_	99	n	Dotur	of Organization Exam	ot Erom In					OMB No. 1545-0047
Form	33	U	Returi	n of Organization Exem	pt From in	COII	ie rax			2019
Rev.	January	2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal R	evenue Code (e	except	private fou	ndation	s)	2013
Depar	► Do not enter social security numbers on this form as it may be made public.								Open to Public	
	ternal Revenue Service Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.									Inspection
A F	For the 2	2019 calendar	year, or tax year begin	ning	, 2019, a	and en	ding			, 20
B	Check if ap	plicable:	C Name of organization	Clinics Can Help, Inc.				D Emp	oyer ide	entification number
A	Address ch	nange	Doing business as						20-	2778895
_ r	lame chan	nge	Number and street (or P.	O. box if mail is not delivered to street address)		Room/	suite	E Telep	hone nu	mber
	nitial returr	n	2560 Westgat	e Ave					(56	1)640-2995
_ F	inal return	h/terminated	City or town, state or pro	vince, country, and ZIP or foreign postal code				G Gros	s receipt	S
/	Amended re	eturn	West Palm Be	ach, FL 33409				\$		1,930,075
A	Application	pending	F Name and address of pri	ncipal officer:			H(a) Is this a	group return	for subord	linates? Yes X No
					_		H(b) Are all	subordinat	es incluc	ded? Yes No
٦	ax-exemp		()()) (insert no.) 4947(a)(1) or	527		lf "No,"	attach a li	st. (see i	nstructions)
J V	Vebsite:		clinicscanhelp.				H(c) Group	o exemptio	n numbe	r 🕨
		, <u> </u>	orporation Trust Ass	ociation Dther	L Year of formati	ion: 2(007 M	State of leo	gal domic	cile: FL
Pa		Summary								
		•	•				rovide m	edica	l eq	uipment and
ė	1	supplies f	for children and	l adults in need in Palm	Beach Coun	ty.				
anc	-									
Activities & Governance										
202			-	discontinued its operations or dispose					I	
<u>م</u>										13
ies				s of the governing body (Part VI, line 1						13
tivit				n calendar year 2019 (Part V, line 2a)				. 5		13
Ac			of volunteers (estimate if			$\cdot \cdot \cdot$. 6		15
				Part VIII, column (C), line 12			• • • • • •	. 7a		0
	D	Net unrelated i	business taxable income	e from Form 990-T, line 39	· · · · · · · · ·		••••	. 7b		0
	8 (Contributions	and grapts (Dart VIII line	16)			Prior Year			Current Year
ē				1h)			1,745	5,127		1,893,210
Revenue		-		A), lines 3, 4, and 7d)				183		12,286
Rev				nes 5, 6d, 8c, 9c, 10c, and 11e)			(*	1,735)		(1,715)
_			,	must equal Part VIII, column (A), line 1			1,743			1,903,781
							1,012			1,147,433
			o or for members (Part I				1,011	.,		0
				e benefits (Part IX, column (A), lines 5-	10)		338	3,204		337,121
Expenses				column (A), line 11e)						0
Sen			ng expenses (Part IX, co							
ă				nes 11a-11d, 11f-24e)			165	5,083		198,875
				equal Part IX, column (A), line 25)			1,515	-		1,683,429
		Revenue less e	expenses. Subtract line	18 from line 12	<u></u>			7,904		220,352
Net Assets or Fund Balances							ginning of Curr	ent Year		End of Year
sets alan	20	Total assets (P	Part X, line 16)				1,986	5,389		2,139,722
t As	21	Total liabilities	(Part X, line 26)				84	1,730		17,711
				line 21 from line 20			1,901	L,659		2,122,011
	rt II	Signature	*							
				rn, including accompanying schedules and statem icer) is based on all information of which preparer		of my kr	nowledge and be	lief, it is		
					.					
Sig	n	· · · · · · · · · · · · · · · · · · ·	O'Neill							-2020
-		Signature o						Da	iie	
Here Owen O'Neill, CEO Type or print name and title										
		Print/Type prepa		Preparer's signature	Date			<u> </u>	PTIN	
	ч					0.2.0	Check			00000000
Paie Pro	a parer	Dan Alle	-	L Allecto	05-14-2	0∠0		ployed	PC	00837589
	e Only	Firm's name		Allegretti CPA PA			Firm's EIN			
036	Only	Firm's address		Blvd Suite 600			Phone no.	5 6 1	222	2692
		1	Paim Bea	ich Gardens FL 33410				561-	443-	3084

	Palm Beach Gardens FL 33410	561-223-368
May the IRS of	discuss this return with the preparer shown above? (see instructions)	

Yes

X No

Form		20-2778895	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	•••••	🗌
1	Briefly describe the organization's mission:		
	To collect and provide medical equipment and supplies for children and adults	in need in	Palm
	Beach County.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.	<u> </u> les <u> </u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
Ũ	services?	Ves 🖸	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	l by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,556,873 including grants of \$ 1,147,433) (Revenue	\$)
	Distributed durable medical equipment (DME) and supplies that includes tradit	ional and m	otorized
	wheelchairs, home hospital beds, medical air mattresses, walkers, nebulizers,		
	bedside commodes, incontinence briefs, and wound care supplies to aid childre	n and adult	s in
	their physical recovery primarily through The Lending Closet program.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Ψ	/
	· · · · · · · · · · · · · · · · · · ·		
4d		```	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 1,556,873	F	000 (0010)

	1990 (2019) Clinics Can Help, Inc. 20-2778	395	F	2 age
Pa	rt IV Checklist of Required Schedules			T
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	-	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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			
	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a				
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
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,			
	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		x
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		x
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		x
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a				х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

22 Did the organization report more than \$5.000 of grafts or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	ge 4
22 Did the organization report more than \$5.000 of grafts or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	
Part IX, column (A), line 21 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 3 24 Did the organization have at axe-exempt bond issue with an outsanding 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 24 and complete Schedule K. I'No' go to line 25a. 24a 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c 26 Did the organization and as an 'on behalf O' issuer for bords outstanding eacrow at any time during the year? 24d 27 Did the organization and as an 'on behalf O' issuer for bords outstanding eacrow at any time during the year? 24d 26 Section 501(ck)). 501(ck).401(ck).401(ck).401(ck) organizations. 25a 27 Did the organization any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 25b 27 Did the organization approach any amount on Part X. line 5 or 22, for receivables from or payables to any outher or approach and any other oog and at one approach any otheso peresors? If 'Yes,' complete Schedule L, Part I	No
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 componsated employees? If "Yes," complete Schedule A, If Yes," complete Schedule A, If Yes, "complete Schedule A, If Yes," complete Schedule A, If Yes," com	
organization's current and former officers, directors, trustees, key employees, and highest compensated 23 2 24 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 240 through 244 and complete Scheduke II. 'Nen,'' aros line 255. 24a 2 b Did the organization nimest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization and as an orb bohalt of 'issuer for bonds outstanding at any time during the year 24c d Did the organization act as an 'on bohalt of 'issuer for bonds outstanding at any time during the year? 24d 25 Section 501(cQ)3, 501(cQ)4, and 501(cQ)20 organizations. Did the organization engape in a nexcess 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 900 or 900-E2? 7 16 Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, rustee, key employee, creator or founder, substantial contributor, or 35% controlled entity in other substantial contributor, or any of these persons? If 'Yes,' complete Schedule L, Part I' 26 28 Did the organization report ded any ny other explores, and exceptions? 7 27 2 29 Did the organization a party to a busines	
employees? If "Yes," complete Schedule J. 23 23 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as 01 the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a 24b Did the organization invest any proceeds of the exercent bonds beyond a temporary period exception? 24a 24b Did the organization invest any proceeds of the exercent bonds beyond a temporary period exception? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ange 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 approxements. 25a 25 Is the organization avare the 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 approxements. 25b 26 Did the organization avare the is engaged. Improve the organization avare the intege person? 27c 27 Did the organization avare the is atsized to commonitive. 27c 25b 27c 27 Did the organization avare the intege person?	
24a Did the organization have a tax-exempt bord 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 Scheduk II. 'N'no', go to line 25a. 24a 2 Did the organization invest any proceeds of tax-exempt bords beyord a temporary pairod exception? 24b 2 Did the organization invest any proceeds of tax-exempt bords beyord a temporary pairod exception? 24c 2 Did the organization and instan an escrow account other than a refunding escrow at any time during the year? 24d 2 Section Stol(26), 501(C)(4), and 501(C)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Scheduke L, Part I 25a 2 Bis the organization engare in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not transaction or the disqualified person in a prior year, and that the transaction on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of naminy member or any of these persons? If 'Yes,' complete Scheduke L, Part II 26 27 2 Did the organization report week scheduke L, Part II 26 27 27 28 2 Did the organization report week scheduke L, Part III 26 27 27 </td <td></td>	
\$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a 24a 24a b Did the organization investe Schedule K, If "No," go to line 25a. 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization any proceeds of the organization aware that it engaged in an excess benefit transaction with a disquidified person time the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization is prior payables to any correct the complete Schedule L, Part I 25a 25 Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any corrent or former officer, director, trustes, key employee, creator or founder, substantial contributor or 35%. 25b 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustes, key employee thread) or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 28 Mart the organization provide a grant or other assistance to any current or former officer, director, trustes, key employee thread) or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	X
through 24d and complete Schedule K. If 'No,'' go to line 25a. 24a 24a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization maintain an escore account ofter than a refunding escrew at any time during the year? 24d 24d d Did the organization maintain an escore account ofter than a refunding escrew at any time during the year? 24d 24d d Did the organization axies an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d d Did the organization axies 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-E2? 7f *** f ''ves,' complete Schedule L, Part I 25a 25b 2 D Did the organization proven any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If 'Yes,' complete Schedule L, Part II 26 27 21 Did the organization provide Schedule L, Part III 27 27 27 22 Section States Section States 27 27 27 22 Section States<	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 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 in a prior year, and that the transaction has not been reported on any of the organization spiror Porms 390 or 900-E27 25a 2 If "Yes," complete Schedule L, Part I 25b 2 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity on family member or any of these persons? If "Yes," complete Schedule L, Part I 26 2 2 Did the organization provide a grant or other assistance to any current or former officer, director, truste, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part I 26 2 2 Did the organization apaty to a business transaction with one of the following parties (see Schedule L, Part IV. 26 2 2 M as the organization apaty to a business transaction with one of the following parties (see Schedule	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bords? 24c 24a Did the organization acts 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 25b Did the organization across 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-E2? 25b 2 26 Did the organization across mole the proteid on any of the organization's prior Forms 990 or 990-E2? 2 2 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity formuly member or any of these persons? 2 2 28 Aurent or former officer, director, trustee, key employee, treator or founder, or a grant selection committee member, or to a 35% controlled entity formulation, an enpolyee thereol) or family member of any of these persons? 2 2 29 Vas the organization aparty to a business transaction with ore of the following paritie, (see Schedule L, Part IV. 2 2 20 A family member of any individual de	<u>x</u>
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 25 Section 501(c)(3), 501(c)(2) or ganizations. Did the organization engage in an excess benefit transaction 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 spore forms 990 or 990-E2? 25a 2 10 the organization reported on any of the organization or possibles to any outpent or forms 900 or 990-E2? 25b 2 10 the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any outpent or forms officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 27 2 10 the organization aptive to substantial contribution or employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 2 10 the organization aptive to substantial contribution or methode, substantial contribution or onthree member, or to 35% controlled entity (including an employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 244 28 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disquilified person on an a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900-E2? 256 2 29 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member or any of these persons? If "ves," complete Schedule L, Part II 26 2 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, complete Schedule L, Part II 26 2 28 Was the organization provide a grant or other assistance to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol) or family member of any of these persons? If "ves," complete Schedule L, Part II 27 2 29 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28 27 2 29 Ka the organization a party to a business transaction with one of the collowing parties (see Schedule L, Part II 28 2 2 2 <	
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 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-E2? If "Yes," complete Schedule L, Part I 25b 2 26 Did the organization expende any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part I 26 2 27 Did the organization provide a grant to rother assistance to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or ta a 35%, controlled entity (including an employee, treator or founder, director, trustee, key employee, creator or founder, fuenctor, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II 27 2 28 A current or former officer, director, trustee, key employee, creator or dounder, substantial contributor? If "Yes," complete Schedule L, Part IV 28a 2 29 Did the organization move than \$25,000 in mon-cash contributions? If "Yes," complete Schedule M. 29 2 2 <td></td>	
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 2 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-E2? 1 if "Yes," complete Schedule L, Part I 25b 2 if ormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 2 if was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part III 27 27 if was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 28 27 28 if a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 2 if a A current or former than \$25,000 in non-cash comtibutions? If "Yes," complete Schedule L, Part IV 28 2 if a A size controlled entity of one or more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28 2 if a A size controlled entity doin ore than \$25,000 in non-cash contributions? If	
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 Form 990 07 990-7527 25 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? II "Yes," complete Schedule L, Part II 26 27 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity of family member on any of these persons? II "Yes," complete Schedule L, Part II 26 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28 27 28 A current or former officer, director, trustee, key employee, creator or founder, so substantial contributor? If "Yes," complete Schedule L, Part IV 28 28 29 Did the organization receive more than \$250.001 innon-cash contributions? If "Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of att, historial trassures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 X 29	
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 256 If "Yes," complete Schedule L, Part I 256 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part III 26 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35%, controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a 28a 29 A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV. 28a 28c <	x
If "Yes," complete Schedule L, Part I. 25b 2 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or framily member or any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part II 26 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II) 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28a 29 A current or former officer, director, rustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 29 Did the organization receive contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions? If "Yes," complete Schedule M. 30 31 Did the organization incide than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29	
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 2 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): 28 27 29 Was the organization receive contributions of requirizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b 28 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 more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 2 2 X 32 Did the organization receive more than \$25,000 in	.,
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Pairt II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a a 5c% controlled entity (including, an exceptions): 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I. 31 31 31 Did the organization onelage, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 32 32	<u>x</u>
controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 2 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 2 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): 28 28 28 28 28 28 28 28 28 28 2 28 28 2 28 28 28 2 28 28 28 2 28 2 28 2 2 28 2 28 2 2 28 2 2 28 2 2 28 2 2 28 2	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): 28 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a 20 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b 21 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 2 31 Did the organization with own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I. 31 21 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or I, or IV	v
employee, creator or founder, substantial contributor or employee thereof, a grant selection committee 27 member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 28 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. 30 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part II 31 31 Did the organization own 100% of an entity deregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 3 32 Did the organization neel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 33 3 33 Did the organization own 100% of an entity disregarded as separate from the organ	x
member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28 28 29 Xa current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28 28 29 X current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28 28 29 X family member of any individual described in line 288? If "Yes," complete Schedule L, Part IV. 28 28 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 conservation contributions? If "Yes," complete Schedule M. 30 2 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 33 32 Did the organization releade to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 2 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Sche	
persons? If "Yes," complete Schedule L, Part III 27 2 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 1 29 X A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a 2 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b 2 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28c 2 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 conservation contributions? If "Yes," complete Schedule N, Part I. 31 2 31 Did the organization neceive and the sisolve and cease operations? If "Yes," complete Schedule N, Part I. 31 32 32 Did the organization nown 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I. 33 33 34 Was the organizat	
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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	x
IV instructions, for applicable filing thresholds, conditions, and exceptions): Image: Constraint of the image: Constraint on the image: Constraint on the image: Constraint on	<u>~</u>
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV. 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 33 Did the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 35a Did the organization netated to any tax-exempt from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a 35a 35a	
"Yes," complete Schedule L, Part IV. 28a 28b 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b 28b 2 c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c 2 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 conservation contributions? If "Yes," complete Schedule M. 30 30 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part IL 31 22 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part L 33 33 34 Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 35a 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 35a 35a 35a Did the organization selie entity within the meaning of section 512(b)(13)? <td></td>	
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 2 c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 2 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 conservation contributions? If "Yes," complete Schedule M. 30 2 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 2 32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 3 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 34 35a 35b 35a 35a 35a 35a 3	x
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c 28c 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 conservation contributions? If "Yes," complete Schedule M. 30 23 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 23 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 33 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 34 35a	x
"Yes," complete Schedule L, Part IV. 28c 2 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 conservation contributions? If "Yes," complete Schedule M. 30 29 x 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 2 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 2 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 33 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 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?If "Yes," complete Schedule R, Part V, line 2 36 36	<u>^</u>
 Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M.</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M.</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I.</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II.</i> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I.</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II.</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>. 	x
 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	<u>~</u>
conservation contributions? If "Yes," complete Schedule M. 30 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I. 33 33 33 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 35a 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 35a 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?If "Yes," complete Schedule R, Part V, line 2 35b 35b	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 31 32 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 33 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 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?If "Yes," complete Schedule R, Part V, line 2 36 35a	x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 33 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 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b 35b	x
complete Schedule N, Part II. 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 33 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 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 36	
 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 33 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 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 36	
 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	x
or IV, and Part V, line 1 34 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 36	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 36	x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	x
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	x
related organization? If "Yes," complete Schedule R, Part V, line 2	
	х
	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 x	
Part V Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response or note to any line in this Part V	
	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 1a 0 1a	
b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	
c Did the organization comply with backup withholding rules for reportable payments to vendors and	
reportable gaming (gambling) winnings to prize winners? 1c	

)-277889	95	P	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	13			
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 <i>e-file</i> (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 Q	F	3b		
4a	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		x
b	If "Yes," enter the name of the foreign country	Ī			
	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?	F	5b		x
c	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				
u	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Ua		
D.	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
а	and services provided to the payor?		70	v	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X	
b		••••	70	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.		
	required to file Form 8282?.	••••	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	F	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	F	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	F	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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
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:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans 13b				
с	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	F	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				ļ
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		13		~
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		v
16	If "Yes," complete Form 4720, Schedule O.	· · · · ·	10		x

	1990 (2019) Clinics Can Help, Inc. 20-27788		P	'age b
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructior			_
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.01		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-		
40	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	150	v	
a b	Other officers or key employees of the organization	15a 15b	x x	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150	•	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Tua	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		l	I
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of public inspection. Image: Solution of public inspecting inspection. Image: Solution of public in			
19	Describe on 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			
	<u> </u>			

Form 990 (201	9) Clinics Can Help, Inc.	20-2778895	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High Independent Contractors	nest Compensated Employed	es, and
	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 to organization's	his table for all persons required to be listed. Report compensation for the calendar year end tax year.	ling with or within the	

• 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.

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

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

		(C)							
(A)	(B)	Position					(D)	(E)	(F)
Name and title	Average	(do not check more than on box, unless person is both					Reportable	Reportable	Estimated amount
	hours					r/trustee)	compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	9 n	Ing	q	Ke	en	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	itut	Officer	y en	ghes	(W-2/1099-MISC)		related organizations
	organizations	or director	Institutional trustee		Key employee	iee of			
	below	ruste	trus		ee/ee	npe			
	dotted line)	ŏ	tee			Highest compensated employee			
						ä			
(1) Andrea McMillan, Esq	2.00								
Chair		x		x			0	0	0
(2) John Davis	2.00								
Vice Chair		x		x			0	0	0
(3) Alan R Salomon	2.00								
Secretary		x		х			0	0	0
(4) Jason A Pizzo	2.00								
Treasurer		x		х			0	0	0
(5) Richard Lubliner, Esq	2.00								
Director		х					0	0	0
(6) Despina C Hall, MSPT	2.00								
Director		х					0	0	0
(7) John T Levy, Esq	2.00								
Director		x					0	0	0
(8) Alexander Meyers, Esq	2.00								
Director		х					0	0	0
(9) Carole D_Seigworth	2.00								
Director		x					0	0	0
(10)David Stein, CPA	2.00								
Director		х					0	0	0
(11)Pamela K Swensen	2.00								
Director		х					0	0	0
(12)Christine Brooks, ARNP-BC	2.00								
Director		х					0	0	0
(13)Calisha Anderson	2.00								
Director		x					0	0	0
(14)Bryant Sims, Esq	2.00								
Immediate Past Chair		x					0	0	0
EEA									Form 990 (2019)

	90 (2019) Clinics Can Help,										27788	95	Pa	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, an			est Co	omp	ensated Employe	es (continue	ed)			
	Name and title Average hours of per week				Pos eck m is per	son i rector	han one s both a /trustee) employ	n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	on d ns	cor f orga	(F) nated amou of other impensation from the anization ar ed organizat	on and
		related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee							
	en_O'Neill	40.00												
Chie: (16)	Executive Officer				x				97,400		0			0
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)				5										
1b	Subtotal				•••	•••	•••	• •						
d	Total (add lines 1b and 1c)			· · ·		· ·	· · ·	• •	97,400		0			0
2	Total number of individuals (including but not limit									of	Ū			
	reportable compensation from the organization													0
3	Did the organization list any former officer, direc	tor tructoo l			00	orh	iaboo	t con	aparented				Yes	No
5	employee on line 1a? If "Yes," complete Schedul						-					3		х
4	For any individual listed on line 1a, is the sum of re													
	organization and related organizations greater th													
5	individual	compensatio	n from	any	unr	elate	ed org	aniza	ation or individual			4		x
Sacti	for services rendered to the organization? If "Yes	s," complete	Sched	ule J	l for	SUC	h pers	son	• • • • • • • • •			5		<u>x</u>
<u>3ecii</u> 1	on B. Independent Contractors Complete this table for your five highest compensa	ited independ	lent co	ntrac	tors	tha	t recei	ved	more than \$100.00)0 of				
•	compensation from the organization. Report comp										year.			
	(A)								(B)			(C)		
	Name and business addres	55							Description of servic	es	С	compens	ation	
2	Total number of independent contractors (includin	ig but not limi	ted to	thos	e lis	ted	above) wh	0					

received more than \$100,000 of compensation from the organization

Form 9	90 (20	19) Clinics Can Help, I	nc.			20-27788	95 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response or	note to any line in thi	is Part VIII			
				(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 1a					
	b	Membership dues					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events					
nou Dou	d						
ifts, r Ar	e	Government grants (contributions) 1e					
ni Gi	f	All other contributions, gifts, grants,	54,201				
ons Sin	'		1 700 001				
buti			1,788,981				
a di di	g	Noncash contributions included in	¢				
a C			\$ 914,195				
	h	Total. Add lines 1a-1f		1,893,210			
			Business Code				
8	2a						
le Si	b						
ent ent	C						
Program Service Revenue	d						
log Log	e						
ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f	••••				
	3	Investment income (including dividends, interest,					
		other similar amounts)		286			286
	4	Income from investment of tax-exempt bond prod					
	5	Royalties	· · · · · · · •				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	b	other than inventory Less: cost or other basis 7a	12,000				
nue		and sales expenses 7b					
		Gain or (loss) 7c	12,000				
Re		Net gain or (loss)	►	12,000			12,000
Other Reve	8a	Gross income from fundraising					
ō		events (not including \$ 50,028	_				
		of contributions reported on line					
		1c). See Part IV, line 18	a 24,579				
		Less: direct expenses 8	26,294				
	C	Net income or (loss) from fundraising events	<u></u> ▶	(1,715)			(1,715)
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9	a				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming activities	<u></u>				
	10a	Gross sales of inventory, less					
		returns and allowances	a				
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of inventory	· · · · · · •				
			Business Code				
SN	11a						
ano	b						
sellé svei	c						
Miscellanous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d					
		Total revenue. See instructions		1,903,781	0	0	10,571

Clinics Can Help, Inc. **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

. . . .

.

. •

Page 10

Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,147,433	1,147,433		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,400	76,596	10,402	10,402
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	186,158	139,726	9,788	36,644
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,155	27,133	1,011	1,011
10	Payroll taxes	24,408	18,625	1,737	4,046
11	Fees for services (nonemployees):				
а	Management				
b	Legal	267		267	
С	Accounting	4,300		4,300	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	55,793	40,525	13,530	1,738
12	Advertising and promotion	3,493		3,493	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	13,247	12,063	1,184	
17	Travel	12,227	11,475	561	191
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,023	388	2,071	564
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,270	28,763	4,507	
23		5,381	4,900	481	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	Equipment discards	30,071	30,071		
b	Printing	7,992	3,237	3,021	1,734
C	Supplies	7,494	5,570	1,008	916
d	Bank charges	6,783	1,406	5,377	
	All other expenses	15,534	8,962	4,404	2,168
25	Total functional expenses. Add lines 1 through 24e	1,683,429	1,556,873	67,142	59,414

25 26 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 F if following SOP 98-2 (ASC 958-720) .

Form	990 (20	019) Clinics Can Help, Inc.	20	0-2778	895 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			· · · · · · · · · □
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	34,496	1	50,077
	2	Savings and temporary cash investments	337,932	2	335,417
	3	Pledges and grants receivable, net	101,252	3	84,375
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \ldots		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	255,153	8	188,612
Š	9	Prepaid expenses and deferred charges		9	3,302
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,583,008			
	b	Less: accumulated depreciation	1,256,582	10c	1,476,965
	11	Investments - publicly traded securities		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 33)	1,986,389	16	2,139,722
	17	Accounts payable and accrued expenses	84,730	17	17,711
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	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			
				25	
	26	Total liabilities. Add lines 17 through 25	84,730	26	17,711
sec	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	1 506 800	27	1 064 500
lan	27 28	Net assets without donor restrictions	1,526,703	27 28	1,864,790
Ba	20	Organizations that do not follow FASB ASC 958, check here	374,956	20	257,221
pun		and complete lines 29 through 33.			
Ĕ	29	Capital stock or trust principal, or current funds		29	
ts c	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		30	
∌t A	32	Total net assets or fund balances	1,901,659	32	2,122,011
ž	33	Total liabilities and net assets/fund balances	1,901,839	33	2,122,011
	33		1,300,309		4,133,144

EEA

Form **990** (2019)

Form	990 (2019) Clinics Can Help, Inc.	20-277889	5	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\cdot \Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,	903,	781
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	683,	429
3	Revenue less expenses. Subtract line 2 from line 1	. 3		220,	352
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	901,	659
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	2,	122,	011
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the 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 on				
	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	and a set of the set o				
			3b		
EEA			Form	990 (2	2019)
					,

pport

OMB No. 1545-0047 2019

Open to Public Inspection

Employer identification number 20-2778895

SCHEDUL	F A Public Charity Status and Public Support	
(Form 990 or	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexe	mpt charitable trust.
Department of the	Attach to Form 990 or Form 990-F7	(
Internal Revenue		mation.
Name of the orga	inization	Employer identification n
<u>Clinics C</u>	an Help, Inc.	20-2778895
Part I	Reason for Public Charity Status (All organizations must complete this part.) Se	e instructions.
The organizat	ion is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1 🗌 A cl	hurch, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2 🗌 A se	chool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)	
3 🗌 A h	ospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 🗌 Am	nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A	(iii). Enter the
hos	pital's name, city, and state:	
5 🗌 An	organization operated for the benefit of a college or university owned or operated by a governmental un	it described in
sec	tion 170(b)(1)(A)(iv). (Complete Part II.)	
6 🗌 A fe	ederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 X An	organization that normally receives a substantial part of its support from a governmental unit or from the	general public
des	cribed in section 170(b)(1)(A)(vi). (Complete Part II.)	
8 🗌 A c	ommunity trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9 🗌 An :	agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	a land-grant college
or u	iniversity or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of th	he college or
univ	versity:	
10 🗌 An	organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership	p fees, and gross
rece	eipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than	33 1/3% of its
sup	port from gross investment income and unrelated business taxable income (less section 511 tax) from b	ousinesses
acq	uired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	
11 🗌 An	organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12 🗌 An	organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry	y out the purposes
of o	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See	e section 509(a)(3).
Che	eck the box in lines 12a through 12d that describes the type of supporting organization and complete line	es 12e, 12f, and 12g.
а 🗌	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)), typically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or truste	ees of the
	supporting organization. You must complete Part IV, Sections A and B.	
b 🗌	Type II. A supporting organization supervised or controlled in connection with its supported organizat	tion(s), by having
	control or management of the supporting organization vested in the same persons that control or management	ge the supported
	organization(s). You must complete Part IV, Sections A and C.	
с 🗌	Type III functionally integrated. A supporting organization operated in connection with, and function	nally integrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	
d 🗌	Type III non-functionally integrated. A supporting organization operated in connection with its supp	orted organization(s)
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and	an attentiveness
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.	
е 🗌	Check this box if the organization received a written determination from the IRS that it is a Type I. Type	II. Type III

f

Check this box if the organization received a written determination from the IRS that it is a Type II, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

	g Provide the following information abo	ut the supported or	ganization(s).	1			
	(i) Name of supported organization	(ii) EIN	(ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Schedule A (Form 990 or 990-EZ) 2019

P:	dule A (Form 990 or 990-EZ) 2019 Clinics C art II Support Schedule for Organiza	an Help, In ations Descri	e. ibed in Secti	ions 170(b)(1)(A)(iv) and	20-277889 170(b)(1)(A)(v	
10	(Complete only if you checked th						
	Part III. If the organization fails to						ly under
Sa	ction A. Public Support	yquality unde		icu below, pic		c i ait iii.j	
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
0a 1	Gifts, grants, contributions, and	(a) 2013	(b) 2010	(0) 2017	(u) 2010	(e) 2019	(1) 10tai
1							
	membership fees received. (Do not include any "unusual grants.")	0 100 445	1 420 024	1 510 550	1 845 860	1 000 010	0 816 01
2	Tax revenues levied for the	2,126,445	1,437,734	1,513,759	1,745,762	1,893,210	8,716,91
2							
	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	2,126,445	1,437,734	1,513,759	1,745,762	1,893,210	8,716,91
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)						412,58
	Public support. Subtract line 5 from line 4						8,304,33
	ction B. Total Support	, ,					
Ca	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,126,445	1,437,734	1,513,759	1,745,762	1,893,210	8,716,91
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	96	113	99	183	286	77
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10.						8,717,68
	Gross receipts from related activities, etc. (se	ee instructions)				12	94,72
13						a section 501(c)	
-	organization, check this box and stop here						
Se	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 6, c			column (f))		14	95.26 %
	Public support percentage from 2018 Sched		•			15	94.99 %
	33 1/3% support test - 2019. If the organization					-	
	box and stop here. The organization qualifie						_
	5 33 1/3% support test - 2018. If the organization		• • •				
	this box and stop here. The organization qu						
17,	1 10%-facts-and-circumstances test - 2019.			-			··· PL
170		-					
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "fact			-	-	publicly suppor	
	a receive the relation					•••••	··· ► L
_			Alam at the second	1			
I	o 10%-facts-and-circumstances test - 2018.	. If the organiza					ne
I	10%-facts-and-circumstances test - 2018. 15 is 10% or more, and if the organization m	. If the organiza neets the "facts-	and-circumsta	inces" test, che	ck this box an	d stop here.	
I	o 10%-facts-and-circumstances test - 2018.	. If the organiza neets the "facts-	and-circumsta	inces" test, che	ck this box an	d stop here.	
	10%-facts-and-circumstances test - 2018. 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	If the organiza neets the "facts- ts the "facts-and	and-circumstad-circumsta	inces" test, che es" test. The or 	ck this box an ganization qua	d stop here. alifies as a publi 	
	10%-facts-and-circumstances test - 2018. 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet	If the organiza neets the "facts- ts the "facts-and	and-circumstad-circumsta	inces" test, che es" test. The or 	ck this box an ganization qua	d stop here. alifies as a publi 	

Sche		an Help, In				20-2778895	Page 3
Pa	rt III Support Schedule for Organiz	zations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	inization failed	d to qualify under	r Part II.
	If the organization fails to qualify	y under the te	ests listed belo	ow, please co	omplete Part I	I.)	
Sec	ction A. Public Support				•	,	
_	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1							
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished 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						
	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.)						
_	ction B. Total Support				1		
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
-	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		× ·				
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	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 or	-			-		
_	organization, check this box and stop here						🕨 🗌
	ction C. Computation of Public Support						
15	Public support percentage for 2019 (line 8, c		-			15	%
16	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In						
17	Investment income percentage for 2019 (line		•••••••			17	%
18	Investment income percentage from 2018 Second					18	%
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-				
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	not check a box	k on line 14, 19	a, or 19b, che	ck this box and	see instructions.	🕨 🗌

art	IV Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, comple	te Sectio	ons A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I,	complet	е	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	Part V.)		
cti	on A. All Supporting Organizations			
			Yes	N
	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.	1		
	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).	2		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
c	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.	3b		
;	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.	3c		
а	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.	4a		
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.	4b		
С	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.	4c		
а	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).	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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.	6		
	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).	7		
	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).	8		
а	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.	9a		
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.	9b		
	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.	9c		
	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.	10a		
	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.)	10b		
) or 990-E	-

	Jule A (Form 990 or 990-EZ) 2019 Clinics Can Help, Inc. 20-277889	5	P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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		
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			
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	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		
800	ction D. All Type III Supporting Organizations			
Sec			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NU
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tione	

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a 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.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** 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? *Provide details in Part VI.*
- **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.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 Clinics Can Help, Inc.		20-277	8895 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ization	s must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) FIIULTEAL	(optional)
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			
collection of gross income or for management, conservation, or			
maintenance 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
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,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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).	6		
7 Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Sched	ule A (Form 990 or 990-EZ) 2019 Clinics Can Help, Inc.		20-277	8895 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 exem	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 purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
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	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
_	Excess from 2019			
EEA			Schedu	ule A (Form 990 or 990-EZ) 2019

Schedule A (For	m 990 or 990-EZ) 2019 Page 8
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)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

Part IV line 6 7 8 0 10 11a 11b 11c 11d 11e 11f 12a or 12b

OMB No. 1545-0047

2019

			10, 11a, 11D, 11C, 11u, 11e, 111, 12a, 01 12L	<i>.</i>	Open to Public		
•	Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.						
	al Revenue Service	► Go to www.irs.gov/Forms	990 for instructions and the latest inform				
	Name of the organization Employer identification						
	nics Can Help rtl Organiza		unds or Other Similar Funds or Acco	20-2778895			
Fa		if the organization answered "Yes" on		Junis.			
	Complete	in the organization answered Tes on	(a) Donor advised funds	(b) Euroda an	d other accounts		
1	Total number at er	nd of year		(b) Funds an			
2		f contributions to (during year)					
2		f grants from (during year)					
4		t end of year					
4 5	00 0	on inform all donors and donor advisors in w	riting that the assets hold in depart advised				
3	•	nization's property, subject to the organizati	•		□ Yes □ No		
6	•		visors in writing that grant funds can be use				
U	-	purposes and not for the benefit of the dono		u -			
			· · · · · · · · · · · · · · · · · · ·		Yes No		
Pa		vation Easements.	<u></u>				
I UI		e if the organization answered "Yes" o	n Form 990 Part IV line 7				
1		servation easements held by the organizatio					
•		of land for public use (e.g., recreation or edu		of a historically importa	ant land area		
	Protection of n			of a certified historic st			
	Preservation of						
2			conservation contribution in the form of a c	onservation			
		ast day of the tax year.			he End of the Tax Year		
а				-			
b		ricted by conservation easements		2b			
С	-	-	cture included in (a)				
d		vation easements included in (c) acquired a					
				2d			
3			ased, extinguished, or terminated by the or				
	tax year 🕨						
4	Number of states v	where property subject to conservation ease	ement is located >				
5	Does the organizat	tion have a written policy regarding the perio	odic monitoring, inspection, handling of				
	violations, and enfo	orcement of the conservation easements it h	olds?		🗌 Yes 🗌 No		
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserva	tion easements during	the year		
	►						
7	Amount of expense	es incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conservation	easements during the	year		
	▶ \$						
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h))(4)(B)(ii)?			Yes No		
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense sta	atement, and			
	balance sheet, and	include, if applicable, the text of the footnot	e to the organization's financial statements t	hat describes the			
		ounting for conservation easements.					
Pa			of Art, Historical Treasures, or (Other Similar As	sets.		
	· · · · ·	te if the organization answered "Yes" of					
1a	•	•	3, not to report in its revenue statement and				
			ic exhibition, education, or research in furthe	erance of public			
		Part XIII the text of the footnote to its finan					
b	•	•	3, to report in its revenue statement and bala				
			exhibition, education, or research in furthera	nce of public service,			
	•	ng amounts relating to these items:		-			
	.,						
2	-		sures, or other similar assets for financial ga	ain, provide the			
	tollowing amounts	required to be reported under FASB ASC 9	358 relating to these items:				

а

b

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶ \$

▶ \$

Sched	ule D (Form 990) 2019 Clinics Can Help	, Inc.				20-27788	95	Pag	e 2
Pa	rt III Organizations Maintaining C	collections of /	Art, Historical T	reasures,	or Oth	er Similar Ass	ets (cc	ntinue	əd)
3	Using the organization's acquisition, accession,						,		
•	collection items (check all that apply):			sting that that	to orginite				
а	Public exhibition		d 🗌 Loan (or exchange p	rograme				
				• •	Tograms				
b	Scholarly research		e 📋 Other						
С	Preservation for future generations								
4	Provide a description of the organization's collect	ctions and explain h	now they further the o	organization's	exempt p	urpose in Part			
	XIII.								
5	During the year, did the organization solicit or re	ceive donations of a	art, historical treasur	es, or other sir	nilar				
	assets to be sold to raise funds rather than to be	e maintained as pai	rt of the organization	's collection?.			Yes	- 🗌 N	No
Pa	rt IV Escrow and Custodial Arrang	gements.							
	Complete if the organization an	swered "Yes" o	on Form 990, Pa	art IV, line 9	, or rep	orted an amou	nt on F	orm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian of	or other intermedian	v for contributions or	other assets r	not				
			• • • • • • • • • • •				. 🗌 Yes		No
b	If "Yes," explain the arrangement in Part XIII and								
D.			wing table.			Amou	int		
-					4.	Amou	JIIL.		
C	Beginning balance								
d	Additions during the year			1					
е	0,1				1e				
f	Ending balance				<u>1f</u>				
2a	Did the organization include an amount on Form	990, Part X, line 27	1, for escrow or cust	odial account l	iability?		Yes	- 🗌 N	lo
b	If "Yes," explain the arrangement in Part XIII. Cl	neck here if the exp	lanation has been pr	ovided on Par	t XIII				
Pa	rt V Endowment Funds.								
	Complete if the organization ar	swered "Yes" o	on Form 990, Pa	art IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years I	back (d) Three years back	(e) Four	years bac	k
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
•									
А	Grants or scholarships								
u	Other expenditures for facilities and								
е	· · · · · · · · · · · · · · · · · · ·								
	programs								
t	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	year end balance (line 1g, column (a))	held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Term endowment ►%								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possessi	on of the organizati	on that are held and	administered f	or the				
	organization by:						Γ	Yes I	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the or	•							
	t VI Land, Buildings, and Equipm								
Iu	Complete if the organization ar		n Form 000 Pa	art IV/ ling 1	12 50	Eorm 000 Pa	art X lir	10	
	Description of property	(a) Cost or othe (investme		r other basis other)	.,	cumulated reciation	(d) Book	vaiue	
4	Land	linvesuite	, ,		depi		-	45	
1a ⊾		•		245,340		FO COC		45,34	
b	Buildings	•	1,:	266,547		73,603	1,1	92,94	4
С	Leasehold improvements	•							-
d	Equipment	•		30,965		26,417		4,54	8
е	Other	•		40,156		6,023		34,13	33
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	t X, column (B), line	10c.)		►	1,4	76,96	55

EEA

Schedule D (Form 990) 2019

Page 3

Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990 Part X col (B) line 12)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment		(b) Bo	ok value		(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).	🕨				

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Ecurity deposits	974
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). •	974

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1) Fede	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	. ►	

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

	ule D (Form 990) 2019 Clinics Can Help, Inc.	20-2778895	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	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	1,930,075
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,930,075
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b (26,29)	<u>L)</u>	
С	Add lines 4a and 4b	4c	(26,294)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		1,903,781
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,709,723
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	<u>L</u>	
е	Add lines 2a through 2d	2e	26,294
3	Subtract line 2e from line 1	3	1,683,429
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		
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	1,683,429
	t XIII Supplemental Information.		
Drow	de 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	· Port V line	

2; Part 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)

Direct expenses of fundraising events reported on Part VIII, Statement of Revenue, line 8b.

Schedule D (Form	990) 2019 Clinics Can Help, Inc.	20-2778895	Page S
Part XIII	Supplemental Information (continued)		
02. Other	expenses not included on Form 990 (Part XII, line 2d)		
Direct ex	penses of fundraising events reported on Part VIII, Statemen	t of Revenue, line 8b.	
		_	

SCHEDULE G	Supplemen	tal Informatio	n Regard	ling Fund	raising or Gar	ning Activ	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	rm 990 or 990-EZ) 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.							2019
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public
Internal Revenue Service Name of the organization	►G	io to www.irs.gov/F	orm990 for ir	structions a	nd the latest informa		Emplover ide	Inspection entification number
Clinics Can Help,	The							78895
Part I Fundraisi	na Activities	. Complete if the	ne organiz	zation ans	wered "Yes" or	Form 990		
	-	required to com	-				,	-
1 Indicate whether the					ies. Check all that a	apply.		
a 🗌 Mail solicitations			e 🗌 S	Solicitation of	f non-government g	irants		
b Internet and email	solicitations		f 🗌 S	Solicitation of	f government grants	S		
c 🗌 Phone solicitation	S		g 🗌 🤤	Special fundr	aising events			
d 🔄 In-person solicitati								
2a Did the organization		-	-		-			
or key employees list		· ·		•	•			es 🗌 No
b If "Yes," list the 10 high	•		ndraisers) pi	ursuant to ag	reements under wh	nich the fundra	aiser is to b	e
compensated at leas	t \$5,000 by the o	rganization.						
						(v) Amou	nt naid to	-
(i) Name and address				draiser have r control of	(iv) Gross receipts	(v) Anou (or retai		(vi) Amount paid to (or retained by)
or entity (fundra	iser)	(ii) Activity		utions?	from activity	fundraiser col.		organization
			Yes	No			(1)	-
1								
2								
3								
4								
5								
6								
7								
1								
8								
U C								
9								
•								
10								
Total				►				
3 List all states in which	the organization	is registered or lic	ensed to soli	icit contributi	ons or has been no	otified it is exe	mpt from	
registration or licensin	g.							

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with into ater th

	gross receipts greater than \$5,000.										
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
			Golf Tourn		None	(add col. (a) through col. (c))					
			(event type)	(event type)	(total number)	coi. (c))					
Revenue		a									
eve	1	Gross receipts	70,163			70,163					
R											
	2	Less: Contributions	47,928			47,928					
	3	Gross income (line 1 minus	00 005			00 005					
		line 2)	22,235			22,235					
	4	Cash prizes									
	-										
	5	Noncash prizes	3,035			3,035					
	-		-,								
es	6	Rent/facility costs	4,890			4,890					
ens		-									
Direct Expenses	7	Food and beverages	7,877			7,877					
ect											
Dir	8	Entertainment									
	9	Other direct expenses	7,046			7,046					
	10	Direct expense summary. Add lines				22,848					
Pa	<u>11</u> rt II	Net income summary. Subtract line Gaming. Complete if the c	raphization answered "	Ves" on Form 000 Part		(613)					
1 0		\$15,000 on Form 990-EZ,		res on on on 350, i an	iv, line 13, or reported i						
		\$10,000 011 0111 000 EZ;		(b) Pull tabs/instant		(d) Total gaming (add					
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)					
Revenue											
Я	1	Gross revenue									
ŝ	2	Cash prizes									
anse											
Direct Expenses	3	Noncash prizes									
GE											
Dire	4	Rent/facility costs									
	-										
	5	Other direct expenses	Yes %	Yes %	Yes %						
	6	Volunteer labor			I						
	Ŭ	Volunteer labor									
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)							
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 											
									b	lf "	No," explain:
40	14/	and any of the summaries the state of the	Reasonable di successi di	al and an and a set of the set of the	terr						
		ere any of the organization's gaming	•	-		Yes 📋 No					
D	11	Yes," explain:									

SCHEDULE I	I		ants and Other				1	OMB No. 1545-0047			
(Form 990)		Gove		2019							
		Complete	C	pen to Public							
Department of the Treasury Internal Revenue Service			► Go to www.irs.g	Attach to Form 990. ov/Form990 for the	latest information.			Inspection			
Name of the organization							Employer identification	number			
Clinics Can Help, Inc. 20-2778895											
		Grants and Assis						<u> </u>			
-			nt of the grants or assist								
								. 🗴 Yes 🗌 No			
Part IV, I	ine 21, for any recip	ient that received mo	ore than \$5,000. Part	II can be duplicate	d if additional space		1				
1 (a) Name and addre		(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 grant or assistance			
(1)											
(2)			5								
(3)											
(4)											
(5)											
(6)	Y										
(7)											
(8)											
(9)											
(10)											
		l nd government organiza listed in the line 1 table	ations listed in the line 1 t			 		<u> </u>			

Page 2

 Schedule I (Form 990) (2019)
 Clinics Can Help, Inc.
 20-2778895

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(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
Medical equipment and supplies for					Wheelchairs, hospital beds,
1 children and adults in need	3,500	56,000	1,091,433	Fair market value	mattresses, walkers
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information I	required in Part I, lin	e 2; Part III, columr	(b); and any other add	litional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2019

Open to Public

Inspection

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

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

20-2778895
Linployer identifica

Clin	ics Can Help, Inc.				20-2778	3895			
Par	I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part V	ted on	Method of noncash cor			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation				~				
45	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17 19	Real estate - Other								
18 19	Food inventory								
20	Drugs and medical supplies	x	10,145		014 105	Fair mar			
20	Taxidermy		10,145		914,195	Fall Mall	Let V	arue	-
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (
26	Other ► (
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	tions for					
	which the organization completed Form	8283, Part IV	, Donee Acknowledgement			29			
								Yes	No
30a	During the year, did the organization rece	eive by contri	bution any property reported in	Part I, lines 1 throu	ıgh				
	28, that it must hold for at least three year	rs from the d	ate of the initial contribution, an	d which isn't require	ed				
	to be used for exempt purposes for the e	entire holding	period?	•••••			30a		
b	If "Yes," describe the arrangement in Pa								
31	Does the organization have a gift accept	ance policy t	hat requires the review of any n	onstandard					
							31		
32a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, pro-	cess, or sell noncas	sh				
_							32a		
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amou	nt in column (c) for a type of property for whi	ch column (a) is ch	ecked,				
	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

Employer identification number

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.

Clinics Can Help, Inc.

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

<pre>linics Can Help, Inc. 20-2778895 histleblower Policy (Part VI, line 13) he organization requires directors, officers, and employees to observe high standards of usiness and personal ethics and has an open door policy to report violations or suspected iolations in good faith without suffering harassment, retaliation or adverse employment onsequence. Reports of violations or suspected violations may be submitted anonymously.</pre>	Schedule O (Form 990 or 990-EZ) (2019)	Page
histleblower Policy (Part VI, line 13) he organization requires directors, officers, and employees to observe high standards of usiness and personal ethics and has an open door policy to report violations or suspected iolations in good faith without suffering harassment, retaliation or adverse employment onsequence. Reports of violations or suspected violations may be submitted anonymously. ecord Retention Policy (Part VI, line 14) he organization's record retention policy sets minimum requirements to maintain	Name of the organization	Employer identification number
he organization requires directors, officers, and employees to observe high standards of usiness and personal ethics and has an open door policy to report violations or suspected iolations in good faith without suffering harassment, retaliation or adverse employment onsequence. Reports of violations or suspected violations may be submitted anonymously. ecord Retention Policy (Part VI, line 14) he organization's record retention policy sets minimum requirements to maintain		20-2770055
usiness and personal ethics and has an open door policy to report violations or suspected iolations in good faith without suffering harassment, retaliation or adverse employment onsequence. Reports of violations or suspected violations may be submitted anonymously. ecord Retention Policy (Part VI, line 14) he organization's record retention policy sets minimum requirements to maintain	Whistleblower Policy (Part VI, line 13)	
iolations in good faith without suffering harassment, retaliation or adverse employment onsequence. Reports of violations or suspected violations may be submitted anonymously. ecord Retention Policy (Part VI, line 14) he organization's record retention policy sets minimum requirements to maintain	The organization requires directors, officers, and employee	s to observe high standards of
onsequence. Reports of violations or suspected violations may be submitted anonymously. ecord Retention Policy (Part VI, line 14) he organization's record retention policy sets minimum requirements to maintain	business and personal ethics and has an open door policy to	report violations or suspected
ecord Retention Policy (Part VI, line 14) he organization's record retention policy sets minimum requirements to maintain	violations in good faith without suffering harassment, reta	liation or adverse employment
he organization's record retention policy sets minimum requirements to maintain	consequence. Reports of violations or suspected violations	may be submitted anonymously.
	Record Retention Policy (Part VI, line 14)	
ocumentation for accounting transactions, payroll records, and contracts and agreements.	The organization's record retention policy sets minimum req	uirements to maintain
	documentation for accounting transactions, payroll records,	and contracts and agreements.
		3

	Overflow Statement		2019 Page 1
Name(s) as shown on return Clinics Can He		FEIN	20-2778895
			20-2110095
	All other expenses (Program Services)		
Description			Amount
Telephone		\$	2,378
Repairs and ma			3,213
Dues and subs			535
<u>Licenses</u>	tion		<u>2,286</u> 350
Other costs			200
OLHEI COSCS	Total:	\$	
		<u> </u>	0,502
	All other expenses (Management & General))	
Description			Amount
<u>Telephone</u>		\$	2,901
Dues and subse	criptions		1,265
Postage			238
	Total:	\$	4,404
	All other expenses (Fundraising)		
Doggnintion			7
Description Telephone		\$	Amount 990
Dues and subs	cription	2_	1,170
Postage			
	Total:	\$	