

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	
ALABAMA FREE CLINIC, INC.	63-1247879	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
P. O. BOX 1284		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
BAY MINETTE, AL 36507		

Enter the Return code for the return that this application is for (file a separate application for each return).

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► C. O. MCCAWLEY, JR., CPA
- Telephone No. ► (251) 928-0339 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. ☐ If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 2015 or

► ☐ tax year beginning, and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

C.O. McCawley, Jr CPA

5/10/16

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015**Open to Public
Inspection**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning _____, and ending _____											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ALABAMA FREE CLINIC, INC.</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) P. O. BOX 1284</td> <td>Room/suite</td> </tr> <tr> <td>City or town BAY MINETTE</td> <td>State AL</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> </tr> <tr> <td>ZIP code 36507</td> <td>Foreign postal code</td> </tr> </table>	C Name of organization ALABAMA FREE CLINIC, INC.		Number and street (or P.O. box, if mail is not delivered to street address) P. O. BOX 1284	Room/suite	City or town BAY MINETTE	State AL	Foreign country name	Foreign province/state/county	ZIP code 36507	Foreign postal code
C Name of organization ALABAMA FREE CLINIC, INC.											
Number and street (or P.O. box, if mail is not delivered to street address) P. O. BOX 1284	Room/suite										
City or town BAY MINETTE	State AL										
Foreign country name	Foreign province/state/county										
ZIP code 36507	Foreign postal code										
D Employer identification number 63-1247879											
E Telephone number											
F Group Exemption Number ▶											
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶											
I Website: ▶ ALABAMAFREECLINIC.ORG											
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other											
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 130,041											

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	97,395
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	32,015
	c	Less: direct expenses from gaming and fundraising events	6c	2,531
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	29,484
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	631
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	127,510
	10	Grants and similar amounts paid (list in Schedule O)	10	
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	93,480
13		Professional fees and other payments to independent contractors	13	3,600
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	25,550
17		Total expenses. Add lines 10 through 16. ▶	17	122,630
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,880	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	62,483	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	67,363	

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	57,134	22	61,239
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,546	24	8,761
25 Total assets	65,680	25	70,000
26 Total liabilities (describe in Schedule O)	3,197	26	2,637
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	62,483	27	67,363

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☐What is the organization's primary exempt purpose? FREE MEDICAL SERVICES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 DOCTORS AND NURSES (VOLUNTEERS) PROVIDE MEDICAL SERVICES TO PEOPLE UNABLE TO PAY		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	122,630
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	122,630

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BILL GOETTER, MD PRESIDENT	Hr/WK 2.80			
KIM JARDINE VICE PRES	Hr/WK 1.00			
SHAWN T. ALVES, ESQ. SECRETARY	Hr/WK .50			
KERRY NICKERSON TREASURER	Hr/WK .75			
AMY WOODS, MD DIRECTOR	Hr/WK .12			
JEANNE BIRKENHOUSER, MD DIRECTOR	Hr/WK .25			
LISA STANLEY, RPH DIRECTOR	Hr/WK .25			
DR. ABBY HAMILTON DIRECTOR	Hr/WK .12			
ARTHUR R. GOODSON DIRECTOR	Hr/WK .12			
RICKY ELLIOTT DIRECTOR	Hr/WK .25			
LORI MENEFEE, RN DIRECTOR	Hr/WK .12			
ROBIN RIGGINS, LCSW DIRECTOR	Hr/WK .12			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a	
b Gross receipts, included on line 9, for public use of club facilities.	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed.	AL	
42 a The organization's books are in care of C. O. MCCAWLEY, JR., CPA Telephone no. (251) 928-0339 Located at 18811 HIGHWAY 181 City FAIRHOPE ST AL ZIP + 4 36532		
b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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.

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48		X
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- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A.

☒ Yes ☐ No

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

Sign Here	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	C. O. MCCAWLEY, JR., CPA	C. O. McCawley Jr CPA	6/10/2016		P00213030
	Firm's name	Firm's EIN		Firm's address	
	C. O. MCCAWLEY, JR., CPA, LLC	63-1210130	P. O. BOX 452, FAIRHOPE, AL 36533	(251) 928-0339	

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

☒ Yes ☐ No

Page 1 of 1 of Part IV

Employer identification number

63-1247879

[illegible]

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2015

Attachment

Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

ALABAMA FREE CLINIC, INC.

Business or activity to which this form relates

990EZ

Identifying number

63-1247879

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	3,612
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	2,670
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		3,612	5	HY	200DB	721
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,391
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ALABAMA FREE CLINIC, INC.

Employer identification number

63-1247879

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **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 trustees 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 organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally 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 supported 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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 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					0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	187,086	179,127	136,104	90,151	97,395	689,863
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	187,086	179,127	136,104	90,151	97,395	689,863
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)						
6 Public support. Subtract line 5 from line 4.						689,863

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	187,086	179,127	136,104	90,151	97,395	689,863
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						689,863
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section 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.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	0	0
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	0	0

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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2 Enter 85% of line 1	2	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4 Enter greater of line 2 or line 3	4	0
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	0

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt 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 of supported organizations	
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.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	0
10	Line 8 amount divided by Line 9 amount	0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013	0		
e	From 2014	0		
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2015 distributable amount			0
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2015 from Section D, line 7: \$	0		
a	Applied to underdistributions of prior years		0	
b	Applied to 2015 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		0	
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			0
7	Excess distributions carryover to 2016. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013	0		
d	Excess from 2014	0		
e	Excess from 2015	0		

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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

ALABAMA FREE CLINIC, INC.

Employer identification number

63-1247879

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ALABAMA FREE CLINIC, INC.	Employer identification number 63-1247879
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION OF SOUTH ALABAMA P O BOX 990 MOBILE AL 36601 Foreign State or Province: _____ Foreign Country: _____	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EASTERN SHORE PRESBYTERIAN CHURCH 23050 HWY 98 FAIRHOPE AL 36532 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SNOOK FOUNDATION P O BOX 1268 FOLEY AL 36536 Foreign State or Province: _____ Foreign Country: _____	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COMMUNITY FREE CLINIC OF DECATUR 245 JACKSON ST. SE DECATUR AL 35601 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CARING FOUNDATION P O BOX 995 BIRMINGHAM AL 35298 Foreign State or Province: _____ Foreign Country: _____	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MAPP FAMILY FOUNDATION P O BOX 1031 FAIRHOPE AL 36533 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ALABAMA FREE CLINIC, INC.

Employer identification number

63-1247879

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMERICARES 88 HAMILTON AVENUE STAMFORD CT 06902 Foreign State or Province: _____ Foreign Country: _____	\$ 518,761	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ALABAMA FREE CLINIC, INC.

Employer identification number

63-1247879

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

Name of organization
ALABAMA FREE CLINIC, INC.

Employer identification number
63-1247879

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental information Regarding Fundraising or Gaining Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

ALABAMA FREE CLINIC, INC.

Employer identification number

63-1247879

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 gross receipts greater than \$5,000.

		(a) Event #1 NE & TASTING EVEI (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	32,015		0	32,015
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	32,015		0	32,015
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses	2,531		0	2,531
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(2,531)
	11 Net income summary. Subtract line 10 from line 3, column (d)				29,484

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				0

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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ 0

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ALABAMA FREE CLINIC, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number

63-1247879

Form 990-EZ, Part I, Line 8, Other Revenue: FEES - MEDICAL RECORDS: 631

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 3,391

Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES: 402

Form 990-EZ, Part I, Line 16, Other Expenses: SOFTWARE SUPPORT - EMR: 1,596

Form 990-EZ, Part I, Line 16, Other Expenses: DUES: 25

Form 990-EZ, Part I, Line 16, Other Expenses: VOLUNTER RECOGNITION: 416

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 2,543

Form 990-EZ, Part I, Line 16, Other Expenses: INTERNET / TELEPHONE EXPENSE: 2,651

Form 990-EZ, Part I, Line 16, Other Expenses: MEDICAL SUPPLIES: 94

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE SUPPLIES: 1,334

Form 990-EZ, Part I, Line 16, Other Expenses: CONTRACT - FUNDRAISING: 3,969

Form 990-EZ, Part I, Line 16, Other Expenses: CONTRACT - MEDICAL: 677

Form 990-EZ, Part I, Line 16, Other Expenses: TAXES - PAYROLL: 7,491

Form 990-EZ, Part I, Line 16, Other Expenses: MARKETING & PRINTING: 119

Form 990-EZ, Part I, Line 16, Other Expenses: POSTAGE: 351

Form 990-EZ, Part I, Line 16, Other Expenses: WEB SITE: 391

Form 990-EZ, Part I, Line 16, Other Expenses: TELEPHONE: 100

Form 990-EZ, Part II, Line 24, Other Assets: EQUIPMENT LESS ACCUMULATED DEPRECIATION:

Beginning of year: 8,210, End of year: 8,527

Form 990-EZ, Part II, Line 24, Other Assets: FURNITURE LESS ACCUMULATED DEPRECIATION:

Beginning of year: 336, End of year: 234

Form 990-EZ, Part II, Line 26, Liabilities: ACCRUED EXPENSES: Beginning of year: 3,197, End of

year: 2,637

Name of the organization

Employer identification number

ALABAMA FREE CLINIC, INC.

63-1247879

Elections

Election to NOT claim first-year special depreciation - All Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	97,395
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	97,395

Assets by Classification - 990EZ

ALABAMA FREE CLINIC, INC. 63-1247879

12/31/2015

Item No.	Description of Property ***** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2015 Deprec.	2015 Accum. Deprec.
5-yr Computers and peripherals (not listed property)																
15	COMPUTER	7/7/2004	F-5	100.00%	1,943	0	0	0	0	972	5.0	200DB	HY	1,943	0	1,943
22	COMPUTER	1/8/2008	F-5	100.00%	535	0	0	0	0	0	5.0	200DB	HY	418	0	418
23	PRINTER	1/8/2008	F-5	100.00%	163	0	0	0	0	0	5.0	200DB	HY	127	0	127
24	PRINTER	2/4/2008	F-5	100.00%	168	0	0	0	0	0	5.0	200DB	HY	131	0	131
26	TOSHIBA LAP TOP	1/20/2009	F-5	100.00%	974	0	0	0	0	0	5.0	200DB	HY	973	0	973
27	TOSHIBA LAP TOP (4)	3/1/2009	F-5	100.00%	3,638	0	0	0	0	0	5.0	200DB	HY	3,638	0	3,638
36	DELL 19" FLAT PANEL MONIT	8/10/2009	F-5	100.00%	172	0	0	0	0	0	5.0	200DB	HY	172	0	172
37	OMEGA BACKUP	8/10/2009	F-5	100.00%	700	0	0	0	0	0	5.0	200DB	HY	700	0	700
38	COLOR DUPLEX PRINTER (2	8/10/2009	F-5	100.00%	1,200	0	0	0	0	0	5.0	200DB	HY	1,199	0	1,199
40	APC SMART UPS	8/10/2009	F-5	100.00%	275	0	0	0	0	0	5.0	200DB	HY	275	0	275
41	LINKSYS ROUTER (2)	8/10/2009	F-5	100.00%	400	0	0	0	0	0	5.0	200DB	HY	400	0	400
42	CISCO WIRELESS ACCESS F	8/10/2009	F-5	100.00%	400	0	0	0	0	0	5.0	200DB	HY	5,689	0	5,689
43	FLEX MED SYSTEM INSTALL	8/10/2009	F-5	100.00%	300	0	0	0	0	0	5.0	200DB	HY	300	0	300
39-1	BROTHER LASER PRINTER (8/10/2009	F-5	100.00%	3,134	0	0	0	0	0	5.0	200DB	HY	3,134	0	3,134
35	DELL SERVER	9/10/2009	F-5	100.00%	245	0	0	0	0	0	5.0	200DB	HY	245	0	245
44	HP WIRELESS PRINTER	9/24/2010	F-5	100.00%	698	0	0	0	0	0	5.0	200DB	HY	577	80	657
50	WIRELESS PRINTER & SCAN	10/31/2011	F-5	100.00%	1,690	0	0	0	0	0	5.0	200DB	HY	1,398	195	1,593
52	TOSHIBA LAP TOPS (4)	10/31/2011	F-5	100.00%	927	0	0	0	0	0	5.0	200DB	HY	767	107	874
53	TOSHIBA LAP TOPS (3)	12/31/2011	F-5	100.00%	763	0	0	0	0	0	5.0	200DB	HY	0	153	153
64	HP PAVILLION ULTRABOOK	2/1/2015	F-5	100.00%	122	0	0	0	0	0	5.0	200DB	HY	0	24	24
65	DELL 19" MONITORS (3)	2/1/2015	F-5	100.00%	111	0	0	0	0	0	5.0	200DB	HY	0	22	22
66	DOCKING STATIONS (3)	2/1/2015	F-5	100.00%	682	0	0	0	0	0	5.0	200DB	HY	0	136	136
67	SOLID STATE DRIVES (8)	2/1/2015	F-5	100.00%	117	0	0	0	0	0	5.0	200DB	HY	0	23	23
68	WIRELESS KEYBOARD & MC	2/1/2015	F-5	100.00%	1,817	0	0	0	0	0	5.0	200DB	HY	0	363	363
69	DELL LATITUDE LAPTOPS (7	2/1/2015	F-5	100.00%	26,863	0	0	1,217	0	0	5.0	200DB	HY	22,486	1,103	23,589
Total: 5-yr Computers (not listed)																
5-yr High technology medical equipment																
3	ECLIPSE LE III EKG MACHINE	4/1/2003	F-7	100.00%	3,790	0	0	1,137	0	0	5.0	200DB	HY	3,790	0	3,790
Total: 5-yr High tech medical equipment																
7-yr General purpose tools, machinery, and equipment																
59	BROTHER PRINTER & SCAN	4/30/2012	F-10	100.00%	656	0	0	0	0	0	7.0	200DB	MQ2	381	79	460
Total: 7-yr Genl purp tools, mach, equip																
7-yr Office furniture, fixtures and equipment																
1	EXAM TABLE	10/1/2000	F-11	100.00%	400	0	0	0	0	0	7.0	200DB	HY	400	0	400
2	FILE CABINET (4 DRAWER)	12/1/2000	F-11	100.00%	100	0	0	0	0	0	7.0	200DB	HY	100	0	100
5	DESK	4/13/2004	F-11	100.00%	285	0	0	143	0	0	7.0	200DB	HY	285	0	285
6	DESK (48 X 24)	4/13/2004	F-11	100.00%	252	0	0	126	0	0	7.0	200DB	HY	252	0	252
8	KEYBOARD	4/13/2004	F-11	100.00%	54	0	0	27	0	0	7.0	200DB	HY	54	0	54
11	FILE CABINET 4 DRAWER	4/13/2004	F-11	100.00%	102	0	0	51	0	0	7.0	200DB	HY	102	0	102
12	CHAIR	4/13/2004	F-11	100.00%	78	0	0	39	0	0	7.0	200DB	HY	78	0	78
16	CLINIC CHAIRS (18)	1/24/2005	F-11	100.00%	872	0	0	0	0	0	7.0	200DB	HY	872	0	872
17	BLOOD PRESSURE MONITO	7/30/2005	F-11	100.00%	210	0	0	0	0	0	7.0	200DB	HY	210	0	210
18	OTOSCOPE / OPTH	10/27/2006	F-11	100.00%	348	0	0	0	0	0	7.0	200DB	HY	348	0	348

Assets by Classification - 990EZ

ALABAMA FREE CLINIC, INC. 63-1247879

12/31/2015

Item No.	Description of Property *** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2015 Deprec.	2015 Accum. Deprec.
19	DESK	1/14/2008	F-11	100.00%	199	0	0	0	0	199	7.0	200DB	HY	173	9	182
20	CREENZA	1/14/2008	F-11	100.00%	189	0	0	0	0	189	7.0	200DB	HY	164	8	172
21	CHAIR	1/14/2008	F-11	100.00%	128	0	0	0	0	128	7.0	200DB	HY	110	6	116
25	FOLDING TABLES	10/28/2008	F-11	100.00%	166	0	0	0	0	166	7.0	200DB	HY	144	7	151
28	STORAGE CART	3/30/2009	F-11	100.00%	157	0	0	0	0	157	7.0	200DB	HY	137	14	151
29	DIGIT FINGER OXIMETER	4/3/2009	F-11	100.00%	189	0	0	0	0	189	7.0	200DB	HY	164	17	181
30	INSTRUMENT SET	4/3/2009	F-11	100.00%	182	0	0	0	0	182	7.0	200DB	HY	157	16	173
32	STORAGE CART	4/10/2009	F-11	100.00%	164	0	0	0	0	164	7.0	200DB	HY	143	15	158
33	UNDER COUNTER TRANSPC	6/29/2009	F-11	100.00%	260	0	0	0	0	260	7.0	200DB	HY	224	23	247
34	UNDER COUNTER TRANSPC	6/29/2009	F-11	100.00%	260	0	0	0	0	260	7.0	200DB	HY	224	23	247
45	PUFFER HUBBARD FREEZEI	7/31/2011	F-11	100.00%	6,162	0	0	0	0	6,162	7.0	200DB	HY	4,238	550	4,788
46	GE REFRIGERATOR	7/31/2011	F-11	100.00%	2,500	0	0	0	0	2,500	7.0	200DB	HY	1,718	223	1
47	GE REFRIGERATOR	7/31/2011	F-11	100.00%	2,500	0	0	0	0	2,500	7.0	200DB	HY	1,718	223	1
48	EQUIPMENT-GS CLINIC	8/31/2011	F-11	100.00%	354	0	0	0	0	354	7.0	200DB	HY	244	32	276
49	SERVER BACKUP	8/31/2011	F-11	100.00%	1,278	0	0	0	0	1,278	7.0	200DB	HY	880	114	994
51	MOBILE CARTS (2)	10/31/2011	F-11	100.00%	380	0	0	0	0	380	7.0	200DB	HY	260	34	294
54	EXAM TABLE	12/28/2012	F-11	100.00%	2,000	0	0	0	0	2,000	7.0	200DB	MQ4	1,016	281	1,297
55	WAITING ROOM CHAIRS (13)	12/28/2012	F-11	100.00%	390	0	0	0	0	390	7.0	200DB	MQ4	198	55	253
56	END TABLES (2)	12/28/2012	F-11	100.00%	60	0	0	0	0	60	7.0	200DB	MQ4	31	8	39
57	COFFEE TABLE	12/28/2012	F-11	100.00%	50	0	0	0	0	50	7.0	200DB	MQ4	26	7	33
58	EXAM LIGHTS (2)	12/28/2012	F-11	100.00%	100	0	0	0	0	100	7.0	200DB	MQ4	52	14	66
60	CANON DOCUMENT SCANNI	8/31/2013	F-11	100.00%	474	0	0	237	0	237	7.0	200DB	MQ3	322	43	365
61	HP PRINTER, COPIER, SCAN	8/31/2013	F-11	100.00%	150	0	0	75	0	75	7.0	200DB	MQ3	102	14	116
62	NEAT DESK	12/31/2013	F-11	100.00%	695	0	0	348	0	347	7.0	200DB	MQ4	456	68	524
63	AUTOMATIC AUTOCLAVE ST	3/31/2014	F-11	100.00%	3,311	0	0	1,856	0	1,655	7.0	200DB	HY	1,893	405	2,298
Total: 7-yr Office fum, fixtures, equip														17,495	2,209	19,704
SubTotals														44,152	3,391	47,543
Less: Disposed Assets														(0)	(0)	(0)
Ending Totals														44,152	3,391	47,543

Detail Report - 990EZ

12/31/2015

ALABAMA FREE CLINIC, INC. 63-1247879

Item No.	Description of Property <small>(USE #) indicates DISPOSED</small>	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2015 Current Deprec.	2015 Accum. Deprec.
1	EXAM TABLE	10/1/2000	100.00%	400	0	0	400	7.0	200DB	HY	400	0	400
2	FILE CABINET (4 DRAWER)	12/1/2000	100.00%	100	0	0	100	7.0	200DB	HY	100	0	100
3	ECLIPSE LE III EKG MACHINI	4/1/2003	100.00%	3,790	0	1,137	2,653	5.0	200DB	HY	3,790	0	3,790
5	DESK	4/13/2004	100.00%	285	0	143	142	7.0	200DB	HY	285	0	285
6	DESK (48 X 24)	4/13/2004	100.00%	252	0	126	126	7.0	200DB	HY	252	0	252
8	KEYBOARD	4/13/2004	100.00%	54	0	27	27	7.0	200DB	HY	54	0	54
11	FILE CABINET 4 DRAWER	4/13/2004	100.00%	102	0	51	51	7.0	200DB	HY	102	0	102
12	CHAIR	4/13/2004	100.00%	78	0	39	39	7.0	200DB	HY	78	0	78
15	COMPUTER	7/7/2004	100.00%	1,943	0	972	971	5.0	200DB	HY	1,943	0	1,943
16	CLINIC CHAIRS (18)	1/24/2005	100.00%	872	0	0	872	7.0	200DB	HY	872	0	872
17	BLOOD PRESSURE MONITO	7/30/2005	100.00%	210	0	0	210	7.0	200DB	HY	210	0	210
18	OTOSCOPE / OPTH	10/27/2006	100.00%	348	0	0	348	7.0	200DB	HY	348	0	348
19	DESK	1/14/2008	100.00%	199	0	0	199	7.0	200DB	HY	173	9	172
20	CREDENZA	1/14/2008	100.00%	189	0	0	189	7.0	200DB	HY	164	8	172
21	CHAIR	1/14/2008	100.00%	128	0	0	128	7.0	200DB	HY	110	6	116
22	COMPUTER	1/8/2008	100.00%	535	0	0	535	5.0	200DB	HY	418	0	418
23	PRINTER	1/8/2008	100.00%	163	0	0	163	5.0	200DB	HY	127	0	127
24	PRINTER	2/4/2008	100.00%	168	0	0	168	5.0	200DB	HY	131	0	131
25	FOLDING TABLES	10/28/2008	100.00%	166	0	0	166	7.0	200DB	HY	144	7	151
26	TOSHIBA LAP TOP	1/20/2009	100.00%	974	0	0	974	5.0	200DB	HY	973	0	973
27	TOSHIBA LAP TOP (4)	3/1/2009	100.00%	3,638	0	0	3,638	5.0	200DB	HY	3,638	0	3,638
28	STORAGE CART	3/30/2009	100.00%	157	0	0	157	7.0	200DB	HY	137	14	151
29	DIGIT FINGER OXIMETER	4/3/2009	100.00%	189	0	0	189	7.0	200DB	HY	164	17	181
30	INSTRUMENT SET	4/3/2009	100.00%	182	0	0	182	7.0	200DB	HY	157	16	173
32	STORAGE CART	4/10/2009	100.00%	164	0	0	164	7.0	200DB	HY	143	15	158
33	UNDER COUNTER TRANSPC	6/29/2009	100.00%	260	0	0	260	7.0	200DB	HY	224	23	247
34	UNDER COUNTER TRANSPC	6/29/2009	100.00%	260	0	0	260	7.0	200DB	HY	224	23	247
35	DELL SERVER	9/10/2009	100.00%	3,134	0	0	3,134	5.0	200DB	HY	3,134	0	3,134
36	DELL 19" FLAT PANEL MONIT	8/10/2009	100.00%	172	0	0	172	5.0	200DB	HY	172	0	172
37	IOMEGA BACKUP	8/10/2009	100.00%	700	0	0	700	5.0	200DB	HY	700	0	700
38	COLOR DUPLEX PRINTER (2	8/10/2009	100.00%	1,200	0	0	1,200	5.0	200DB	HY	1,199	0	1,199
40	APC SMART UPS	8/10/2009	100.00%	275	0	0	275	5.0	200DB	HY	275	0	275
41	LINKSYS ROUTER (2)	8/10/2009	100.00%	400	0	0	400	5.0	200DB	HY	400	0	400
42	CISCO WIRELESS ACCESS F	8/10/2009	100.00%	400	0	0	400	5.0	200DB	HY	400	0	400
43	FLEX MED SYSTEM INSTALL	8/10/2009	100.00%	5,689	0	0	5,689	5.0	200DB	HY	5,689	0	5,689
44	HP WIRELESS PRINTER	9/24/2010	100.00%	245	0	245	0	5.0	200DB	HY	245	0	245
45	PUFFER HUBBARD FREEZEI	7/31/2011	100.00%	6,162	0	0	6,162	7.0	200DB	HY	4,238	550	4,788
46	GE REFRIGERATOR	7/31/2011	100.00%	2,500	0	0	2,500	7.0	200DB	HY	1,718	223	1,941
47	GE REFRIGERATOR	7/31/2011	100.00%	2,500	0	0	2,500	7.0	200DB	HY	1,718	223	1,941
48	EQUIPMENT-GS CLINIC	8/31/2011	100.00%	354	0	0	354	7.0	200DB	HY	244	32	276
49	SERVER BACKUP	8/31/2011	100.00%	1,278	0	0	1,278	7.0	200DB	HY	880	114	994
50	WIRELESS PRINTER & SCAN	10/31/2011	100.00%	698	0	0	698	5.0	200DB	HY	577	80	657
51	MOBILE CARTS (2)	10/31/2011	100.00%	380	0	0	380	7.0	200DB	HY	260	34	294
52	TOSHIBA LAP TOPS (4)	10/31/2011	100.00%	1,690	0	0	1,690	5.0	200DB	HY	1,398	195	1,593
53	TOSHIBA LAP TOPS (3)	12/31/2011	100.00%	927	0	0	927	5.0	200DB	HY	767	107	874
54	EXAM TABLE	12/28/2012	100.00%	2,000	0	0	2,000	7.0	200DB	MQ4	1,016	281	1,297
55	WAITING ROOM CHAIRS (13)	12/28/2012	100.00%	390	0	0	390	7.0	200DB	MQ4	198	55	253
56	END TABLES (2)	12/28/2012	100.00%	60	0	0	60	7.0	200DB	MQ4	31	8	39
57	COFFEE TABLE	12/28/2012	100.00%	50	0	0	50	7.0	200DB	MQ4	26	7	33

Detail Report - 990EZ

ALABAMA FREE CLINIC, INC. 63-1247879

12/31/2015

Item No.	Description of Property <small>1141411 indicates DISPOSED</small>	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2015 Current Deprec.	2015 Accum. Deprec.
58	EXAM LIGHTS (2)	12/28/2012	100.00%	100	0	0	100	7.0	200DB	MQ4	52	14	66
59	BROTHER PRINTER & SCAN	4/30/2012	100.00%	656	0	0	656	7.0	200DB	MQ2	381	79	460
60	CANON DOCUMENT SCANNI	8/31/2013	100.00%	474	0	237	237	7.0	200DB	MQ3	322	43	365
61	HP PRINTER, COPIER, SCAN	8/31/2013	100.00%	150	0	75	75	7.0	200DB	MQ3	102	14	116
62	NEAT DESK	12/31/2013	100.00%	695	0	348	347	7.0	200DB	MQ4	456	68	524
63	AUTOMATIC AUTOCLAVE ST	3/31/2014	100.00%	3,311	0	1,656	1,655	7.0	200DB	HY	1,893	405	2,298
64	HP PAVILLION ULTRABOOK	2/1/2015	100.00%	763	0	0	763	5.0	200DB	HY	0	153	153
65	DELL 19" MONITORS (3)	2/1/2015	100.00%	122	0	0	122	5.0	200DB	HY	0	24	24
66	DOCKING STATIONS (3)	2/1/2015	100.00%	111	0	0	111	5.0	200DB	HY	0	22	22
67	SOLID STATE DRIVES (8)	2/1/2015	100.00%	682	0	0	682	5.0	200DB	HY	0	136	136
68	WIRELESS KEYBOARD & MC	2/1/2015	100.00%	117	0	0	117	5.0	200DB	HY	0	23	23
69	DELL LATITUDE LAPTOPS (7	2/1/2015	100.00%	1,817	0	0	1,817	5.0	200DB	HY	0	363	363
39-1	BROTHER LASER PRINTER (8/10/2009	100.00%	300	0	0	300	5.0	200DB	HY	300	0	0
SubTotals				56,308	0	5,056	51,252				44,152	3,391	47,543
Less: Disposed Assets				(0)	(0)	(0)	(0)				(0)	(0)	(0)
Ending Totals				56,308	0	5,056	51,252				44,152	3,391	47,543