								92,400	•			0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those list	ed abo	ove)	who	rec	eived	more	e than \$100,000 of	0			
	reportable compensation from the organization									<u> </u>		Yes	No
3	Did the organization list any former officer, directo	r. or trustee.	kev er	olar	vee	or I	hiahes	st co	mpensated			100	110
	employee on line 1a? If "Yes," complete Schedule		-		-		-				3		Х
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than												
	individual										4		Х
5	Did any person listed on line 1a receive or accrue co	•		-			-						
Socti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete So	chedul	e J t	or s	uch	perso	n	· · · · · · · · · ·		5		X
1	Complete this table for your five highest compensate	d independer	nt cont	racto	ore t	hat r	eceive	ad m	ore than \$100,000	of			
•	compensation from the organization. Report comper												
	year.	isation for the	Calci	iuai	ycai	CIIC	allig w	11110	i within the organiz	Lation's tax			
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	ensation	
													_
2	Total number of independent contractors (including				liste	d ab	ove) v	who					
	received more than \$100,000 of compensation from	tne organiza	tion	•									

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r no	te to any line in thi	s Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1	la					
Contributions, Gifts, Grants and Other Similar Amounts	b	-	lb					
, Gr Vmo	С	Fundraising events	lc	32,999				
Sifts ar /	d	Related organizations 1	ld					
imii	е	Government grants (contributions) 1	le	37,995				
er S	f	All other contributions, gifts, grants,						
		and similar amounts not included above 1	lf	1,674,133				
in d	g	Noncash contributions included in lines 1a-1f:	\$	1,017,363				
	h	Total. Add lines 1a-1f		▶	1,745,127			
				Business Code				
aune	2a		_					
Reve								
je –	С							
Sen	d							
<u>ra</u>	е		_					
Program Service Revenue		All other program service revenue	_					
	g	Total. Add lines 2a-2f		• • • • • •				
	3	Investment income (including dividends, interes						
		and other similar amounts)		+	183	183		
	4	Income from investment of tax-exempt bond pr		+				
	5	Royalties	• •		\rightarrow			
	_	(i) Real		(ii) Personal				
		Gross rents						
		Less: rental expenses				Y		
		Rental income or (loss)						
		Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities		(ii) Other				
	_	assets other than inventory	7					
	b	Less: cost or other basis and sales expenses						
	_	Gain or (loss)	7					
		Net gain or (loss)						
<u>o</u>		Gross income from fundraising	Ti					
enne	•	events (not including \$ 32,999	41					
Še		of contributions reported on line 1c).		·				
Other Rev		See Part IV, line 18	a	14,479				
₹	b		b	16,214				
		Net income or (loss) from fundraising events		-	(1,735)		(1,735)
	l	Gross income from gaming activities.			· · ·			
		See Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gaming activities .						
	10a	Gross sales of inventory, less						
		returns and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of inventory $\ \ .$		▶				
		Miscellaneous Revenue		Business Code				
	11a		_ T					
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		-				
	12	Total revenue. See instructions		▶	1,743,575	183		0 (1,735)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 1,012,384 1,012,384 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 92,400 71,077 12,261 9,062 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 187,512 140,936 6,092 40,484 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 33,684 30,567 637 2,480 10 24,608 18,639 1,613 4,356 11 Fees for services (non-employees): b Legal...... d Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 38,504 28,177 8,288 2,039 12 Advertising and promotion 3,298 1,626 29 1,643 Office expenses 13 14 Information technology 15 16 8,432 8,432 17 249 127 6,666 6,290 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,873 1,181 1,426 1,266 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 14,743 22,004 7,261 23 4,200 4,200 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Equipment discards 49,159 49,159 Printing 7,911 3,613 1,145 3,153 c Telephone 2,915 2,274 5,830 641 d Supplies 5,169 4,543 430 196 All other expenses 10,037 9,700 318 19 Total functional expenses. Add lines 1 through 24e . 25 1,515,671 1,408,182 40,390 67,099 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	20,059	1	34,496
	2	Savings and temporary cash investments	380,629	2	337,932
	3	Pledges and grants receivable, net	58,752	3	101,252
	4	Accounts receivable, net	-	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	6		
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	211,491	8	255,153
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1,357,322			
	b	Less: accumulated depreciation 10b 100,740	1,022,745	10c	1,256,582
	11	Investments - publicly traded securities	2,122,120	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	974	15	974
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,694,650	16	1,986,389
	17	Accounts payable and accrued expenses	20,895	17	84,730
	18	Grants payable	207033	18	01,730
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		disqualified persons. Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	20,895	26	84,730
		Organizations that follow SFAS 117 (ASC 958), check here $ ightharpoonup X$ and	20,055		017730
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	1,515,581	27	1,526,703
alan	28	Temporarily restricted net assets	158,174	28	374,956
B	29	Permanently restricted net assets	150/171	29	3717330
nnc	_5	Organizations that do not follow SFAS 117 (ASC 958), check here			
Ϋ́		complete lines 30 through 34.			
its (30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,673,755	33	1,901,659
	34	Total liabilities and net assets/fund balances	1,694,650	34	1,986,389
			, , , •		, , , , , , , ,

Form	m 990 (2018) Clinics Can Help, Inc. 20		5	Page 1 2				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,7	43,5	575			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,515,671					
3	Revenue less expenses. Subtract line 2 from line 1	3	2	27,9	904			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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 in Schedule O)	9			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10	1,9	01,6	559			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				. \square			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

EEA

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2018

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

mation. Inspecting Ins

Cli	.nic	s Can Help, Inc.					20-27788	95			
	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.			
The	orgai	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check only	y one box.)					
1	Ň	A church, convention of churches, or	association of chu	rches described in secti	ion 170(b)	(1)(A)(i).					
2	П	A school described in section 170(b)									
3	П	A hospital or a cooperative hospital s	,,,,,,	•	,	,					
4	H	A medical research organization ope	•				(1)(A)(iii) Enter the				
-	Ш	•	rated in conjunctio	ii wiiii a nospiiai describ	eu iii seci	1011 170(1)	(I)(A)(III). LIILEI LIIE				
_		hospital's name, city, and state:	Coot H				rational trade and the second				
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	governmen	tal unit described in				
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6	Ц	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X										
		described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)							
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant col	lege			
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or	•			
		university:		,	•		ŭ				
10	П	An organization that normally receives	s: (1) more than 33	1/3% of its support from	contributi	ons memb	ership fees, and gros	SS			
. •		receipts from activities related to its e	. ,	• •				,,,			
		support from gross investment income					IOIII Dusiilesses				
		acquired by the organization after Ju		, ,, ,							
11	H	An organization organized and opera	•			1					
12	Ш	An organization organized and operat	•								
		of one or more publicly supported org	-								
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.			
	а		n operated, superv	ised, or controlled by its	supported	l organizat	ion(s), typically by gi	ving			
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the o	directors or	trustees of the				
		supporting organization. You mu	ist complete Part	IV, Sections A and B.							
	b	Type II. A supporting organizatio	n supervised or co	entrolled in connection wi	ith its supp	orted orga	anization(s), by havin	ıg			
		control or management of the sup	porting organization	on vested in the same per	rsons that	control or r	manage the supporte	d			
		organization(s). You must comp	olete Part IV. Sect	ions A and C.							
	С	Type III functionally integrated			nection w	ith, and fu	nctionally integrated	with.			
		its supported organization(s) (see						,			
	d	Type III non-functionally integr			•			tion(s)			
	u	that is not functionally integrated.		· -							
				•		•	it and an attentivenes	3			
	_	requirement (see instructions). Y					Toma II Toma III				
	е	Check this box if the organization				sa Type I,	rype II, Type III				
		functionally integrated, or Type III									
	t	Enter the number of supported organi					• • • • • • • • • •				
	g	Provide the following information about	ut the supported or	ganization(s).	I		I	T			
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	Ü	(v) Amount of monetary	(vi) Amo			
				(described on lines 1-10 above (see instructions))	docum	r governing ent?	support (see instructions)	other supp instruc			
				, , , , , , , , , , , , , , , , , , , ,		1	,		,		
					Yes	No					
(A)											
(~)											
/D\											
(B)											
(2)											
(C)											
, <u> </u>											
(D)											
(E)											
Tota	al .										

20-2778895 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II (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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,258,343	2,126,445	1,437,734	1,513,759	1,745,762	8,082,043
2	Tax revenues levied for the organization'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	1,258,343	2,126,445	1,437,734	1,513,759	1,745,762	8,082,043
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						404,658
6	Public support. Subtract line 5 from line 4						7,677,385
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,258,343	2,126,445	1,437,734	1,513,759		8,082,043
8	Gross income from interest, dividends, payments received on securities loans,	1,230,343	2,120,443	1/43///34	1,313,739	1,745,702	0,002,043
	rents, royalties and income from similar sources	53	96	113	99	183	544
9	Net income from unrelated business activities, whether or not the business is regularly carried on			5			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						8,082,587
12	Gross receipts from related activities, etc. (s	see instructions) .				12	106,186
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2018 (line 6, c					14	94.99 %
15	Public support percentage from 2017 Sched	ule A, Part II, line 1	4			15	94.17 %
16a	33 1/3% support test - 2018. If the organize			-	•		
	box and stop here. The organization qualif						► <u>X</u>
b	33 1/3% support test - 2017. If the organize						
	this box and stop here . The organization q						▶ □
17a		-					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fac		•	•			
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017	· ·		•		iine	
	15 is 10% or more, and if the organization is				-	l	
	Explain in Part VI how the organization mee			-		-	
10	supported organization						▶ ⊔
18	instructions			*			▶ □
	mondotions		· · · · · · · · · ·				🗆

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	-		, ,	•	,	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2018 (line 8, co					15	%
16	Public support percentage from 2017 Schedu					16	%
Se	ction D. Computation of Investme						
17	Investment income percentage for 2018 (line					17	%
18	Investment income percentage from 2017 S	·	•			18	%
	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	alifies as a publicly	y supported organi	zation	▶ □
b	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	not check a box or	line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶ □

Part IV Supportin

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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 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
		163	140
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	0		
	8		
	9a		
	9b		
	9с		
	10a		
	401-		
A (Fo	10b rm 990	or 990-F	Z) 2018
,			,

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
	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 (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's 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 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		
	3, 11			
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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		Vaa	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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	7 7 7 7 11			
	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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)	
а				
b				
C		(see in		
2	Activities Test. Answer (a) and (b) 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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
J	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. <i>Answer (a) and (b) below.</i>			
	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2018 Clinics Can Help, Inc.		20-277	8895	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiz	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust	on Nov. 20, 1970 (explai	n in Part VI). \$	See
	instructions. All other Type III non-functionally integrated supporting organiz	ation	ns must complete Section	ns A through E	Ξ.
C	tion A. Adinated Nat Income		(A) Dries Vees	(B) Curren	t Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(option	al)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
СО	llection of gross income or for management, conservation, or				
ma	aintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Curren	
1	Aggregate fair market value of all non-exempt-use assets (see			(option	ai)
	structions for short tax year or assets held for part of year):				
-	Average monthly value of securities	1a			
	· · ·	1b			
	Average monthly cash balances Fair market value of other non-exempt-use assets	1c			
	·	1d			
	Total (add lines 1a, 1b, and 1c)	10			
	Discount claimed for blockage or other				
	actors (explain in detail in Part VI):	2			
	Acquisition indebtedness applicable to non-exempt-use assets				
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	e instructions).	5	▼		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	_			
	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				

emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

EEA

Sched	ule A (Form 990 or 990-EZ) 2018 Clinics Can Help, Inc.		20-277	78895 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets	11		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Part VI	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, 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 D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Clinics Can Help, Inc. 20-2778895 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 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 🗌 Yes 🗌 No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a **1....** historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > 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 the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (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 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 SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Schedu	ule D (Form 990) 2018 Clinics Can Help,					20-2778	
Par	t III Organizations Maintaining Coll	ections of Ar	rt, Histori	cal Treasures	, or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, and	other records, ch	eck any of th	e following that are	a signific	ant use of its	
	collection items (check all that apply):						
а	Public exhibition	d Loar	n or exchang	e programs			
b	Scholarly research	e Othe	er				
С	Preservation for future generations						
4	Provide a description of the organization's collection	ns and explain ho	w they furthe	r the organization's	exempt p	ourpose in Part	
	XIII.		·	•			
5	During the year, did the organization solicit or receive	e donations of an	t, historical tr	easures, or other s	imilar		
	assets to be sold to raise funds rather than to be m						🗌 Yes 🗌 No
Par	t IV Escrow and Custodial Arranger						
	Complete if the organization answ		Form 99), Part IV, line	9, or rep	orted an amou	nt on Form
	990, Part X, line 21.				, ·		
1a	Is the organization an agent, trustee, custodian or of	her intermediary f	or contribution	ons or other assets	not		
		-					🗆 Yes 🗆 No
b	If "Yes," explain the arrangement in Part XIII and co						
-	ii 100, Oxplaii iio arrangomonem i are xiii ara oc	mpioto the renewi	ing table.			Am	ount
С	Beginning balance				10		Ount
d	Additions during the year				_		
u 0	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on Form 99				$\overline{}$		Yes No
_	If "Yes," explain the arrangement in Part XIII. Check						
Par		спете п тпе ехра	nation nas be	en provided on Pa	III XIII		· · · · · · · · · · · · · · · · · · ·
ı aı	Complete if the organization answ	vered "Vec" or	Form 00) Part IV line	10		
	,					(4) There were beat	(a) Farmurana hash
4.0		(a) Current year	(b) Prior y	ear (c) Two ye	ars back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
D	Contributions						
С	Net investment earnings, gains, and				*		
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						-
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current year		e 1g, columr	ı (a)) held as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶%						
С	Temporarily restricted endowment	<u></u> %					
	The percentages on lines 2a, 2b, and 2c should equ						
3a	Are there endowment funds not in the possession of	of the organization	that are held	d and administered	for the		
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations	isted as required	on Schedule	R?			. 3b
4	Describe in Part XIII the intended uses of the organ		ent funds.				
Par	t VI Land, Buildings, and Equipmen						
	Complete if the organization answ	ered "Yes" or	Form 99	O, Part IV, line	11a. Se	e Form 990, Pa	art X, line 10.
	Description of property	(a) Cost or other		b) Cost or other basis	1 '	Accumulated	(d) Book value
		(investme	nt)	(other)	d	epreciation	
1a	Land			245,340			245,340
b	Buildings			1,053,050		48,630	1,004,420
С	Leasehold improvements						
d	Equipment			30,965		24,143	6,822
е	Other			27,967		27,967	
Total	. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X	K, column (B				1,256,582

Schedule D (Form	n 990) 2018 Clinics Can He	lp, Inc.	20-277889	5 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Pai	rt X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)	(4) = 5511 151145	Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
I dit tiii	Complete if the organization answere	d "Yes" on Form 990 Pa	art IV line 11c See Form 990 Par	t X line 13
-	·			171, 1110 10.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
/1\			Cost of one of year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		·		
(9)				
	n) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Pai	t X, line 15.
		Description		(b) Book value
	rity deposits			97
(2)				
(3)				
(4)		·		
(5)		Y		
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)		97
Part X	Other Liabilities.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 99	30, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
\~/		t contract the contract to the		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,759,789
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	1 550 500
3	Subtract line 2e from line 1	3	1,759,789
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b c	Other (Describe in Part XIII.) 4b (16,214) Add lines 4a and 4b	4c	(16.214)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	(16,214)
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		1,743,575
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	CI IXCL	uiii.
1	Total expenses and losses per audited financial statements	1	1,531,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	1,331,003
a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	16,214
3	Subtract line 2e from line 1	3	1,515,671
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	•	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,515,671
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3,5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa	rt X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01.	Other revenues included on Form 990 (Part XI, line 4b)		
Fun	draising expenses reported on Part VIII, Statement of Revenue, line 8b		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2018

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

vame of the organization					Employer iden	tification number
Clinics Can Help, Inc.					20-277	
Fundraising Activities Form 990-EZ filers are no				swered "Yes" on Form	990, Part IV,	line 17.
1 Indicate whether the organization rais		•	•	vities Check all that apply		
a Mail solicitations	sca ranas unougn e	_	_	of non-government grants		
				_		
b Internet and email solicitations		_		of government grants		
c Phone solicitations		g ⊔	Special fun	draising events		
d In-person solicitations						
2a Did the organization have a written or	r oral agreement wi	th any indiv	idual (includ	ling officers, directors, trustee	es,	
or key employees listed in Form 990,	Part VII) or entity i	n connectio	n with profe	ssional fundraising services?	Ye 🗌 Ye	s 🗌 No
b If "Yes," list the 10 highest paid individ	duals or entities (fu	ndraisers) p	oursuant to a	agreements under which the f	fundraiser is to be	
compensated at least \$5,000 by the o	organization.					
,						
		(III) Did 6		(v)	Amount paid to	(-i) Atid t-
(i) Name and address of individual	(ii) Activity		draiser have control of	(iv) Gross receipts (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(II) Activity		utions?	from activity fund	draiser listed in	organization
					col. (i)	
		Yes	No			
1						
2						
3						
4						
7						
-						
5						
6						
7						
8						
9						
10						
Facel			ē			
Total		· · · · · ·	>			
3 List all states in which the organization	n is registered or lic	ensed to so	licit contribu	itions or has been notified it i	s exempt from	
registration or licensing.						

			nics Can Help, In			-2778895	Page 2
Pa	art II	_					
		than \$15,000 of fundraising		d gross income on Fo	rm 990-EZ, lines 1 and 6	3b. List events w	ith .
		gross receipts greater than					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total ev	
			Golf Tourn		None	(add col. (a) t col. (c))	
			(event type)	(event type)	(total number)	COI. (C))	'
nue							
Revenue	1	Gross receipts	44,284			44	,284
œ							
	2	Less: Contributions	32,999			32	,999
	3	Gross income (line 1 minus	44 00-				
_		line 2)	11,285				,285
	,	Cook prizes					
	4	Cash prizes				_	
	5	Noncash prizes	600				600
	٦	Noncasti prizes	800				800
S	6	Rent/facility costs	3,210			3	,210
SUS	ľ	Trenviadinty decide	3,210			+ 3	,210
жbе	7	Food and beverages	4,110			4	,110
Direct Expenses							,
Dire	8	Entertainment					
	9	Other direct expenses	5,401			5	,401
	10	Direct expense summary. Add lines	4 through 9 in column (d)		\.\ \	13	,321
	11	Net income summary. Subtract line					,036)
Pa	art II		-	Yes" on Form 990, Pa	art IV, line 19, or reporte	d more	
		than \$15,000 on Form 990)-EZ, line 6a.		<u> </u>		
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gam	
Revenue			, ,	bingo/progressive bingo	(, 0	col. (a) through	n coi. (c))
Re		0					
_	1	Gross revenue					
	,	Cook prizes					
enses	2	Cash prizes					
G	3	Noncash prizes					
Exp	٦	Noncasti prizes					
Direct	4	Rent/facility costs					
Ö		Tronviacinty decic					
	5	Other direct expenses					
			☐ Yes %	Yes	% Yes %	, 0	
	6	Volunteer labor	□ No	□ No	□ No		
	7	Direct expense summary. Add lines	2 through 5 in column (d)				
	8	Net gaming income summary. Sub	tract line 7 from line 1, colur	mn (d)	<u></u>		
9		ter the state(s) in which the organiza					
a		the organization licensed to conduct	gaming activities in each of	these states?		∐ Yes	∐ No
k	olf"	No," explain:					
	_						
40			Baaraa waxaba daasaa	and an an annual transfer of the color	ha tau waan?		
		ere any of the organization's gaming Yes," explain:	iicerises revokea, suspende	or terminated during t	ne tax year?	∐ Yes	∐ No
L	, 11	100, Expiairi.					

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" or Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Clinics	Can Help, Inc.						20-2778895	
Part I	General Information on	Grants and Assis	tance				1	
1 Does	s the organization maintain records to	substantiate the amou	int of the grants or assist	tance, the grantees' eli	igibility for the grants or	assistance, and		
	selection criteria used to award the gr							. 🛛 Yes 🗌 N
2 Desc	cribe in Part IV the organization's pro							
Part II	Grants and Other Assistan	ce to Domestic Org	ganizations and Dor	nestic Governmer	nts. Complete if the o	organization answered	"Yes" on Form 990),
	Part IV, line 21, for any recip	ient that received mo	ore than \$5,000. Part	Il can be duplicate	d if additional space	is needed.		
1 (a) i	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran
(1)		•						
(2)			5					
(3)								
(4)								
(5)								
(6)	K							
(7)								
(8)								
(9)								
(10)								
	er total number of section 501(c)(3) are	•		table				

Clinics Can Help, Inc. 20-2778895

Page 2

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Do	mestic Individu	ials. Complete if the	he organization answ	ered "Yes" on Form 99	0, Part IV, line 22.
	Part III can be duplicated if additional	space is needed	d.			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Medic	al equipment and supplies for					Wheelchairs, hospital beds,
1 individuals in need		3,500		1,012,384	Fair market value	mattresses, walkers
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	the information r	required in Part I, I	ine 2; Part III, column	(b); and any other add	litional information.

Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 **2018**

Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization Employer identification number 20-2778895 Clinics Can Help, Inc. Part I Types of Property (c) (b) (d) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded. . . . Securities - Closely held stock . . 10 Securities - Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . . 13,565 1,017,363 Fair market value 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 27 Other ►(Other ►(28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Χ to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. b Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Clinics Can Help, Inc. 20-2778895 01. Form 990 governing body review (Part VI, line 11) Form 990 is reviewed by the Chief Executive Officer and distributed to Board members for review prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) The organization's bylaws require Board members to complete a Conflicts of Interest Disclosure Form annually and disclose any potential conflicts of interest 03. CEO, executive director, top management comp (Part VI, line 15a) Compensation of the Chief Executive Officer is reviewed annually for reasonableness and approved by the Board. 04. Other officer or key employee compensation (Part VI, line 15b Compensation of officers and key employees is reviewed annually for reasonableness and approved by the Board. 05. Form 990 availability to public (Part VI, line 18) The organization's Form 990 is made available to the general public on its website www.clinicscanhelp.org and also on www.guidestar.org 06. Governing documents, etc, available to public (Part VI, line 19) All governing documents are maintained on file by the organization and available upon request.

07. General explanation attachment

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Employer identification number Clinics Can Help, Inc. 20-2778895 Whistleblower Policy (Part VI, line 13) The organization requires directors, officers, and employees to observe high standards of business and personal ethics and has an open door policy to report violations or suspected violations in good faith without suffering harassment, retaliation or adverse employment consequence. Reports of violations or suspected violations may be submitted anonymously. Record Retention Policy (Part VI, line 14) The organization's record retention policy sets minimum requirements to maintain documentation for accounting transactions, payroll records, and contracts and agreements.

990 Overflow Statement	2018 Page 1	
Name(s) as shown on return	FEIN	
Clinics Can Help, Inc.	20-2778895	

All other expenses (Program Services)

Description	Amount	
Bank charges	\$	2,884
Dues and subscriptions		1,921
Staff recognition		1,594
Repairs and maintenance		1,618
Postage		669
Other costs		561
Licenses and taxes		453
Total:	\$	9,700

All other expenses (Management & General)

Description		A1	mount
Bank charges		\$	70_
Dues and subscriptions			100
Staff recognition			118_
Other costs			30
	Total:	\$	318