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MS. CAROLYN C. ALLISON, CEO CHARLOTTE COMMUNITY HEALTH CLINIC

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2021



CliftonLarsonAllen LLP CLAconnect.com

Ms. Carolyn C. Allison, CEO Charlotte Community Health Clinic 8401 Medical Plaza Drive Suite 300 Charlotte, NC 28262

Dear Carolyn:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

DocuSign Envelope ID: AE1EB4F6-A9E3-4A09-8A2E-A97C81708AE5

0	IRS e-file Signature Authorization			OMB No. 1545-0047		
Form O	8/9-1E			• •		
		For calendar year 20		, 2021, and ending, 2021, and ending, 2021, and ending	20	2021
	ent of the Treasury		 Do not send to the IRS. Go to www.irs.gov/Form8879T 			
Name o	evenue Service f filer	ļ	Go to www.irs.gov/Form88791	E for the latest information.	EIN or SSN	
i anto o		COMMUNITY HE	ALTH CLINIC, INC.		56-22741	.74
Name a	nd title of officer or pe		CAROLYN C ALLISON		L	
i anto a			CEO			
Part	I Type of	Return and Re	turn Information			
Form 5 or 10a whiche	330 filers may enter below, and the amo	r dollars and cents ount on that line fo	. For all other forms, enter whole do r the return being filed with this for	er the applicable amount, if any, fron ollars only. If you check the box on lir m was blank, then leave line 1b, 2b, turn, then enter -0- on the applicable	ne 1a, 2a, 3a, 3b, 4b, 5b, 6b	4a, 5a, 6a, 7a, 8a, 9a, , 7b, 8b, 9b, or 10b,
1a	Form 990 check h	nere 🕨 🗴		990, Part VIII, column (A), line 12)		
2a	Form 990-EZ che	ck here 🕨 📃		990-EZ, line 9)		ı
3a	Form 1120-POL	check here 🕨 📃		ne 22)		
4a	Form 990-PF che	ck here 🕨 📃		come (Form 990-PF, Part V, line 5)		
5a	Form 8868 check	here ►		ie 3c)		
6a	Form 990-T chec	k here 🕨 🔄		II, line 4)		
7a	Form 4720 check	here ▶		I, line 1)	7b	
8a	Form 5227 check	here ►	b FMV of assets at end of tax	-		
9a	Form 5330 check		b Tax due (Form 5330, Part II,			•
	Form 8038-CP ch			requested (Form 8038-CP, Part III, li		b
Part				er or Person Subject to Tax		
of entit				y or I am a person subject to ta , (EIN) and		
later th paymer person PIN: ch	an 2 business days nt of taxes to receiv al identification nun neck one box only	prior to the paym re confidential info nber (PIN) as my s	ent (settlement) date. I also authoriz mation necessary to answer inquir gnature for the electronic return an	ust contact the U.S. Treasury Financi te the financial institutions involved in ies and resolve issues related to the d, if applicable, the consent to electr	n the processir payment. I hav	ng of the electronic e selected a ndrawal.
X	I authorize CLI	FTONLARSONALL	EN LLP	to	enter my PIN	77984
			ERO firm name			Enter five numbers, but do not enter all zeros
	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulating lisclosure consent person subject to ndicated within th	charities as part of the IRS Fed/Sta screen. ax with respect to the entity, I will e	ve indicated within this return that a d ate program, I also authorize the aford enter my PIN as my signature on the being filed with a state agency(ies) r consent screen.	ementioned EF tax year 2021	O to enter my PIN electronically filed
Signatura	of officer or person subject		,		Date 🕨	
Part		tion and Auth	entication		Dato	
ERO's	EFIN/PIN. Enter vo	our six-diait electro	nic filing identification			
	r (EFIN) followed by	-	-	56247928202 Do not enter all zeros		
submit				021 electronically filed return indicate emized e-File (MeF) Information for Au		
ERO's s	ignature 🕨 <u>JOHN</u>	NORMAN		Date ▶11/10)/22	
		Do Not S	ERO Must Retain This For	m - See Instructions S Unless Requested To Do S		
LHA F	For Privacy act and		iction Act Notice, see instruction	•		orm 8879-TE (2021)
102521 0)1-11-22					

Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Α	For the	2021 calendar year, or tax year beginning and	ending			
В	Check if applicable	C Name of organization		D Employer identifica	tion number	
Г	Addre	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.				
	Name chang	· · · · · · · · · · · · · · · · · · ·		56-2274174		
	Initial	• • •	Room/suite	E Telephone number		
	Final	8401 MEDICAL DIAZA DELVE CULTE 300		704-316-6561		
	termin ated			G Gross receipts \$	6,375,972.	
	Ameno			H(a) Is this a group retu	Im	
	Applic tion	F Name and address of principal officer: CAROLYN C. ALLISON		for subordinates?		
	pendir	⁹ SAME AS C ABOVE		H(b) Are all subordinates inclu		
1	Tax-exe	empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) (or 🗌 527			
J	Websit	HTTP://CHARLOTTECOMMUNITYHEALTHCLINIC.ORG/		H(c) Group exemption r	number 🕨	
κ	Form of	organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2001 M S	State of legal domicile: NC	
P	art I	Summary				
_	1	Briefly describe the organization's mission or most significant activities: PROVID	E PREVEN	TATIVE AND PRIMARY		
nce		CARE TO MEDICALLY UNDERSERVED COMMUNITIES IN MECKLENBURG COU				
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net asset	S.	
INC	3	Number of voting members of the governing body (Part VI, line 1a)			15	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		15		
8 S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			77	
Activities &	6	Total number of volunteers (estimate if necessary)		18		
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			٥.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			٥.	
				Prior Year	Current Year	
đ	8	Contributions and grants (Part VIII, line 1h)	3,711,293.	5,008,408.		
nue	9	Program service revenue (Part VIII, line 2g)		423,505.	1,346,21	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		556.	279.	
<u>م</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,667.	21,068.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,147,021.	6,375,972.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,734,612.	3,574,099.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
xpe	b		589.			
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,044,036.	1,796,314.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,778,648.	5,370,413.	
		Revenue less expenses. Subtract line 18 from line 12		368,373.	1,005,559.	
Sor	ICES		B	eginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)	······	3,637,752.	4,027,705.	
it As	g 21	Total liabilities (Part X, line 26)		1,056,838.	441,241.	
P.S.	22	Net assets or fund balances. Subtract line 21 from line 20		2,580,914.	3,586,464.	
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			nowledge and belief, it is	
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	^r has any knowledge.		

Sign		Signature of officer				Date					
Here		CAROLYN C. ALLISON,									
		Type or print name and title									
	Prin	t/Type preparer's name		Preparer's signature	eparer's signature Date						
Paid	JOHN NORMAN			JOHN NORMAN	N NORMAN 11/10/22						
Preparer	Firm	's name 🕞 CLIFTONLAR	SONALLEN LLP			Firm's EIN 🕨 41-0746749					
Use Only	Firm	's address 🕨 227 WEST T	RADE STREET, S	UITE 800							
		CHARLOTTE,	Phone	Phone no.704-998-5200							
May the I	RS di	scuss this return with the p	reparer shown abo	ve? See instructions				X Yes	No		
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III Statement of Program Service Accomplishments								
	Check if Schedule O contains a response or note to any line in this Part III		X						
1	Briefly describe the organization's mission:								
	PROVIDE THE HIGHEST QUALITY, PATIENT-CENTERED HEALTH CARE SERVICES FOR								
	LOW-INCOME AND OTHER UNDERSERVED INDIVIDUALS.								
2	Did the organization undertake any significant program services during the year which were not listed on the								
-			es 🗴 No						
	prior Form 990 or 990-EZ?	•••••••••••••••••••••••••••••••••••••••							
_	If "Yes," describe these new services on Schedule O.	 ,	v						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🛛 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 me	easured by expense	es.						
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses	, and						
	revenue, if any, for each program service reported.								
4a		s1,	346 217.						
ти	CHARLOTTE COMMUNITY HEALTH CLINIC, INC. IS A NONPROFIT ENTITY PROVIDING		,						
	COMPREHENSIVE HEALTH CARE SERVICES TO OVER 5,217 CHILDREN AND ADULTS IN								
	THE GREATER CHARLOTTE AREA. WE OFFER PRIMARY, DENTAL, AND INTEGRATED								
	BEHAVIORAL HEALTH SERVICES. ALL PATIENTS CAN APPLY FOR OUR SLIDING								
	SCALE FEE TO ENSURE THAT SERVICES ARE AFFORDABLE AND ACCESSIBLE, AS WE								
	HAVE HISTORICALLY SERVED LOW-INCOME AND OTHER UNDERSERVED INDIVIDUALS.								
	ADDITIONAL SERVICES OFFERED INCLUDE ACUTE CARE, CHRONIC DISEASE								
	MANAGEMENT, PREVENTIVE HEALTH, COVID VACCINES, HIV TESTING AND								
	COUNSELING, AND HEALTH EDUCATION.								
	(CONTINUED ON SCHEDULE O)								
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$								
40	(Code:) (Expenses \$) (Hevenue \$								
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\$							
4c		\$							
4c		\$							
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\$							
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4c	<pre></pre>	\$ 							
4c		\$							
	Other program services (Describe on Schedule O.)	6							
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	\$ }							
	Other program services (Describe on Schedule O.)								
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		n 990 (202						

Form	1990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. 56-	2274174	Р	age 3
Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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 f	or		
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,	Part I 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian fo	r 🛛		
	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		x
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, o			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	ח		
	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		x
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		x
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			x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			x
	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	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	······ •••		
120		12a		x
h	Schedule D, Parts XI and XII			
D		12b	x	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
13				x
14a			1	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busines investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,0			
				x
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u>14b</u>		
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>_</u>		<u>.</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III			X
20a				X
b		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		X
132003	3 12-09-21	Form	1 990	(2021)

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Form	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. 56-22741	74	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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	0.5		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		x
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00	1	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		_	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	12-09-21	Form	990	(2021)
	6			

Form	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. 56-22741	74	Р	age 5				
Par	t 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 return 2a 77							
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		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	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							
	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				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
•	to file Form 8282?	7c		x				
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
U	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
		9a						
		9b		<u> </u>				
10	Section 501(c)(7) organizations. Enter:	50						
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1						
11	Section 501(c)(12) organizations. Enter:	1						
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1						
b	amounts due or received from them.)							
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>				
a	Note: See the instructions for additional information the organization must report on Schedule O.	154						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
U	organization is licensed to issue qualified health plans							
•		-						
	Enter the amount of reserves on hand	14a		x				
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14a		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>				
15		15		x				
	excess parachute payment(s) during the year?	13		<u> </u>				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>				
17								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47						
		17						
120005	If "Yes," complete Form 6069.	Eorm	990	(2021)				
132005	12-09-21	1011		(2021)				

Ра	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	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 on line 1a, above, who are independent 1b 1	5		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
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	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b			х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?		х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		160		x
Ŀ	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
200	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) :	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	id financ	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
20	CAROLYN C. ALLISON, CEO - 704-316-6561			
20	CAROLYN C. ALLISON, CEO - 704-316-6561 8401 MEDICAL PLAZA DRIVE SUITE 300, CHARLOTTE, NC 28262		990	

Form 990 (2021)	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174	Page 7						
Part VII Compen	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	es, and Independent Contractors								
Check if Sc	hedule O contains a response or note to any line in this Part VII								
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table	for all persons required to be listed. Report compensation for the calendar year er	nding with or within the organization	ı's tax year.						
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or organization	is), regardless of amount of compen	isation.						

Enter -0- in columns (\breve{D}), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless		ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con	_	1099-INEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANNE STEPTOE	40.00				-		-			
СМО, ССНС		1		х				155,055.	0.	0.
(2) CAROLYN C. ALLISON	40.00									
CEO, CCHC				х				148,914.	0.	0.
(3) LISA HOLMES	40.00									
соо, сснс				х				120,900.	0.	0.
(4) HERBERT WILLIAM CLEGG II	2.00									
CHAIRPERSON		Х		х				٥.	0.	0.
(5) DENEQUAL BROWN-SMITH	1.00									
CHIEF COMPLIANCE AND NURSING OFFICER		Х		Х				٥.	0.	0.
(6) DANIEL WALL	2.00									
TREASURER		Х		Х				٥.	0.	0.
(7) ANDREW DAS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) FRANCOIS MOUKETE	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(9) LATONIGA SASS	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(10) MICHELLA PALMER	1.00									
MEMBER		Х						0.	0.	0.
(11) RUTH PEREZ	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(12) DENISE COLTER	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(13) JEROME WILLIAMS	1.00									
VICE CHAIRPERSON		Х						0.	0.	0.
(14) ROBIN CANNE	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(15) CAMILLE GRIMSLEY	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(16) MELIDA BALDERA	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(17) JOSE' PORTILLO-GAMERO	1.00									
PATIENT REPRESENTATIVE		Х						٥.	0.	0.
132007 12.00-21										Form 990 (2021)

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132007 12-09-21

Form 990 (2021)

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	90 (2021) CHARLOTTE COM	MUNITY HEA	LTH	CL	INI	С,	INC	١.		56-22	7417	4	Р	age 8
Part	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	, and	d Hig	ghes	st C	Compensated Employee	s (continued)				
	(A)	(B)				C)	_		(D)	(E)			(F)	
	Name and title	Average hours per			Pos heck	more	than		Reportable	Reportable			stimate	
		week			ss pei nd a d				compensation from	compensation from related		ar	nount other	OT
		(list any	ctor						the	organizations		com	pensa	ation
		hours for	or dire	e.			ated		organization	(W-2/1099-MIS	C/		om th	
		related organizations	ustee	trustee		ee	upensi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
		below	Individual trustee or director	In stit utio nal 1	-	Key employee	Highest compensated employee	er ,	,				anizati	
		line)	Indivi	Institu	Officer	Key er	Highe	Former				5		
(18) 0	CAROL BOWEN	1.00												
PATIEN	NT REPRESENTATIVE		х						0.		٥.			٥.
							<u> </u>							
16 0	v biotol								424,869.		0.			0.
	ubtotal otal from continuation sheets to Part VI								424,005.		0.			0.
								5	424,869.		0.			0.
	otal number of individuals (including but n						e) wh	no re	,	000 of reportable				
	ompensation from the organization						,		. ,	·				5
													Yes	No
3 D	id the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	^r hig	ghest compensated emp	loyee on				
lii	ne 1a? If "Yes," complete Schedule J for se	uch individual										3		X
	or any individual listed on line 1a, is the su													
	nd related organizations greater than \$150											4	Х	
	hid any person listed on line 1a receive or a											E		x
	endered to the organization? If "Yes," com on B. Independent Contractors	plete Schedule	<u>e J I</u>	or si	<u>icn i</u>	bers	on					5		
	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs tł	hat received more than \$	100.000 of comp	ensat	ion fro	om	
	ne organization. Report compensation for t													
	(A)								(B)			(0))	
	Name and business	address	NO	NE					Description of s	ervices	С	ompe	nsatio	n
_														
	otal number of independent contractors (ir	•	ot lin	nited	d to			sted	above) who received mo	ore than				
\$	100,000 of compensation from the organiz	zation 🕨				(0							

132008 12-09-21

			2021) CHARLOTTE COMMUNITY	HEALTH CLINI	C, INC.		56-227417	4 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a	126,750.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
a, G		с	Fundraising events 1c					
Sift: lar /		d	Related organizations 1d					
is, (imil		е	Government grants (contributions) 1e	3,226,308.				
tion sr S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	1,655,350.				
ontr of O		g	Noncash contributions included in lines 1a-1f	54,258.				
a C		h	Total. Add lines 1a-1f		5,008,408.			
				Business Code	4 206 656	1 200 050		
ice	2	-	PATIENT FEES	621400	1,306,656.			
erv		b	340B PHARMACY	446110	39,561.	39,561.		
n S /ent		C						
Program Service Revenue		d		├ ──── ├				
Jroj		e f	All other program service revenue					
-			Total. Add lines 2a-2f		1,346,217.			
	3	9	Investment income (including dividends, intere		_,,			
	Ŭ		other similar amounts)		279.			279.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	Г				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
venue			and sales expenses 7b					
			Gain or (loss)					
r R			Net gain or (loss)	▶				
Other Re	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b	L				
			Net income or (loss) from gaming activities	▶				
	10	а	Gross sales of inventory, less returns					
		h	and allowances 10a Less: cost of goods sold 10k					
			Net income or (loss) from sales of inventory					
		-		Business Code				
snc	11	а	OTHER INCOME	900099	21,068.	21,068.		
nec		b			,	· · · ·		
ella		с						
Miscellaneous Revenue		d	All other revenue	900099				
2			Total. Add lines 11a-11d	>	21,068.			
	12		Total revenue. See instructions	►	6,375,972.	1,367,285.	0.	279.
13200	9 12-	-09-	21					Form 990 (2021)

CHARLOTTE COMMUNITY HEALTH CLINIC, INC. Form 990 (2021) CHARLOTTE COMMUNITY Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	F
	Check if Schedule O contains a respons			(0)	X (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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				
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				
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	3,032,651.	2,019,229.	1,009,997.	3,425
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	272,735.	226,187.	46,548.	
10	Payroll taxes	268,713.	222,763.	45,950.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10,818.		10,818.	
с	Accounting	42,713.		42,713.	
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 Sch 0.)	537,370.	115,756.	420,376.	1,238
12	Advertising and promotion	15,475.	14,492.	983.	
13	Office expenses	172,581.		172,581.	
14	Information technology	61,194.	23,069.	36,581.	1,544
15	Royalties				
16	Occupancy	355,513.	183,251.	172,262.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	158,972.	119,821.	39,151.	
23	Insurance	39,107.		39,107.	
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 0.)				
а	MEDICAL SUPPLIES AND DR	203,190.	203,190.		
b	PATIENT ASSISTANCE	54,204.	54,204.		
с	NON-CAPITALIZED EQUIPME	49,173.	29,245.	19,928.	
d	DUES, FEES, LICENSES	9,895.	1,645.	8,250.	
	All other expenses	86,109.	41,047.	42,680.	2,382
25	Total functional expenses. Add lines 1 through 24e	5,370,413.	3,253,899.	2,107,925.	8,589
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 Till following SOP 98-2 (ASC 958-720)				

2021.05000 CHARLOTTE COMMUNITY HEALT 074-0771

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ar	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note to a	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		682,221.	2	961,41
	3	Pledges and grants receivable, net		611,435.	3	834,95
	4	Accounts receivable, net	1,803,060.	4	1,559,58	
	5	Loans and other receivables from any current or form	er officer, director,			
		trustee, key employee, creator or founder, substantia				
		controlled entity or family member of any of these pe	rsons		5	
	6	Loans and other receivables from other disqualified p	ersons (as defined			
		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	
ņ	7	Notes and loans receivable, net		7		
Assels	8	Inventories for sale or use			8	58
Ĩ	9	—		16,071.	9	135,20
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10	a 1,250,015.			
	b	Less: accumulated depreciation 10		524,965.	10c	535,96
	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		15		
	16	Total assets. Add lines 1 through 15 (must equal line		3,637,752.	16	4,027,7
	17	Accounts payable and accrued expenses	417,238.	17	333,6	
	18	Grants payable			18	
	19	Deferred revenue		639,600.	19	107,6
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I			21	
	22	Loans and other payables to any current or former of				
		trustee, key employee, creator or founder, substantia				
		controlled entity or family member of any of these pe			22	
3	23	Secured mortgages and notes payable to unrelated t			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable				
	20	parties, and other liabilities not included on lines 17-2				
		of Schedule D	, ,		25	
	26	Total liabilities. Add lines 17 through 25		1,056,838.	26	441,24
	20	Organizations that follow FASB ASC 958, check he	ara 🕨 X	, , -	20	/
3		and complete lines 27, 28, 32, and 33.				
	27			357,280.	27	1,899,2
	28	Net assets with donor restrictions		2,223,634.	28	1,687,2
	20	Organizations that do not follow FASB ASC 958, c			20	
		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current funds			29	
3	29 30	Paid-in or capital surplus, or land, building, or equipm			30	
					30	
5	31	Retained earnings, endowment, accumulated income		2,580,914.	31 32	3,586,4
	32	Total net assets or fund balances		3,637,752.		4,027,70
	33	Total liabilities and net assets/fund balances		5,057,752.	33	Form 990 (2)

Form	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174	4	Pa	_{ge} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,375,	972.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,370,	413.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,005	559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,580,	914.
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.
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	3	,586,	464.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 X Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2021)

(Form 99)	CHEDULE A Imm 990) Immet of the Treasury al Revenue Service Immet of the Treasury al Revenue Service Attach to Form 990 or Form 990-EZ. So to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047 2021 Open to Public Inspection		
Name of	ne of the organization Employe								
	and of guinzati		TTE COMMUNITY H	EALTH CLINIC, INC.					56-2274174
Part I	Reason			(All organizations must c		nis part.) S	ee instructior		
				For lines 1 through 12, cl					
1		-		n of churches described			I)(A)(i)		
2				Attach Schedule E (Form		11110(0)(·//~///		
3				anization described in se		(b)(1)(A)(ii	i).		
4			1 0	njunction with a hospital)(iii). Enter	the hospital's name.
·	city, and stat	•		,				// <i>/</i> -	,
5	•		or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
			Complete Part II.)	· ·		, ,			
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7			-	ntial part of its support fr				ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
10 X	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	Ifter June 30, 1975.
—			mplete Part III.)						
11	-	-	-	vely to test for public sat	•				
12	-	-	-	vely for the benefit of, to	-			-	
				d in section 509(a)(1) o					check the box on
•	-	-	• •	f supporting organization				-	aivina
a 🔄			-	upervised, or controlled gularly appoint or elect a	•	-			
		•	complete Part IV, Se		majonty o				ipporting
b	¬ -		-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hay	vina
			-	anization vested in the sa			-		-
		-	t complete Part IV,					3	
с	¬ ~	. ,	•	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
		-). You must complete I				, ,	
d 🗌] Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	veness
	requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е 🗌	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
				nally integrated supporting					
f Ente	er the number	of supported o	organizations						
			about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	 (i) Name of supp organizatior 			(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
				above (see instructions))	Yes	No		,	
Total									

Sch	edule A (Form 990) 2021 CI	HARLOTTE COMMU	NITY HEALTH C	LINIC, INC.		56-22741	74 Page 2
	art II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi)	
	(Complete only if you checked	-		-			
	fails to qualify under the tests	listed below, plea	se complete Part I	II.)			C
See	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		((-/	(-,		(1) 1 2 2 2 2
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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						
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First 5 years. If the Form 990 is for the						. —
80	organization, check this box and stor						
	ction C. Computation of Publi		-				
14	Public support percentage for 2021 (I					14	%
15	Public support percentage from 2020					15	%
108	33 1/3% support test - 2021. If the contemport						
L	stop here. The organization qualifies		-			or mara abaali this	
L.	33 1/3% support test - 2020. If the c						
17-	and stop here. The organization qual		•••			and line $1/1$ is 10% o	
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
L	meets the facts-and-circumstances te	-		• • • •	-	17a, and line 15 is 1	
C C	 10% -facts-and-circumstances test more, and if the organization meets th 	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•				

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

56-2274174 Page **3**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,764,424.	2,662,209.	3,431,293.	3,711,293.	5,008,408.	17,577,627.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	253,143.	309,456.	612,619.	423,505.	1,346,217.	2,944,940.
2	Gross receipts from activities that			,		_,,	_,,,,,,,,,,
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,017,567.	2,971,665.	4,043,912.	4,134,798.	6,354,625.	20,522,567.
	Amounts included on lines 1, 2, and	, , -	, , .	, , .	, , -		, , -
10	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.
	Public support. (Subtract line 7c from line 6.)						20,522,567.
	ction B. Total Support		L. L	L		L	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	3,017,567.	2,971,665.	4,043,912.	4,134,798.	6,354,625.	20,522,567.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	405.	2,073.	. , ,	556.	279.	3,313.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	405.	2,073.		556.	279.	3,313.
	Net income from unrelated business activities not included on 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	76,834.	45,874.	49,637.	11,667.	21,068.	205,080.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	3,094,806.	3,019,612.	4,093,549.	4,147,021.	6,375,972.	20,730,960.
	First 5 years. If the Form 990 is for th	e organization's fire	· · ·		· ·		<u>, ,</u>
•••	check this box and stop here	e erganzation e me					▶□
Sec	ction C. Computation of Public	c Support Perc					
	Public support percentage for 2021 (li			olump (f))		15	98.99 %
						16	98.91 %
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	.02 %
						18	,,,
	Investment income percentage from 2 22 1/2% support tests = 2021. If the			n line 14 and line		· · · ·	,,,
195	a 33 1/3% support tests - 2021. If the	-					
р.	more than 33 $1/3\%$, check this box an						
D	33 1/3% support tests - 2020. If the						
~~	line 18 is not more than 33 1/3%, check			•		0	
	Private foundation. If the organizatio	n dia not check a b	iox on line 14, 19a	, or 190, check the	s box and see inst		
13202	23 01-04-22					Schedule A	(Form 990) 2021

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CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

 Part IV
 Supporting Organizations

 (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Schedule A (Form 990) 2021

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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| 10b | | Schedule A (Form 990) 2021

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Pa	rt IV Supporting Organizations (continued)		Vaa	Na
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
-	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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 officers, 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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec				
_			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?	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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	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			
800	supported organizations played in this regard.	3		
Sec	tion 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 instruction	ns).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	; instructior		
c	Activities Test. Answer lines 2a and 2b below.		Yes	No
с 2				
2	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
2	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,			
2	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined</i>			
2 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
2	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
2 a	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>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.</i> Did the activities described on line 2a, above, 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	<u>2a</u>		
2 a	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a 2b		

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? *If* "Yes" or "No" 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.* 132025 01-04-22

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3b | Schedule A (Form 990) 2021

3a

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	edule A (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC	1		56-2274174	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain i</i>	in Part VI). See inst	ructions
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.		
ect	tion A - Adjusted Net Income		(A) Prior Year	(B) Curren (option	
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			
ect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
ect	ion C - Distributable Amount			Current `	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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			

instructions).

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021 CHARLOTTE COMMUNITY	;			56-2274174	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	1	
Secti	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	~	(m)	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributa Amount for	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2017					
b	Excess from 2018					
C	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

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hedule A (Form		CHARLOTTE C			,			56-2274174	Page 8
Part I line 1 Sectio	plemental Inforr V, Section A, lines 1, ; Part IV, Section D, I on D, lines 5, 6, and 8 instructions.)	2, 3b, 3c, 4b, 4c ines 2 and 3; Pa	, 5a, 6, 9a, 9 t IV, Sectior	9b, 9c, 11a, 1 E, lines 1c	11b, and , 2a, 2b, 3	11c; Part IV, Sec a, and 3b; Part V	ction B, lines 1 a /, line 1; Part V,	and 2; Part IV, Sectic Section B, line 1e; F	on C, Part V,
(See I	Instructions.)								
8 01-04-22								Schedule A (Form	990) 2021
		0.0.4		22					
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Schedule B (Form 990)	 Schedule of Contributors Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	омв №. 1545-0047 2021
Internal Revenue Service		
Name of the organization		Employer identification number
C	HARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 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

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)		Page 2
Name of c	organization	En	ployer identification number
CHARLOT	TE COMMUNITY HEALTH CLINIC, INC.		56-2274174
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	NOVANT BLOCK GRANT 1701 EAST 3RD ST CHARLOTTE, NC 28204	\$300,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GILEAD FOCUS 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$57,715	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MECKLENBURG COUNTY 700 EAST 4TH STREET, 4TH FLOOR CHARLOTTE, NC 28202	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NCCHCA 4917 WATERS EDGE DRIVE, STE 165 RALEIGH, NC 27606	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE CANNON FOUNDATION PO BOX 548 CONCORD, NC 28026	\$75,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SISTERS OF MERCY OF NC FOUNDATION, INC.	\$75,000	Person X Payroll Noncash (Complete Part II for
	CHARLOTTE, NC 28211		noncash contributions.)

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Schedule B (Form 990) (2021)

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Schedule	B (Form 990) (2021)		Page 2
Name of c	organization		Employer identification number
CHARLOT	TE COMMUNITY HEALTH CLINIC, INC.		56-2274174
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 contribution	(d) ns Type of contribution
7	UNITED WAY OF CENTRAL CAROLINAS		Person X Payroll
	301 S BREVARD ST CHARLOTTE, NC 28202	\$195,	000. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8	THE DUKE ENDOWMENT 800 EAST MOREHEAD STREET CHARLOTTE, NC 28202	\$125,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9	NC DEPT OF HEALTH AND HUMAN SERVICES 101 BLAIR DRIVE RALEIGH, NC 27603	\$135,	.659. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
10	NUVEEN, LLC 8500 ANDREW CARNEGIE BOULEVARD CHARLOTTE, NC 28262	\$10,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
11	KATE B. REYNOLDS CHARITABLE TRUST 128 REYNOLDS VLG WINSTON SALEM, NC 27106	\$60,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
12	BANK OF AMERICA 100 N TRYON ST CHARLOTTE, NC 28202	\$50,	Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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	B (Form 990) (2021)			Page 2
Name of c	organization		Emplo	over identification number
CHARLOT	TE COMMUNITY HEALTH CLINIC, INC.		5	6-2274174
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
13	THE LEON LEVINE FOUNDATION			Person X
	6000 FAIRVIEW RD STE 1525	\$85	,000.	Payroll Noncash
	CHARLOTTE, NC 28210			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
14	UPSTREAM			Person X Payroll
	426 17TH STREET, SUITE 200	\$37	,500.	Noncash
	OAKLAND, CA 94612			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4 NC COMMUNITY AND CLINICAL CONNECTIONS FOR PREVENTION AND	Total contributio	ns	Type of contribution
15	HEALTH			Person X
				Payroll
	5605 SIX FORKS ROAD	\$31	,115.	Noncash (Complete Part II for
	RALEIGH, NC 27609			noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
16	FOUNDATION FOR A HEALTHY CAROLINA			Person X
	220 N TRYON ST	¢ 25	,000.	Payroll Noncash
		\$		(Complete Part II for
	CHARLOTTE, NC 28202			noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
17	PHILIP L. VAN EVERY FOUNDATION			Person X
				Payroll
	310 ARLINGTON AVE #331	\$20	,000.	Noncash (Complete Part II for
	CHARLOTTE, NC 28203			noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
18	THE PHILIP VAN EVERY FOUNDATION			Person X
	310 ARLINGTON AVE #331	\$20	,000.	Payroll Noncash
		Ψ <u></u>		(Complete Part II for
	CHARLOTTE, NC 28203			noncash contributions.)

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Schedule B (Form 990) (2021)

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Schedule	B (Form 990) (2021)			Page 2
Name of c	organization		Emplo	yer identification number
CHARLOT	TE COMMUNITY HEALTH CLINIC, INC.		50	5-2274174
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
19	VANGUARD 100 VANGUARD BLVD	\$15	.000.	Person X Payroll Noncash (Complete Part II for
(a)	MALVERN, PA 19355			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
20	ST. PETER'S HOSPITAL FOUNDATION, INC. 1522 HIGH ST CHARLOTTE, NC 28211	\$20,	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ne	(d) Type of contribution
21	ROBERT M. HORNER 3408 MEADOW BLUFF DR CHARLOTTE, NC 28262	\$10,	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
22	DAVIDSON IMPACT FELLOW 405 N MAIN ST DAVIDSON, NC 28035		.500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
23	LINCOLN HEALTHCARE FOUNDATION 9695 WHITE SPRUCE CV LAKELAND, TN 38002		,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
24	BARNHARDT 217 S TRYON ST CHARLOTTE, NC 28202		,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Page 2

	B (Form 990) (2021)		Page 2
Name of c	organization		Employer identification number
CHARLOT	TE COMMUNITY HEALTH CLINIC, INC.		56-2274174
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
25	HERBERT W. CLEGG 2210 ROSWELL AV APT 104 CHARLOTTE, NC 28207	\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
26	HEALTH RESOURCES AND SERVICES ADMINISTRATION 5600 FISHERS LN ROCKVILLE, MD 20857	\$2,425	, 623. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
27	PRUTECH SOLUTIONS 330 S. TRYON ST. CHARLOTTE, NC 28202	\$42	,170. Person Payroll ,170. Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
28	POLYCLINIC MEDICAL CENTER 9705 NORTHEAST PKWY., STE. 400 MATTHEWS, NC 28210		,434. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2021)			Page 3
Name of o	rganization		Employe	er identification number
CHARLOTI	E COMMUNITY HEALTH CLINIC, INC.		56-	-2274174
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	OFFICE FUNUTURE AND SUPPLIES			
		\$42,	170.	08/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
28	SEVEN EXAMP TABLES, TWO STOOLS, 2 FILE CABINETS, AND ONE OFFICE DESK	\$ 5,	434.	10/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

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Schedule B (Form 990) (2021)

Schedule B	(Form 990) (2021)		Pag
Name of ore	ganization		Employer identification number
CHARLOTTE	E COMMUNITY HEALTH CLINIC, INC.		56-2274174
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
	_	(e) Transfer of gi	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gi	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
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	SCHEDULE D Supplemental Financial Statements OMB No. 1545-0047 Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047						
	ment of the Treasury I Revenue Service	▶	Attach to Form 990. 90 for instructions and the latest informatio	n. Open to Public			
	e of the organizatio			Employer identification number			
		CHARLOTTE COMMUNITY HEALTH	1	56-2274174			
Pa		-	d Funds or Other Similar Funds or A	Accounts. Complete if the			
	organization	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts			
1	Total number at en	nd of year					
2		f contributions to (during year)					
3							
4	Aggregate value at	end of year					
5	-		writing that the assets held in donor advised fu				
			exclusive legal control?				
6			dvisors in writing that grant funds can be used				
	impermissible priva		r donor advisor, or for any other purpose conf				
Pa			ganization answered "Yes" on Form 990, Part				
1		ervation easements held by the organization		· · ·			
		of land for public use (for example, recrea		istorically important land area			
	Protection of	f natural habitat	Preservation of a ce	ertified historic structure			
		of open space					
2	-		ied conservation contribution in the form of a				
_	day of the tax year			Held at the End of the Tax Year			
a b							
b C	-		ucture included in (a)				
			after 7/25/06, and not on a historic structure				
				2d			
3			eased, extinguished, or terminated by the orga				
	year 🕨						
4		where property subject to conservation eas					
5	-	tion have a written policy regarding the per					
•		orcement of the conservation easements it					
6	Starr and volunteer	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year			
7	Amount of expense	es incurred in monitoring inspecting hand	lling of violations, and enforcing conservation	easements during the year			
•	► \$			casements during the year			
8		vation easement reported on line 2(d) abov	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 state	ement and			
	balance sheet, and	l include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the			
Do	organization's acco	ounting for conservation easements.	Art, Historical Treasures, or Other	Similar Acasta			
Fai		the organization answered "Yes" on Form		Similar Assets.			
10			8, not to report in its revenue statement and b	valance sheet works			
Id			blic exhibition, education, or research in furthe				
		· · ·	ncial statements that describes these items.				
b			8, to report in its revenue statement and balar	nce sheet works of			
			exhibition, education, or research in furtherar				
	provide the followi	ng amounts relating to these items:					
2	-		asures, or other similar assets for financial gai	n, provide			
_		Ints required to be reported under FASB A					
		eduction Act Notice, see the Instructions	s for Form 990	> Schedule D (Form 990) 2021			
	гог Рарегworк не 1 10-28-21	כמכנוסוו אכי מסווכפ, פכב נוופ וווטו מכנוסוונ					
10200	LO L .		31				

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Sche		COMMUNITY HEALTH						274174		_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, oi	r Other S	imilar Ass	ets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sign	ificant use of i	ts		
	collection items (check all that apply):									
а	Public exhibition	d	ι 🗌 ι	oan or exc	change progra	am				
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how the	ey further t	ne organizatio	n's exemp	t purpose in P	art XIII.		
5	During the year, did the organization solicit o			•	-					
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran							IV. line 9. or		
	reported an amount on Form 990, Pai			- 9				,,		
- 1a	Is the organization an agent, trustee, custodi		iary for c	ontribution	s or other ass	sets not inc	luded			
iu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII								L	
D.		and complete the lot	lowing ta	IDIE.				Amour	t	
~	Reginning balance						1c	,		
	Beginning balance									
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance									7
	Did the organization include an amount on Fe					-		Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>		
T ai					(c) Two year		Three years he		r vooro	book
_		(a) Current year	(D) Pi	rior year	(C) Two year	S DACK (U	Three years ba	ick (e) Fou	i years	DACK
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a	l)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held a	nd administer	ed for the o	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?				3b		
4	Describe in Part XIII the intended uses of the							····· <u> </u>		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Acc	umulated	(d) Boo	k valu	e
		basis (investr		• •	(other)	• •	eciation	(4) 500	in valu	0
19	Land	· · · ·	,		. /					
	Land									
	Buildings				571,279.		330,613.		240	666.
	Leasehold improvements				678,736.		383,433.			303.
	Equipment				5,5,750.		500,100,		<u> </u>	
	Other		<u> </u>	(5) "					525	969.
Iotal	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>x, colum</u>	n (B), line 1	UC.)					
							Sched	lule D (Forr	n 990)	2021

Schedule D (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

56-2274174 Page **3**

Part VII	Investments - Other Securities.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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 (Col (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) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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) Desc	ription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X Other Liabilities.		
Complete if the organization answered "Yes" on F	orm 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		

(9) Total. (Column (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

XIII ... X

Schedule D (Form 990) 2021

132053 10-28-21

(7) (8)

Sche	dule D (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.		56-2274174	⊳ _{age} 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenu	ie 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			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	3 Subtract line 2e from line 1			
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		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expen	ses 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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			
Pa	t XIII Supplemental Information.			

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE AN ORGANIZATION TO

RECOGNIZE A TAX BENEFIT OR EXPENSE FROM AN UNCERTAIN TAX POSITION IF IT IS

MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON

EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. MANAGEMENT BELIEVES THE CLINIC HAD NO UNCERTAIN TAX POSITIONS AS

OF DECEMBER 31, 2020 OR 2019.

132054 10-28-21

Schedule D (Form 990) 2021

19001110 131839 074-077984

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SC	HEDULE J	Compensation In	formation	I	OMB No.	1545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.				2021		
				_			
					Open to		ic
	nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Employer idea	Inspection er identification number		
man	le of the organization	CHARLOTTE COMMUNITY HEALTH CLINIC, IN		56-227		on nui	IDEI
Pa	rt I Questions	Regarding Compensation		50-227	41/4		
						Yes	No
1a	Check the appropria	te box(es) if the organization provided any of the following	to or for a person listed on Form	990		165	
	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c		allowance or residence for perso	naluse			
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
				,,			
b	If any of the boxes of	n line 1a are checked, did the organization follow a writter	n policy regarding payment or				
		rovision of all of the expenses described above? If "No," c			1b		
2		require substantiation prior to reimbursing or allowing exp					
		s, including the CEO/Executive Director, regarding the iter			2		
	,						
3	Indicate which, if ar	y, of the following the organization used to establish the c	ompensation of the organization's	i			
		ctor. Check all that apply. Do not check any boxes for met					
		tion of the CEO/Executive Director, but explain in Part III.	, .				
	Compensation		employment contract				
	Independent compensation consultant						
			al by the board or compensation c	ommittee			
		°	,				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a	, with respect to the filing				
	organization or a related organization:						
а	a Receive a severance payment or change-of-control payment?			4a		X	
b				4b		X	
с	Participate in or rec	eive payment from an equity-based compensation arrange	ment?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must comple	ete lines 5-9.				
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization	on pay or accrue any compensatio	n			
	contingent on the re	venues of:					
а	The organization?				5a		X
b	Any related organization	ition?			5b		X
		r 5b, describe in Part III.					
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organizatio	on pay or accrue any compensation	n			
	contingent on the n	et earnings of:					
а	The organization?				6a		X
b	Any related organization	ation?			6b		X
	If "Yes" on line 6a o	r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization					
	not described on lin	es 5 and 6? If "Yes," describe in Part III			7		X
8	Were any amounts	eported on Form 990, Part VII, paid or accrued pursuant t	o a contract that was subject to th	ne			
		otion described in Regulations section 53.4958-4(a)(3)? If "			8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption	procedure described in				
	Regulations section				9		
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.		Schedule	J (Forr	n 990)) 2021

132111 11-02-21

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANNE STEPTOE	(i)	155,055.	0.	0.	0.	0.	155,055.	0
смо, сснс	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

56-2274174

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	<u>chedule</u> J (Form 990) 2021	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174	Page
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.		lion		
	rovide the information, explanati	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and	for Part II. Also complete this part for any additional inform	nation.

SCHEDULE	м		Nonc	ash Contri	ibutions			OMB No.	1545-004	47
(Form 990) Department of the Treas Internal Revenue Servic		 Complete if the org Attach to Form 990 Go to www.irs.gov/ 					9 or 30.	20 Open to Inspe	Publ	lic
Name of the orga	nization		Formaso io	r mstructions and	the fatest informa	luon.	Employer	identificati		
Name of the orga	IZALION		יע טדאד שיש	CLINIC INC			Employer	56-227417		nber
Part I Typ	es of	CHARLOTTE COMMUNIT	LI NEALIN	CLINIC, INC.				50-22/41/	4	
		Порену	(a)	(b)	(c)			(d)		
			Check if applicable	Number of contributions or	Noncash contrit amounts report Form 990, Part VII	ed on		d of determin ontribution a	•	:s
1 Art - Works	of art _									
2 Art - Histori	cal treas	sures								
3 Art - Fractio	nal inte	rests								
		tions								
		ehold goods								
		icles								
		у								
		/ traded								
		held stock								
		ship, LLC, or								
trust interes	sts									
12 Securities -	Miscella	aneous								
		ion contribution -								
Historic stru	uctures									
14 Qualified co	onservat	ion contribution - Other								
15 Real estate	- Reside	ential								
16 Real estate	- Comm	nercial								
		supplies	X	3,889	1	11,101.	COST			
		IS								
24 Archeologic										
25 Other		FICE FURNIT)	X	1	4	42,170.	RETAIL PRICE	1		
26 Other 🕨	(GI	FT CARDS	X	3		675.	CASH VALUE			
27 Other 🕨	(MI	SCELLANEOUS)	X	166		312.	RETAIL PRICE	1		
28 Other 🕨	()								
29 Number of	Forms 8	3283 received by the organi	zation during	g the tax year for co	ontributions					
		nization completed Form 82				29				
	U U	·		C C					Yes	No
30a During the	/ear, dio	d the organization receive b	y contributic	n any property rep	orted in Part I, lines	1 throug	gh 28, that it			
		ist three years from the date	-	• • • • •						
		or the entire holding period	•					30a		X
	-	he arrangement in Part II.								
		ion have a gift acceptance	policy that re	equires the review o	of any nonstandard	contribut	tions?	31		X
	-	ion hire or use third parties	•	-	•					
contributior	•	······································		•				32a		x
b If "Yes," de										
		didn't report an amount in c	olumn (c) fo	r a type of propertv	for which column ((a) is cheo	cked,			
describe in			., -							
		Reduction Act Notice, see	the Instruct	tions for Form aar).		Sche	dule M (Forr	n 990) 202

132141 11-17-21

art II	Supplemental Information. Provide the information required by Part I, lines 30b, 32t is reporting in Part I, column (b), the number of contributions, the number of items received, of this part for any additional information.	o, and 33, and whether the organiza or a combination of both. Also com	ation plete
		Schedule M (Forn	

SCHEDULE O (Form 990)	Supplemental Information to Form 990 o Complete to provide information for responses to specific quest		OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection r identification number
Name of the organization	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.		2274174
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
SURROUNDING AREAS.			
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
DURING 2021, WE PI	LOTED THE PRIMARY CARE BEHAVIORAL HEALTH (PCBH) MODEL		
IN WHICH PRIMARY C	ARE PROVIDERS AND LICENSED CLINICAL SOCIAL WORKERS		
WORK TOGETHER TO T	REAT BEHAVIORAL HEALTH CONCERNS AS THEY ARISE DURING		
PRIMARY CARE VISIT	S. IT HAS PROVEN TO BE A MORE ACCESSIBLE AND		
EFFICIENT MANNER O	F PROVIDING BEHAVIORAL HEALTH SERVICES TO OUR PATIENT		
POPULATION. OUR CA	RE MANAGEMENT TEAM ALSO EXPANDED TO INCLUDE TWO		
SOCIAL WORKERS, WI	TH ONE SPECIALIZING IN HIV CARE AND PREVENTION. WE		
ALSO HIRED AN INSU	RANCE NAVIGATOR / PARALEGAL TO ASSIST OUR PATIENTS		
WHO MAY QUALIFY FO	R BENEFITS AND OTHER SPECIAL PROGRAMS. OUR DENTAL		
STAFF OFFICIALLY L	AUNCHED THEIR SCHOOL-BASED ORAL HEALTH PROGRAM THAT		
SERVES ELEMENTARY-	AGED STUDENTS AT SUGAR CREEK CHARTER SCHOOL WITH		
DENTAL CLEANINGS A	ND EDUCATION. THE CLINIC CONTINUES TO GROW AS WE PLAN		
TO OPEN ADDITIONAL	SATELLITE CLINICS IN EAST CHARLOTTE OVER THE NEXT		
THREE YEARS.			
FORM 990, PART VI,	SECTION B, LINE 11B:		
MANAGEMENT, FINANC	E COMMITTEE AND THEN TO BOARD FOR REVIEW AND APPROVAL		
PRIOR TO SUBMISSIO	N.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
QUALITY AND COMPLI	ANCE COMMITTEE. THE QUALITY AND COMPLIANCE COMMITTEE		
SHALL CONSIST OF A	T LEAST (3) DIRECTORS. THE QUALITY AND COMPLIANCE		
LHA For Paperwork R 132211 11-11-21	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sch	edule O (Form 990) 202

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40

	Employer identification number
CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174
COMMITTEE SHALL BE RESPONSIBLE FOR OPERATING AND MONITORING THE COMPLIANCE	
PROGRAM OF THE CORPORATION AND FOR MONITORING AND MAKING RECOMMENDATIONS	
FOR THE IMPLEMENTATION AND IMPROVEMENT OF THE QUALITY ASSURANCE/QUALITY	
IMPROVEMENT PROGRAM OF THE ORGANIZATION, INCLUDING WITHOUT LIMITATION	
PERIODIC QUALITY OF CARE AND COMPLIANCE AUDITS.	
FORM 990, PART VI, SECTION B, LINE 15:	
POWERS OF THE BOARD. THE BOARD OF DIRECTORS SHALL HAVE POWER AND AUTHORITY	
TO CARRY ON THE AFFAIRS OF THE CORPORATION AND IN SO DOING MAY ELECT OR	
APPOINT ALL NECESSARY OFFICERS OF THE CORPORATION; SHALL HIRE, ESTABLISH	
THE TERMS OF EMPLOYMENT (INCLUDING COMPENSATION AND DUTIES), EVALUATE,	
DISCIPLINE AND TERMINATE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION AS	
FURTHER SET FORTH BELOW;	
·	
XI. DEVELOP TERMS AND CONDITIONS FOR EMPLOYMENT OF THE CHIEF EXECUTIVE	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY;	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY;	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY; COMPARABLE SALARY DATA IS OBTAINED FROM THE NACHC AND NCCHCA FOR CONSIDERATION BY THE BOARD OF DIRECTORS.	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY;	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY; COMPARABLE SALARY DATA IS OBTAINED FROM THE NACHC AND NCCHCA FOR CONSIDERATION BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY; COMPARABLE SALARY DATA IS OBTAINED FROM THE NACHC AND NCCHCA FOR CONSIDERATION BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY; COMPARABLE SALARY DATA IS OBTAINED FROM THE NACHC AND NCCHCA FOR CONSIDERATION BY THE BOARD OF DIRECTORS.	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY; COMPARABLE SALARY DATA IS OBTAINED FROM THE NACHC AND NCCHCA FOR CONSIDERATION BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC.	
DEFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY; COMPARABLE SALARY DATA IS OBTAINED FROM THE NACHC AND NCCHCA FOR CONSIDERATION BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC. FORM 990, PART IX, LINE 11G, OTHER FEES:	

19001110 131839 074-077984

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ame of the organization		Employer identification numb
CHARLOTTE COMMUNITY HEALTH CLINIC, INC.		56-2274174
ANAGEMENT AND GENERAL EXPENSES	288,770.	
UNDRAISING EXPENSES	1,238.	
OTAL EXPENSES	340,306.	
ROFESSIONAL FEES:		
ROGRAM SERVICE EXPENSES	65,458.	
ANAGEMENT AND GENERAL EXPENSES	131,606.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	197,064.	
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	537,370.	
ORM 990 PART XII, LINE 2C		
O CHANGES SINCE PRIOR YEAR.		

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Department of the Treasury Internal Revenue Service Mattach to Form 990. Name of the organization Employ							
Name of the organiz		HEALTH CLINIC, INC.				Employer identification number 56-2274174	
Part I Identific	ation of Disregarded Entities. Comp	ete if the organization answered "Yes	" on Form 990, Part IV, line 33.				
	(a) ddress, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year ass	ets Direct controlling entity	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CHARLOTTE COMMUNITY HEALTH CLINIC FOUNDATION					CHARLOTTE		
INC - 47-3598283, 8401 MEDICAL PLAZA DRIVE,					COMMUNITY HEALTH		
SUITE 300, CHARLOTTE, NC 28262	SUPPORTING ORGANIZATION	NORTH CAROLINA	501(C)(3)	LINE 12B, II	CLINIC	x	
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

56-2274174 Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	· ,									
(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	tions?	amount in box 20 of Schedule	managi partner	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
										+
										+
	(b)	Primary activity Legal domicile (state or foreign	(b) (c) (d) Primary activity Legal domicile (state or foreign Direct controlling entity	(b) (c) (d) (e) Primary activity Legal domicile (state or foreign predominant income (related, unrelated, excluded from tax under	(b) (c) (d) (e) (f) Primary activity Legal domicile (state or for prime) Direct controlling entity Predominant income (related, unrelated, excluded from tax under for tax und	(b) (c) (d) (e) (f) (g) Primary activity Legal domicile (state or region Direct controlling entity Predominant income (related, unrelated, excluded from tax under end-of-year assets) Share of total income (related, unrelated, excluded from tax under end-of-year assets) Share of total income (related, unrelated, excluded from tax under end-of-year assets)	(b) (c) (d) (e) (f) (g) (l) Primary activity Legal domicile (state or toring entity) Direct controlling entity Predominant income (related, unrelated, under income excluded from tax under income) Share of total income end-of-year assets Direct controlling entity	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or toring entity) Direct controlling entity Predominant income (related, unrelated, excluded from tax under exc	(b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal domicile (state or reference Direct controlling entity Predominant income (related, unrelated, excluded from tax under) Share of total income Share of end-of-year assets Disproportionate allocations? Code V-UBI amount in box 20 of Schedule	(b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity Legal domicile (state or propertion) Direct controlling entity Predominant income (related, unrelated, excluded from tax under excluded from tax unde

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contr enti	(i) ction b)(13) rolled tity?
		country)						Yes	No
								\mid	<u> </u>
									<u> </u>

edule R (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174	!	Page
rt V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)			
I Loans or loan guarantees to or for related organization(s)		X	
Loans or loan guarantees by related organization(s)			_
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			t
Purchase of assets from related organization(s)			T
Exchange of assets with related organization(s)			T
Lease of facilities, equipment, or other assets to related organization(s)			Ī
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			T
n Performance of services or membership or fundraising solicitations by related organization(s)	4		T
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	T
Sharing of paid employees with related organization(s)			Ī
Reimbursement paid to related organization(s) for expenses	1p		1
Reimbursement paid by related organization(s) for expenses			I
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(</u> 4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)		h)	(i)	(j		(k)														
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under –		Predominant income (related, unrelated, excluded from tax under		Predominant income (related, unrelated, excluded from tax under		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Predominant income (related, unrelated, excluded from tax under -		Predominant income (related, unrelated, excluded from tax under -		Predominant income (related, unrelated, excluded from tax under		Predominant income (related, unrelated, excluded from tax under sections 512-514)		e all rs sec. c)(3) ls.?	Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?		amount in box 20 of Schedule K-1	Gener mana partr	al or Per ^{ging} er? Ow	rcentaç /nershi
		country	sections 512-514)	Yes	No	lincome	455615	Yes	No	(Form 1065)	Yes	NO															
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Schedule R (Form 990) 2021

	, INC.	56-2274174	Page 5
estions on Schedule R	. See instructions.		
		Schedule R (Fe	orm 990) 202
47		•	
	estions on Schedule R	Image: PY HEALTH CLINIC, INC. Instions on Schedule R. See instructions. Image: Py HEALTH CLINIC, INC. Image: Py HEALTH CL	stions on Schedule R. See instructions.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Α	For the	2021 calendar year, or tax year beginning and	ending						
В	Check if applicable	C Name of organization		D Employer identifica	tion number				
Г	Addre	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.							
	Name chang	· · · · · · · · · · · · · · · · · · ·		56-2274174					
	Initial	• • •	Room/suite	E Telephone number					
	Final return/	8401 MEDICAL DIAZA DELVE CULTE 300		704-316-6561					
	termin ated	-	City or town, state or province, country, and ZIP or foreign postal code						
	Ameno			H(a) Is this a group retu	Im				
	Applic tion	F Name and address of principal officer: CAROLYN C. ALLISON		for subordinates?					
	pendir	⁹ SAME AS C ABOVE		H(b) Are all subordinates inclu					
1	Tax-exe	empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) (or 🚺 527						
J	Websit	HTTP://CHARLOTTECOMMUNITYHEALTHCLINIC.ORG/		H(c) Group exemption r	number 🕨				
κ	Form of	organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year		State of legal domicile: NC				
P	art I	Summary							
_	1	Briefly describe the organization's mission or most significant activities: PROVID	E PREVEN	TATIVE AND PRIMARY					
nce		CARE TO MEDICALLY UNDERSERVED COMMUNITIES IN MECKLENBURG COU							
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net asset	S.				
INC	3	Number of voting members of the governing body (Part VI, line 1a)			15				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15				
8 S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		77					
Activities &	6	Total number of volunteers (estimate if necessary)		18					
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			٥.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			٥.				
				Prior Year	Current Year				
đ	8	Contributions and grants (Part VIII, line 1h)		3,711,293.	5,008,408.				
nue	9	Program service revenue (Part VIII, line 2g)		423,505.	1,346,217.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		556.	279.				
<u>م</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,667.	21,068.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,147,021.	6,375,972.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,734,612.	3,574,099.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xpe	b		589.						
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,044,036.	1,796,314.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,778,648.	5,370,413.				
		Revenue less expenses. Subtract line 18 from line 12		368,373.	1,005,559.				
Sor	ICES		B	eginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)	······	3,637,752.	4,027,705.				
it As	g 21	Total liabilities (Part X, line 26)		1,056,838.	441,241.				
P.S.	22	Net assets or fund balances. Subtract line 21 from line 20		2,580,914.	3,586,464.				
	art II	Signature Block							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			nowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	^r has any knowledge.					

Sign		Signature of officer				Date				
Here		CAROLYN C. ALLISON,								
		Type or print name and title								
	Prin	t/Type preparer's name		Preparer's signature	[Date	Check	PTIN		
Paid	јоні	NORMAN	JOHN NORMAN	11/10/22		self-employed	₽01506766			
Preparer	Firm	's name 🕞 CLIFTONLAR	SONALLEN LLP			Firm's	s EIN 🕨 🕴 🕹	1-0746749		
Use Only	Firm	's address 🕨 227 WEST T	RADE STREET, S	UITE 800						
CHARLOTTE, NC 28202 Phone no. 704-998-5200										
May the I	RS di	scuss this return with the p	reparer shown abo	ve? See instructions				X Yes	No	
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) CHARLOTT	E COMMUNITY HEALTH CLINIC, IN	c.	56-2274174	Page 2
		ervice Accomplishments			
	Check if Schedule O contains a	response or note to any line in this Par	t III		X
1	Briefly describe the organization's mis				
	PROVIDE THE HIGHEST QUALITY,	PATIENT-CENTERED HEALTH CARE	E SERVICES FOR		
	LOW-INCOME AND OTHER UNDERSE	RVED INDIVIDUALS.			
2		gnificant program services during the ye			—
	prior Form 990 or 990-EZ?			Yo	es 🛛 No
	If "Yes," describe these new services				TT
3		g, or make significant changes in how it	conducts, any program service	es?Υ	es 🗴 No
	If "Yes," describe these changes on S				
4		ervice accomplishments for each of its			
		zations are required to report the amoun	nt of grants and allocations to c	others, the total expenses,	, and
4-	revenue, if any, for each program serv		\	1	346 217 \
4a		3,253,899. including grants of \$ LINIC, INC. IS A NONPROFIT EN		Revenue \$,	<u>, 140,217.</u>)
		RVICES TO OVER 5.217 CHILDREN			
		WE OFFER PRIMARY, DENTAL, ANI			
		ALL PATIENTS CAN APPLY FOR OU			
		VICES ARE AFFORDABLE AND ACCE			
		-INCOME AND OTHER UNDERSERVED	1		
		INCLUDE ACUTE CARE, CHRONIC I	-		
		H, COVID VACCINES, HIV TESTIN			
	COUNSELING, AND HEALTH EDUCA				
		1104.			
	(CONTINUED ON SCHEDULE O)				
4b	(Code:) (Expenses \$	including grants of \$) ()
-10	(code) (Expenses ©) ()
	-				
	-				
	-				
	-				
4c	(Code:) (Expenses \$	including grants of \$) (F	Revenue \$)
		33	, , ,		/
4d	Other program services (Describe on S	Schedule O.)			
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses	3,253,899.			
				Forn	n 990 (2021)
132002	2 12-09-21	SEE SCHEDULE O FOR CON	TINUATION(S)		

	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. 56-22741	74	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		<u>X</u>
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		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
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,		v	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	44.1		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
IZa		100		х
L	Schedule D, Parts XI and XII	12a		
U	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		x
		14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?			
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		х
132003			990	(2021)

Form	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. 56-22741	4	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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 of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	l 12-09-21	Form	990	(2021)

Form	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. 56-227417	4	Р	age 5				
Par	t 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 return 2a 77							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	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		x				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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							
	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				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X				
f								
•	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
-								
8								
•	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>				
9	Sponsoring organizations maintaining donor advised funds.	0-						
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	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						
	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							
с	Enter the amount of reserves on hand 13c							
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 O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							
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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .		X
Sec	tion A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b1	5		
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, 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	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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," describe	Í		
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Y Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d financ	cial	
~-	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			
	CAROLYN C. ALLISON, CEO - 704-316-6561 8401 MEDICAL PLAZA DRIVE SUITE 300, CHARLOTTE, NC 28262			
		F	000	(0004)
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Form 990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year e	ending with or within the organizatior	n's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizatio 	ns), regardless of amount of comper	sation.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		Jer an	ia a a	recio	r/trus I	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	l trustee		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona		nploy	st cor	1	1000 (120)		organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			e.gam_anone
(1) ANNE STEPTOE	40.00									
СМО, ССНС				х				155,055.	0.	0.
(2) CAROLYN C. ALLISON	40.00									
сео, сснс				х				148,914.	0.	0.
(3) LISA HOLMES	40.00									
соо, сснс				х				120,900.	0.	0.
(4) HERBERT WILLIAM CLEGG II	2.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(5) DENEQUAL BROWN-SMITH	1.00									
CHIEF COMPLIANCE AND NURSING OFFICER		Х		х				0.	0.	0.
(6) DANIEL WALL	2.00									
TREASURER		Х		х				0.	0.	0.
(7) ANDREW DAS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) FRANCOIS MOUKETE	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(9) LATONIGA SASS	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(10) MICHELLA PALMER	1.00									
MEMBER		Х						0.	0.	0.
(11) RUTH PEREZ	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(12) DENISE COLTER	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(13) JEROME WILLIAMS	1.00									
VICE CHAIRPERSON		Х						0.	0.	0.
(14) ROBIN CANNE	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(15) CAMILLE GRIMSLEY	1.00									
PATIENT REPRESENTATIVE		Х						0.	0.	0.
(16) MELIDA BALDERA	1.00									
PATIENT REPRESENTATIVE		х						0.	0.	0.
(17) JOSE' PORTILLO-GAMERO	1.00									
PATIENT REPRESENTATIVE		х						0.	0.	0.

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-	0 (2021) CHARLOTTE COM	MUNITY HEA	LTH	CL	INI	C,	INC	•		56-22	7417	4	P	age 8
Part V	Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per week (list any	box offi	not c , unle	ss per	more rson i	than o s both r/trus	n an	Reportable compensation from the	Reportable compensatior from related organizations		ar	stimate nount other ipensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	C/	org an	rom th anizat d relat anizati	ion ed
(18) C	AROL BOWEN	1.00				-								
PATIEN	T REPRESENTATIVE		x						0.		0.			0.
			-											
			-											
									404.000		0			
	ubtotal								424,869.		0. 0.			0.
	otal from continuation sheets to Part VII otal (add lines 1b and 1c)								424,869.		0.			0.
	otal number of individuals (including but no) wh	o re	,	000 of reportable				
	ompensation from the organization						,			•				5
													Yes	No
	d the organization list any former officer,											•		х
	le 1a? If "Yes," complete Schedule J for su or any individual listed on line 1a, is the su											3		Δ
	nd related organizations greater than \$150											4	х	
	d any person listed on line 1a receive or a													
	ndered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ıch ı	oers	on .					5		Х
	n B. Independent Contractors								t	100.000 - (
	omplete this table for your five highest cor e organization. Report compensation for t									, i	ensa		וווכ	
	(A)				<u>.</u> g.n				(B)			(0	C)	
	Name and business	address	NO	NE					Description of s	ervices	С	ompe	nsatio	n
<u>о</u> т.	to number of independent and the first of the		ot lie	ni+	4 + ~ -	the		tod		are then				
	otal number of independent contractors (ir 100,000 of compensation from the organiz	•	u IIr	me	10		se iis D	rea	abovej who received mo	JE UIAN				
Ų												Form	990 (;	2021)

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					OMMUNITY	HEALTH CLIN	IC, INC.		56-227417	4 Pa	ige 9
Pa	rt V	/	Statement of Re								
			Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)	
							Total revenue	Related or exempt function revenue		Revenue exclu from tax un sections 512 -	der
ស ស	1	а	Federated campaigns		1a	126,750.					
Contributions, Gifts, Grants and Other Similar Amounts					1b						
۵ ۵			Fundraising events		1c						
ar /		d	Related organizations		1d						
is, 0		е	Government grants (conti	ributions)	1e	3,226,308.					
tion S		f	All other contributions, gifts,	grants, and							
ibu			similar amounts not included	above	1f	1,655,350.					
ut p		÷.	Noncash contributions included in		1g \$	54,258.	5 000 400				
<u>ਹ</u> ਰ		h	Total. Add lines 1a-1f				5,008,408.				
	~	_	PATIENT FEES			Business Code 621400	1,306,656.	1,306,656.			
/ice	2	a b	340B PHARMACY			446110	39,561.	39,561.			
Serv		с С				440110		33,301.			
Program Service Revenue		d									
ogra Re		e									
Pro		f	All other program service	revenue							
		g	Total. Add lines 2a-2f				1,346,217.				
	3		Investment income (inclue	ding divide	ends, intere	st, and					
			other similar amounts) \dots				279.			2	279.
	4		Income from investment of								
	5		Royalties		(i) D I	>					
	-		a .		(i) Real	(ii) Personal					
			Gross rents	6a							
			Less: rental expenses Rental income or (loss)	6b 6c							
			Net rental income or (loss)	· · · ·							
			Gross amount from sales of		Securities	(ii) Other					
	-	-	assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
venue		с	Gain or (loss)	7c							
Re		d	Net gain or (loss)			►					
Other Re	8	а	Gross income from fundraisi	•							
ō			including \$								
			contributions reported on	-							
		h	Part IV, line 18								
			Less: direct expenses Net income or (loss) from		·····						
			Gross income from gamir								
	-		Part IV, line 19								
		b	Less: direct expenses								
		с	Net income or (loss) from	gaming ad	ctivities	▶					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales of in	iventory						
sn	44	~	OTHER INCOME			Business Code 900099	21,068.	21,068.			
Miscellaneous Revenue	11	a b					21,000.				
evenue		с С									
lisce			All other revenue			900099					xcluded under 12 - 514
Σ			Total. Add lines 11a-11d			>	21,068.				
	12		Total revenue. See instructi				6,375,972.	1,367,285.	0.		
13200	9 12-	-09-	21							Form 990 (2021)

Form 990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. Part IX | Statement of Functional Expenses

	TIX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	(1)		(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising 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				
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				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	3,032,651.	2,019,229.	1,009,997.	3,425.
7	Other salaries and wages Pension plan accruals and contributions (include	5,052,051.	2,019,229.	±,000,001.	5,425.
8	, , , , , , , , , , , , , , , , , , ,				
9	section 401(k) and 403(b) employer contributions)	272,735.	226,187.	46,548.	
9 10	Other employee benefits Payroll taxes	268,713.	222,763.	45,950.	
11	Fees for services (nonemployees):	200,720.	,,,,,,,		
a	Management				
h	Legal	10,818.		10,818.	
c	Accounting	42,713.		42,713.	
d	Lobbying	,		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	537,370.	115,756.	420,376.	1,238.
12	Advertising and promotion	15,475.	14,492.	983.	
13	Office expenses	172,581.		172,581.	
14	Information technology	61,194.	23,069.	36,581.	1,544.
15	Royalties				
16	Occupancy	355,513.	183,251.	172,262.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	158,972.	119,821.	39,151.	
22	Depreciation, depletion, and amortization	39,107.	119,021.	39,131.	
23 24	Insurance Other expenses. Itemize expenses not covered	55,107.		55,107.	
24	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 0.)				
а	MEDICAL SUPPLIES AND DR	203,190.	203,190.		
a b	PATIENT ASSISTANCE	54,204.	54,204.		
c	NON-CAPITALIZED EQUIPME	49,173.	29,245.	19,928.	
d	DUES, FEES, LICENSES	9,895.	1,645.	8,250.	
	All other expenses	86,109.	41,047.	42,680.	2,382.
25	Total functional expenses. Add lines 1 through 24e	5,370,413.	3,253,899.	2,107,925.	8,589.
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 Figure if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

		Balance Sheet					274174 Page
		Check if Schedule O contains a response or note	e to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			682,221.	2	961,41
	3	Pledges and grants receivable, net			611,435.	3	834,95
	4	Accounts receivable, net			1,803,060.	4	1,559,58
	5	Loans and other receivables from any current or	former office	er, director,			
		trustee, key employee, creator or founder, subst	antial contrik	outor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied persons	(as defined			
		under section 4958(f)(1)), and persons described	in section 4	958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use				8	58
2	9	_			16,071.	9	135,20
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,250,015.			
	b			714,046.	524,965.	10c	535,96
	11					11	
	12					12	
Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 682,221. 2 3 Pledges and grants receivable, net 611,435. 3 4 Accounts receivable, net 1,803,060. 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) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 16,071. 10a 1,250,015. 10b 9 Prepaid expenses and deferred charges 10a 11 Investments - publicly traded securities 11	13						
	14						
	15					15	
	16				3,637,752.	16	135,2 535,9 4,027,7 333,6
	17	Accounts payable and accrued expenses			417,238.	17	333,64
	18			18			
	19			639,600.	19	107,60	
	20					20	
	21					21	
	22						
		trustee, key employee, creator or founder, subst	antial contrik	outor, or 35%			
		controlled entity or family member of any of thes	e persons			22	
i	23	Secured mortgages and notes payable to unrela	ted third par			23	
	24					24	
	25						
		parties, and other liabilities not included on lines	17-24). Com	nplete Part X			
		of Schedule D				25	
	26				1,056,838.	26	441,24
		Organizations that follow FASB ASC 958, che	ck here 🕨	X			
	27				357,280.	27	1,899,20
	28				2,223,634.	28	1,687,25
5		and complete lines 29 through 33.					
	29					29	
						30	
				an familia			
				·····	2,580,914.		3,586,46
- 1							4,027,70

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Form	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-227417	4	Pa	_{ge} 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,375,	972.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	,370,	413.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	,005,	559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2 ,	,580,	914.
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.
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	3 ,	,586,	464.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis X 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:				
	Separate basis X 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2021)

(Form 99	f the Treasury	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.									
Name of	the organizati		00 to www.ii3.gov			ie iatest ii	normation.	Employer	identification number		
	and of guinzati		TTE COMMUNITY H	EALTH CLINIC, INC.					56-2274174		
Part I	Reason			(All organizations must c		nis part.) S	ee instructior				
				For lines 1 through 12, cl							
1		-		n of churches described			I)(A)(i)				
2				Attach Schedule E (Form		11110(0)(·//~///				
3				anization described in se		(b)(1)(A)(ii	i).				
4			1 0	njunction with a hospital)(iii). Enter	the hospital's name.		
·	city, and stat	•		,				// <i>/</i> -	,		
5	•		or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
			Complete Part II.)	· ·		, ,					
6				nental unit described in	section 17	70(b)(1)(A)	(v).				
7			-	ntial part of its support fr				ne general p	oublic described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
	university:										
10 X	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from		
				t to certain exceptions; a							
				(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	Ifter June 30, 1975.		
—			mplete Part III.)								
11	-	-	-	vely to test for public sat	•						
12	-	-	-	vely for the benefit of, to	-			-			
				d in section 509(a)(1) o					check the box on		
•	-	-	• •	f supporting organization				-	aivina		
a 🔄			-	upervised, or controlled gularly appoint or elect a	•	-					
		•	complete Part IV, Se		majonty o				ipporting		
b	¬ -		-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hay	vina		
			-	anization vested in the sa			-		-		
		-	t complete Part IV,					3			
с	¬ ~	. ,	•	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,		
		-). You must complete I				, ,			
d 🗌] Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)		
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	veness		
	requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
е 🗌	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
				nally integrated supporting							
f Ente	er the number	of supported o	organizations								
			about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonoton	(vi) Amount of other		
	 (i) Name of supp organizatior 			(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)		
				above (see instructions))	Yes	No		,			
Total											

Sch	edule A (Form 990) 2021 CI	HARLOTTE COMMU	NITY HEALTH C	LINIC, INC.		56-22741	74 Page 2
	IT II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	1 170(b)(1)(A)(vi)	
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	III.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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						
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the						
_	organization, check this box and stop	phere	-				
Se	ction C. Computation of Publi					<u> </u>	
14	Public support percentage for 2021 (I					14	%
15	Public support percentage from 2020						%
16 a	1 33 1/3% support test - 2021. If the o				14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies		•				
k	33 1/3% support test - 2020. If the o	-			I line 15 is 33 1/3%	6 or more, check this	s box
	and stop here. The organization qual		•••••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiza	ation
	meets the facts-and-circumstances te	-			•		
k	10% -facts-and-circumstances test	-					U% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instructions	

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		· · ·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,764,424.	2,662,209.	3,431,293.	3,711,293.	5,008,408.	17,577,627.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	253,143.	309,456.	612,619.	423,505.	1,346,217.	2,944,940.
3	Gross receipts from activities that	,	,	,	,	, ,	, ,
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,017,567.	2,971,665.	4,043,912.	4,134,798.	6,354,625.	20,522,567.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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.
	Public support. (Subtract line 7c from line 6.)						20,522,567.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	3,017,567.	2,971,665.	4,043,912.	4,134,798.	6,354,625.	20,522,567.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	405.	2,073.		556.	279.	3,313.
k	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
c	Add lines 10a and 10b	405.	2,073.		556.	279.	3,313.
	Net income from unrelated business activities not included on 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	76,834.	45,874.	49,637.	11,667.	21,068.	205,080.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	3,094,806.	3,019,612.	4,093,549.	4,147,021.	6,375,972.	20,730,960.
	First 5 years. If the Form 990 is for th	, , , ,				, ,	
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li			olumn (f))		15	98.99 %
	Public support percentage from 2020					16	98.91 %
	ction D. Computation of Inves					10	/0
	Investment income percentage for 20			e 13. column (f))		17	.02 %
	Investment income percentage from 2					18	.02 %
	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar	nd stop here. The o	organization qualifi	es as a publicly su	pported organizat	ion	► X
k	33 1/3% support tests - 2020. If the	•					nd
_	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	n did not check a b	box on line 14, 19a	, or 19b, check thi	s box and see inst		
1320	23 01-04-22					Schedule A	(Form 990) 2021

CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

1

2

Yes No

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Schedule A (Form 990) 2021

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

		6-2274174	Pa	age
ar	t IV Supporting Organizations (continued)		1	
_			Yes	No
1	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 on lines 11b and			
	11c below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	<i>detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
ec	ion B. Type i Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the tax year?	ers, fed e	Yes	No
	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		
)C	tion C. Type II Supporting Organizations		1	
			Yes	N
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
90	tion D. All Type III Supporting Organizations		1	
			Yes	N
	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?	1		
	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		
	By reason of the relationship described on line 2, above, 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		
)C	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructio	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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.	2b		
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			

3 Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" 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.* 132025 01-04-22

3b | Schedule A (Form 990) 2021

3a

19001110 131839 074-077984

art V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must of ction A - Adjusted Net Income	trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations must o		,	Part VI). See instruction
ction A - Adjusted Net Income		ections A through E.	
			(B) Current Year
N had a benefit to see the hand to be		(A) Prior Year	(optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally	-	Type III supporting area	anization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Sche Par	dule A (Form 990) 2021 CHARLOTTE COMMUNITY t V Type III Non-Functionally Integrated 509(nizations (continu	ad)	56-2274174	Page 7
	on D - Distributions	<u></u>		<u>eu)</u>	Current Y	 ear
1	Amounts paid to supported organizations to accomplish exer	mot nurnoses		1		
2	Amounts paid to perform activity that directly furthers exemp					
-	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro-	wide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	e organization is responsive				
	(provide details in Part VI). See instructions.	5		8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

<u>Schedu</u> le A	(Form 990) 2021	CHARLOTTE						56-2274174	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, lines 2 and 3; F	4c, 5a, 6, 9a, Part IV, Sectic	9b, 9c, 1 ⁻ n E, lines	1a, 11b, a 1c, 2a, 2l	nd 11c; Part I b, 3a, and 3b;	V, Section B, lin Part V, line 1; P	ies 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	n C,
132028 01-04-2	2							Schedule A (Form	990) 202

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Schedule B (Form 990)	 Schedule of Contributors Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	омв No. 1545-0047 2021
Internal Revenue Service		
Name of the organization		Employer identification number
c	HARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)		Page 2
Name of c	organization	Employer identification number 56-2274174	
CHARLOT	TE COMMUNITY HEALTH CLINIC, INC.		
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 contributio	(d) ns Type of contribution
1	NOVANT BLOCK GRANT 1701 EAST 3RD ST CHARLOTTE, NC 28204	\$300	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2	GILEAD FOCUS 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$57	,715. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3	MECKLENBURG COUNTY 700 EAST 4TH STREET, 4TH FLOOR CHARLOTTE, NC 28202	\$270	,917. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4	NCCHCA 4917 WATERS EDGE DRIVE, STE 165 RALEIGH, NC 27606	\$130	, 298. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5	THE CANNON FOUNDATION PO BOX 548 CONCORD, NC 28026	\$75	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6	SISTERS OF MERCY OF NC FOUNDATION, INC. 2115 REXFORD RD STE 314 CHARLOTTE, NC 28211	\$75	,000. (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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	B (Form 990) (2021) prganization		Page 2
		Employer identification number	
CHARLOTTE COMMUNITY HEALTH CLINIC, INC.			56-2274174
Part I	Contributors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
7	UNITED WAY OF CENTRAL CAROLINAS		Person X Payroll
	301 S BREVARD ST CHARLOTTE, NC 28202	\$195,	000. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
8	THE DUKE ENDOWMENT 800 EAST MOREHEAD STREET	\$125	Person X Payroll Noncash
	CHARLOTTE, NC 28202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
9	NC DEPT OF HEALTH AND HUMAN SERVICES		Person X Payroll
	101 BLAIR DRIVE	\$135	.659. Noncash (Complete Part II for
	RALEIGH, NC 27603		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
10	NUVEEN, LLC		Person X
	8500 ANDREW CARNEGIE BOULEVARD	\$ 10,	Payroll
	CHARLOTTE, NC 28262		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
11	KATE B. REYNOLDS CHARITABLE TRUST		Person X
	128 REYNOLDS VLG	\$60,	Payroll 000. Noncash
	WINSTON SALEM, NC 27106		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
	BANK OF AMERICA		Person X
	100 N TRYON ST	\$50	000. Noncash
	CHARLOTTE, NC 28202		(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)			Page 2
Name of o	rganization		Emplo	yer identification number
CHARLOTT	TE COMMUNITY HEALTH CLINIC, INC.		50	6-2274174
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 contributio	ns	(d) Type of contribution
13	THE LEON LEVINE FOUNDATION	۵ ۹ ۲	,000.	Person X Payroll Noncash
	CHARLOTTE, NC 28210	\$85	,000.	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
14	UPSTREAM 426 17TH STREET, SUITE 200 OAKLAND, CA 94612	\$37	<u>,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio		(d) Type of contribution
15	NC COMMUNITY AND CLINICAL CONNECTIONS FOR PREVENTION AND HEALTH 5605 SIX FORKS ROAD RALEIGH, NC 27609		,115.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
16	FOUNDATION FOR A HEALTHY CAROLINA 220 N TRYON ST CHARLOTTE, NC 28202	\$25	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
17	PHILIP L. VAN EVERY FOUNDATION 310 ARLINGTON AVE #331 CHARLOTTE, NC 28203	\$20	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
18	THE PHILIP VAN EVERY FOUNDATION <u>310 ARLINGTON AVE #331</u> CHARLOTTE, NC 28203	\$20	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of c	organization		Employer identification number
CHARLOT	TE COMMUNITY HEALTH CLINIC, INC.		56-2274174
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
19	VANGUARD 100 VANGUARD BLVD MALVERN, PA 19355	\$15,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
20	ST. PETER'S HOSPITAL FOUNDATION, INC. 1522 HIGH ST CHARLOTTE, NC 28211	\$20,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
21	ROBERT M. HORNER 3408 MEADOW BLUFF DR CHARLOTTE, NC 28262	\$10,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
22	DAVIDSON IMPACT FELLOW 405 N MAIN ST DAVIDSON, NC 28035	\$7,	500. Person X 500. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
23	LINCOLN HEALTHCARE FOUNDATION 9695 WHITE SPRUCE CV LAKELAND, TN 38002		Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
24	BARNHARDT 217 S TRYON ST CHARLOTTE, NC 28202	\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
123452 11-1	1-21		Schedule B (Form 990) (2021

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Page **2**

Schedule	B (Form 990) (2021)		Page 2
Name of c	organization		Employer identification number
CHARLOT	TE COMMUNITY HEALTH CLINIC, INC.		56-2274174
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
25	HERBERT W. CLEGG 2210 ROSWELL AV APT 104 CHARLOTTE, NC 28207	\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
26	HEALTH RESOURCES AND SERVICES ADMINISTRATION 5600 FISHERS LN ROCKVILLE, MD 20857	\$2,425	,623. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
27	PRUTECH SOLUTIONS 330 S. TRYON ST. CHARLOTTE, NC 28202	\$42	,170. Person Payroll ,170. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
28	POLYCLINIC MEDICAL CENTER 9705 NORTHEAST PKWY., STE. 400 MATTHEWS, NC 28210	\$5	,434. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990) (2021)			Page
Name of o	rganization		Employe	er identification number
CHARLOTI	E COMMUNITY HEALTH CLINIC, INC.		56-	2274174
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	OFFICE FUNUTURE AND SUPPLIES			
27		\$42	<u>,170.</u>	08/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
28	SEVEN EXAMP TABLES, TWO STOOLS, 2 FILE CABINETS, AND ONE OFFICE DESK			
		\$5	,434.	10/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		s		

ganization		
<u>jan 1241 on 1</u>		Employer identification number
COMMUNITY HEALTH CLINIC, INC.		56-2274174
Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following lin charitable, etc., contributions of \$1,00	ne entry. For organizations
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer o	f gift
Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer o	
Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer o	f gift
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer o	f gift
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift 	Exclusively religious, charitable, etc., contributors to organizations described from any one contributor. Complete columns (a) through (e) and the following lin completing part and exclusively religious. charitable, etc., contributors of \$1,00 Use of gift (b) Purpose of gift (c) Use of gift (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Transferee's name, address, and ZIP + 4

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50		Supplementa	al Financial Statements		OME	3 No. 1545	-0047
						202	1
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			pen to Pu	
CHARLOFTE COMMUNITY HEALTH CLINIC, INC. Part 1 Organization answerd 'Yes' on Form 930, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Func 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Func 3 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Func 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible private benefit? Part 1 Conservation Easements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically in Preservation of land for public use (for example, recreation or education) Preservation of a conservation easements 2 Complete lines 2a through 2d if the organization incheck at lith at gaph). Preservation of a conservation easements 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 4 Number of conservation easements included in		-	spection				
Nam	e of the organizati	on		Emp	loyer identi	fication n	umber
_					56-22		-
Par		-		r Account	ts. Comple	ete if the	
	organizatio	h answered "Yes" on Form 990, Part IV, III		(b) Euroc	de and other	accounts	
4	Total number at or	ad of year		(D) Fund		accounts	,
-							
-				funds			
-	-		-		<u> </u>	/es	No
6						_	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nferring			
					🗌 ۱	/es	No
Par	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.			
1	Purpose(s) of cons	servation easements held by the organization					
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a	historically i	important lar	nd area	
	Protection o	f natural habitat	Preservation of a	certified hist	toric structu	re	
2		o i	ied conservation contribution in the form of				
					Held at the E	na of the I	ax year
b	-						
C J							
a							
2					during the ta	×	
3		valion easements modified, transferred, re-	eased, extinguished, or terminated by the o	ganization c	uning the ta	x	
4	-	where property subject to conservation eas	sement is located				
_							
-	8		o , 1 , o			∕es [No
6	•					, the year	
	▶				-	-	
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements	s during the	year	
	▶\$						
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	4)(B)(i)		_	
	and section 170(h)	(4)(B)(ii)?			י 🗌	/es	No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense st	atement and	ł		
			note to the organization's financial statemen	ts that descr	ribes the		
Dor			Art Historical Tracquires or Oth	or Similor	Acceto		
Far		_		er Similar	A55615.		
4.							
1a	•		· ·				
			ncial statements that describes these items.	lerance or p	ublic		
h	· •		8, to report in its revenue statement and ba	ance sheet v	works of		
D	-		exhibition, education, or research in further				
		ng amounts relating to these items:					
				▶ \$	6		
					<u> </u>		
2			asures, or other similar assets for financial g				
		unts required to be reported under FASB A					
а	-			► \$	6		
					6		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D	(Form 99	0) 2021
	10-28-21						

		COMMUNITY HEALTH					56-2274		Р	age 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	easures, or	Other S	imilar A	Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that	make signi	ficant use	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	m					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	n's exempt	purpose	in Part >	KIII.		
5	During the year, did the organization solicit or	r receive donations of	art, historical trea	sures, or other	r similar as	sets				
	to be sold to raise funds rather than to be ma	intained as part of the	e organization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Complet	e if the organizatio	on answered ""	Yes" on Fo	rm 990, F	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par		-							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contribution	is or other ass	ets not incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-					
Par										
		(a) Current year	(b) Prior year	(c) Two years		Three yea	rs back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ũ	and programs									
f	Administrative expenses									
g 2	End of year balance [Provide the estimated percentage of the curr	ont year and balance	(line 1 a column (a)) hold as:						
	Board designated or quasi-endowment	•	%	i)) field as.						
a h	Permanent endowment	%								
b		%								
с										
2-	The percentages on lines 2a, 2b, and 2c should be there and summer funds not in the percent		on that are hold a	nd administers	d for the e	raonizatio				
38	Are there endowment funds not in the posses	ssion of the organizati	on that are new a	no aoministere	ed for the d	rganizatio	חכ		Yes	No
	by:							20(1)	103	
	(i) Unrelated organizations							3a(i)		<u> </u>
	(ii) Related organizations							3a(ii)		<u> </u>
	If "Yes" on line 3a(ii), are the related organization							3b		L
4 Par	t VI Land, Buildings, and Equipm		ment tunds.							
1 41	Complete if the organization answered		Part IV line 11a 9	See Form 990	Part X line	10				
	Description of property	(a) Cost or oth basis (investme		t or other (other)	• •	imulated ciation		(d) Boo	ik valu	e
4-	Land		Dasis		Gepie	SIGLIOIT				
	Land									
	Buildings			571,279.		330,61	3		2/0	666.
	Leasehold improvements			678,736.		383,43				303.
	Equipment			010,130.		505,43	<u>.</u>		_{4, دوم}	505.
	Other								E 2 E	060
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	<u>column (B), line 1</u>	0c.)						969.
						Sc.	hedule	D (Forr	n 990)	12021

Schedule D (Form 990) 2021

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chedule D (Form 990) 2021 CHARLOTTE COMMUN	ITY HEALTH CLINIC, I	NC.	56-2274174 Pag
Part VII Investments - Other Securities.	· · · ·		1 4
Complete if the organization answered "Yes"	on Form 990, Part IV, line	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
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art 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) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (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.	
	Description		(b) Book value
(1)	•		
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		▶
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			▶ 25
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			≥ 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC		56-2274174 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	_ 2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Exper	nses 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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	. 2 a	
b	Prior year adjustments	_ 2 b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE AN ORGANIZATION TO

RECOGNIZE A TAX BENEFIT OR EXPENSE FROM AN UNCERTAIN TAX POSITION IF IT IS

MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON

EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. MANAGEMENT BELIEVES THE CLINIC HAD NO UNCERTAIN TAX POSITIONS AS

OF DECEMBER 31, 2020 OR 2019.

132054 10-28-21

Schedule D (Form 990) 2021

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SC	HEDULE J	Compens	ation Information	1	OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Director	rs, Trustees, Key Employees, and Highest		20	21	
			ensated Employees 1swered "Yes" on Form 990, Part IV, line 23.				
	tment of the Treasury	► Atta	ach to Form 990.		Open to		ic
	al Revenue Service le of the organization	Go to www.irs.gov/Form990) for instructions and the latest information.	Employer ide	-	ection	mhor
man	le of the organization	CUADIONNE COMMINIEV HEALEU		56-227		on nui	nper
Pa	rt I Questions	CHARLOTTE COMMUNITY HEALTH Regarding Compensation	clinic, inc.	50-227	41/4		
14		negarating compensation				Yes	No
10	Check the appropria	e hov(es) if the organization provided any c	of the following to or for a person listed on Form	990		res	NO
Id		he 1a. Complete Part III to provide any relev		33 0,			
	First-class or ch		Housing allowance or residence for perso	naluse			
	Travel for comp		Payments for business use of personal re-				
		tion and gross-up payments	Health or social club dues or initiation fee				
	_	ending account	Personal services (such as maid, chauffel				
				in, enery			
b	If any of the boxes of	line 1a are checked, did the organization f	ollow a written policy regarding payment or				
			ove? If "No," complete Part III to explain		1b		
2			or allowing expenses incurred by all directors,				
			arding the items checked on line 1a?		2		
	,	,					
3	Indicate which, if any	, of the following the organization used to e	establish the compensation of the organization's				
	•		boxes for methods used by a related organization				
		ion of the CEO/Executive Director, but expl					
	Compensation	committee	X Written employment contract				
	Independent co	mpensation consultant	X Compensation survey or study				
	Form 990 of oth	er organizations	X Approval by the board or compensation c	ommittee			
4	During the year, did a	any person listed on Form 990, Part VII, Sec	ction A, line 1a, with respect to the filing				
	organization or a rela	ted organization:					
а	Receive a severance	payment or change-of-control payment?			4a		X
b	Participate in or rece	ive payment from a supplemental nonqualif	ied retirement plan?		4b		X
с	Participate in or rece	ive payment from an equity-based compens	sation arrangement?		4c		X
	If "Yes" to any of line	s 4a-c, list the persons and provide the app	licable amounts for each item in Part III.				
	Only section 501(c)	3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.				
5	For persons listed or	Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the rev						
а	The organization?				<u>5</u> a		X
b	Any related organization	ion?			5b		X
		5b, describe in Part III.					
6			the organization pay or accrue any compensatio	n			
	contingent on the ne	0					
а	The organization?				<u>6a</u>		X
b					6b		X
		6b, describe in Part III.					
7			the organization provide any nonfixed payments				
					7		X
8	-		ed pursuant to a contract that was subject to th	ne			
		tion described in Regulations section 53.49			8		X
9		the organization also follow the rebuttable					
	Regulations section				9		
LHA	For Paperwork Re	duction Act Notice, see the Instructions f	or Form 990.	Schedule	ə J (Forr	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANNE STEPTOE	(i)	155,055.	0.	0.	0.	0.	155,055.	0.
СМО, ССНС	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

56-2274174

Chedule J (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC. Part III Supplemental Information	56-2274174	Pa
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	nd 8, and for Part II. Also complete this part for any additional informa	tion.

Schedule J (Form 990) 2021

			Nonc	ash Contr	ibutions		OMB No.	_	
Depart	tment of the Treasury Revenue Service	Attach to Form 99	90.		n Form 990, Part IV, lines : the latest information.	29 or 30.	20 Open to Inspe	Publ	-
Nam	e of the organiz				the latest information.	Employer	identificati		mber
	· · · · · · · · · · · · · · · · · ·	CHARLOTTE COMMUN	ITY HEALTH	CLINIC INC.			56-227417		
Pa	rt I Type	s of Property						_	
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash co	(d) d of determin ontribution a		s
1	Art - Works of	art							
2		treasures							
3		l interests							
4		blications							
5		nousehold goods							
6		r vehicles							
7		nes							-
8		operty							
9		iblicly traded							-
10		osely held stock							-
11		rtnership, LLC, or		1					
	trust interests								
12		scellaneous							
13		ervation contribution -	-						
	Historic struct								
14		ervation contribution - Other							
15	Real estate - F								
16		Commercial							
17		Other							
18									
19		у							
20		dical supplies		3,889	11,101	COST			
21									
22		acts							
23		cimens							
23 24	Archeological	artifacte	-						
2 7 25	Other	(OFFICE FURNIT)	X	1	42 170	RETAIL PRICE	2		
25 26	Other	(GIFT CARDS)	X	3	, , , , , , , , , , , , , , , , , , , ,	CASH VALUE			
20 27	Other	(MISCELLANEOUS	X	166		RETAIL PRICE	2		
		(-		
<u>28</u> 29	Other	rms 8283 received by the organ	l nization during	I the tax year for or					
29		organization completed Form 8							
		organization completed form c	5200, T art V, L		23			Yes	No
20-2	During the ve	ar, did the organization receive	by contributio	n any proporty rop	ortod in Part L linas 1 throu	ah 28 that it		165	
50 a		at least three years from the da							
		ses for the entire holding perio	10				30a		x
h		ribe the arrangement in Part II.	ur				<u>30a</u>		
		nization have a gift acceptance	a nolicy that m	ouires the review	of any nonstandard contribu	itions?	04		x
31 222	-	•		-	-		31		<u> </u>
	contributions			•			<u>32a</u>		x
b	If "Yes," desc								
33	If the organiza	tion didn't report an amount in	column (c) fo	r a type of property	for which column (a) is che	ecked,			
	describe in Pa	rt II.							
LHA		vork Reduction Act Notice, se	e the Instruc	tions for Form 990).	Sche	dule M (Forr	n 990)

132141 11-17-21

Schedule M	(Form 990) 2021	CHARLOTTE	COMMUNITY	HEALTH C	CLINIC,	INC.				2274174		Page 2
Part II	Supplementa is reporting in Par this part for any a	I Informatic t I, column (b), dditional inform	n. Provide t the number o nation.	he informat of contributi	tion requir ions, the r	red by Parl number of	t I, lines 30t items recei	o, 32b, and 3 ved, or a con	3, and when the second se	ether the o of both. Al	organizati so compl	on ete
32142 11-17-2	21								s	chedule N	۹ (Form ۹	990) 202 ⁻

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. So to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization		1	r identification number
	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2	274174
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
SURROUNDING AREAS.			
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
DURING 2021, WE PI	LOTED THE PRIMARY CARE BEHAVIORAL HEALTH (PCBH) MODEL		
IN WHICH PRIMARY C	ARE PROVIDERS AND LICENSED CLINICAL SOCIAL WORKERS		
WORK TOGETHER TO T	REAT BEHAVIORAL HEALTH CONCERNS AS THEY ARISE DURING		
PRIMARY CARE VISIT	5. IT HAS PROVEN TO BE A MORE ACCESSIBLE AND		
EFFICIENT MANNER O	F PROVIDING BEHAVIORAL HEALTH SERVICES TO OUR PATIENT		
POPULATION. OUR CA	RE MANAGEMENT TEAM ALSO EXPANDED TO INCLUDE TWO		
SOCIAL WORKERS, WI	TH ONE SPECIALIZING IN HIV CARE AND PREVENTION. WE		
ALSO HIRED AN INSU	RANCE NAVIGATOR / PARALEGAL TO ASSIST OUR PATIENTS		
WHO MAY QUALIFY FO	R BENEFITS AND OTHER SPECIAL PROGRAMS. OUR DENTAL		
STAFF OFFICIALLY L	AUNCHED THEIR SCHOOL-BASED ORAL HEALTH PROGRAM THAT		
SERVES ELEMENTARY	AGED STUDENTS AT SUGAR CREEK CHARTER SCHOOL WITH		
DENTAL CLEANINGS A	ND EDUCATION. THE CLINIC CONTINUES TO GROW AS WE PLAN		
TO OPEN ADDITIONAL	SATELLITE CLINICS IN EAST CHARLOTTE OVER THE NEXT		
THREE YEARS.			
FORM 990, PART VI,	SECTION B, LINE 11B:		
MANAGEMENT, FINANC	E COMMITTEE AND THEN TO BOARD FOR REVIEW AND APPROVAL		
PRIOR TO SUBMISSIO	۹.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
	ANCE COMMITTEE. THE QUALITY AND COMPLIANCE COMMITTEE		

SHALL CONSIST OF AT LEAST (3) DIRECTORS. THE QUALITY AND COMPLIANCE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization	Page Employer identification numbe
CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174
COMMITTEE SHALL BE RESPONSIBLE FOR OPERATING AND MONITORING THE COMPLIANCE	
PROGRAM OF THE CORPORATION AND FOR MONITORING AND MAKING RECOMMENDATIONS	
FOR THE IMPLEMENTATION AND IMPROVEMENT OF THE QUALITY ASSURANCE/QUALITY	
IMPROVEMENT PROGRAM OF THE ORGANIZATION, INCLUDING WITHOUT LIMITATION	
PERIODIC QUALITY OF CARE AND COMPLIANCE AUDITS.	
FORM 990, PART VI, SECTION B, LINE 15:	
POWERS OF THE BOARD. THE BOARD OF DIRECTORS SHALL HAVE POWER AND AUTHORITY	
TO CARRY ON THE AFFAIRS OF THE CORPORATION AND IN SO DOING MAY ELECT OR	
APPOINT ALL NECESSARY OFFICERS OF THE CORPORATION; SHALL HIRE, ESTABLISH	
THE TERMS OF EMPLOYMENT (INCLUDING COMPENSATION AND DUTIES), EVALUATE,	
DISCIPLINE AND TERMINATE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION AS	
FURTHER SET FORTH BELOW;	
XI. DEVELOP TERMS AND CONDITIONS FOR EMPLOYMENT OF THE CHIEF EXECUTIVE	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE	
CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY;	
COMPARABLE SALARY DATA IS OBTAINED FROM THE NACHC AND NCCHCA FOR	
CONSIDERATION BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	

PROGRAM SERVICE EXPENSES

132212 11-11-21

 $19001110 \ 131839 \ 074-077984$

2021.05000 CHARLOTTE COMMUNITY HEALT 074-0771

Schedule O (Form 990) 2021

50,298.

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lame of the organization		Employer identification num 56-2274174
CHARLOTTE COMMUNITY HEALTH CLINIC, INC.		56-22/41/4
ANAGEMENT AND GENERAL EXPENSES	288,770.	
UNDRAISING EXPENSES	1,238.	
OTAL EXPENSES	340,306.	
ROFESSIONAL FEES:		
ROGRAM SERVICE EXPENSES	65,458.	
ANAGEMENT AND GENERAL EXPENSES	131,606.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	197,064.	
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	537,370.	
ORM 990 PART XII, LINE 2C		
O CHANGES SINCE PRIOR YEAR.		

Schedule O (Form 990) 2021

132212 11-11-21

CHEDULE R Form 990) epartment of the Treasury ternal Revenue Service	► Comp	,		ne 33, 34, 35b, 36	, or 37.	OMB No. 1545-004 2021 Open to Publi Inspection
ame of the organizatio	ON CHARLOTTE COMMUNITY 1	· _		. Information.		Employer identification numb
Part I Identificatio	on of Disregarded Entities. Complet	te if the organization answered "Ye	es" on Form 990, Part IV, line 33.			
	(a) ess, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incon	(e) End-of-year as	(f) Direct controlling entity
		-				
		-				
		-				
Identificatio	n of Polated Tay Exampt Organiza	tions. Complete if the examination	n answered "Vee" on Form 000	Dart IV/ line 24, bo		mere related to vormat
	on of Related Tax-Exempt Organiza s during the tax year.	. Complete if the organizatio	n answered "Yes" on Form 990,	Part IV, line 34, be	cause it had one or	more related tax-exempt
		(b)	(c)	(d)	(e)	(f) (g) Section 512(b)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CHARLOTTE COMMUNITY HEALTH CLINIC FOUNDATION					CHARLOTTE		
INC - 47-3598283, 8401 MEDICAL PLAZA DRIVE,					COMMUNITY HEALTH		
SUITE 300, CHARLOTTE, NC 28262	SUPPORTING ORGANIZATION	NORTH CAROLINA	501(C)(3)	LINE 12B, II	CLINIC	х	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

56-2274174 Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

									1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	ging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
								'	──
								<u> </u>	<u> </u>
									<u> </u>
								'	

edule R (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174		Page
Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts	II-IV?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<u>1a</u>		2
Gift, grant, or capital contribution to related organization(s)	<u>1b</u>		2
Gift, grant, or capital contribution from related organization(s)			2
Loans or loan guarantees to or for related organization(s)		X	
Loans or loan guarantees by related organization(s)			2
	44		
Dividends from related organization(s)			
Sale of assets to related organization(s)			
Purchase of assets from related organization(s)			_
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j		-
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	4		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	Τ
Sharing of paid employees with related organization(s)			
Reimbursement paid to related organization(s) for expenses	1p		
Reimbursement paid by related organization(s) for expenses	<u>Iq</u>		
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)	(h	I)	(i)	(j	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	all rs sec. c)(3) s.?	Share of total income	Share of end-of-year assets	Dispro tion allocat Yes	opor- ate ions?		Gener mana partr Yes	al or Percenta ^{jing} er? ownersh
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000013 0 12 0 14)	Yes	NO			Yes	NO		Yes	
	_											
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Schedule R (Form 990) 2021

Schedule F	(Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174	Page 5
Part VII	(Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.		0
	Provide additional information for responses to questions on Schedule R. See instructions.		

Schedule R (Form 990) 2021

132165 11-17-21

A For the 2021 calendar year, or tax year beginning

CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

8401 MEDICAL PLAZA DRIVE SUITE 300

J Website: HTTP://CHARLOTTECOMMUNITYHEALTHCLINIC.ORG/

Number and street (or P.O. box if mail is not delivered to street address)

F Name and address of principal officer: CAROLYN C. ALLISON

501(c) (

Trust

Total number of volunteers (estimate if necessary)

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Number of voting members of the governing body (Part VI, line 1a)

7 a Total unrelated business revenue from Part VIII, column (C), line 12

Grants and similar amounts paid (Part IX, column (A), lines 1-3)

Contributions and grants (Part VIII, line 1h)

Program service revenue (Part VIII, line 2g)

b Net unrelated business taxable income from Form 990-T, Part I, line 11

CARE TO MEDICALLY UNDERSERVED COMMUNITIES IN MECKLENBURG COUNTY AND

City or town, state or province, country, and ZIP or foreign postal code

C Name of organization

Doing business as

SAME AS C ABOVE

Tax-exempt status: X 501(c)(3)

K Form of organization: X Corporation

Check this box 🕨

Summary

CHARLOTTE, NC 28262

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

and ending

4947(a)(1) or

Other

if the organization discontinued its operations or disposed of more than 25% of its net assets.

Room/suite

527

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

) < (insert no.)

Briefly describe the organization's mission or most significant activities: PROVIDE PREVENTATIVE AND PRIMARY

Association

Number of independent voting members of the governing body (Part VI, line 1b)

Total number of individuals employed in calendar year 2021 (Part V, line 2a)

OMB No. 1545-0047 Open to Public Inspection

6,375,972.

Yes X No

No

15

15

77

18

Ο.

Ο.

279.

0.

Ο.

0.

21,068.

Yes

Current Year

5,008,408.

1,346,217.

6 375 972.

3,574,099.

1,796,314.

5,370,413.

1,005,559.

4,027,705.

3,586,464.

441,241.

Phone no.704-998-5200

D Employer identification number

56-2274174

704-316-6561

H(a) Is this a group return

for subordinates?

H(c) Group exemption number

Year of formation: 2001 M State of legal domicile: NC

3

4

5

6

7a

7b

If "No," attach a list. See instructions

H(b) Are all subordinates included?

E Telephone number

Gross receipts \$

Prior Year

3,711,293

4,147,021

423,505

11,667

556

Ο.

Department of the Treasury	
Internal Revenue Service	

Form **990**

Check if applicable: Address change

Name change

Initial

Final return/ termin-ated

Amended

Applica-tion pending

Part I

Activities & Governance

Revenue

1

2

3

4

5

6

8

9

10

11

12

13

132001 12-09-21

В

	Benefits paid to or for members (Part IX, column (A),		0.	(
o 15	Salaries, other compensation, employee benefits (Pa		2,734,612.	3,574,099	
16 16 16 17	a Professional fundraising fees (Part IX, column (A), line		0.	(
Be I	b Total fundraising expenses (Part IX, column (D), line 2				
<u>ش</u> 17	Other expenses (Part IX, column (A), lines 11a-11d, 1			1,044,036.	1,796,314
18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		3,778,648.	5,370,413
19	Revenue less expenses. Subtract line 18 from line 12)		368,373.	1,005,55
Ces			Beginning of	Current Year	End of Year
20	Total assets (Part X, line 16)			3,637,752.	4,027,705
12 Assets d Balance 15 Assets d Balance	Total liabilities (Part X, line 26)			1,056,838.	441,243
22 Net	Net assets or fund balances. Subtract line 21 from lir	ne 20		2,580,914.	3,586,464
Part I	Signature Block				
Under pei	nalties of perjury, I declare that I have examined this return, in	cluding accompanying schedules and state	ements, and t	o the best of my kr	lowledge and belief, it is
true, corr	ect, and complete. Declaration of preparer (other than officer)	is based on all information of which prepa	rer has any k	nowledge.	
				0	
Sign	Signature of officer			Date	
-	Signature of officer CAROLYN C. ALLISON, CEO			Date	
-	, .			Date	
-	CAROLYN C. ALLISON, CEO Type or print name and title	Preparer's signature	Date	Date] PTIN
Here	CAROLYN C. ALLISON, CEO Type or print name and title Print/Type preparer's name F	Preparer's signature DHN NORMAN	Date 11/10/22	Check] PTIN P01506766
Sign Here Paid Preparer	CAROLYN C. ALLISON, CEO Type or print name and title Print/Type preparer's name JOHN NORMAN JO			Check if self-employed]

CHARLOTTE, NC 28202 May the IRS discuss this return with the preparer shown above? See instructions

cuss this return with the preparer shown above? See instructions		X Yes	No
LHA For Paperwork Reduction Act Notice, see the separate in	nstructions.	Form 9	90 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1			X
1	Check if Schedule O contains a response or note to any line in this Part III		Δ
•	Briefly describe the organization's mission:		
	PROVIDE THE HIGHEST QUALITY, PATIENT-CENTERED HEALTH CARE SERVICES FOR		
	LOW-INCOME AND OTHER UNDERSERVED INDIVIDUALS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🗵 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es 🗴 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 m	easured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3, 253, 899. including grants of \$) (Revenue)	\$1,	346,217.
	CHARLOTTE COMMUNITY HEALTH CLINIC, INC. IS A NONPROFIT ENTITY PROVIDING		
	COMPREHENSIVE HEALTH CARE SERVICES TO OVER 5,217 CHILDREN AND ADULTS IN		
	THE GREATER CHARLOTTE AREA. WE OFFER PRIMARY, DENTAL, AND INTEGRATED		
	BEHAVIORAL HEALTH SERVICES. ALL PATIENTS CAN APPLY FOR OUR SLIDING		
	SCALE FEE TO ENSURE THAT SERVICES ARE AFFORDABLE AND ACCESSIBLE, AS WE		
	HAVE HISTORICALLY SERVED LOW-INCOME AND OTHER UNDERSERVED INDIVIDUALS.		
	ADDITIONAL SERVICES OFFERED INCLUDE ACUTE CARE, CHRONIC DISEASE		
	MANAGEMENT, PREVENTIVE HEALTH, COVID VACCINES, HIV TESTING AND		
	COUNSELING, AND HEALTH EDUCATION.		
	(CONTINUED ON SCHEDULE O)		
	(Code:) (Expenses \$ including grants of \$) (Revenue		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
		\$	
	Other program services (Describe on Schedule O.)	\$ 	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	\$ \$	
4c 4d	Other program services (Describe on Schedule O.)		

Form	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. 56-227	4174	P	age 3
Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effective of the organization engage in lobbying activities.	ect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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, Pa	tl 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
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		X
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	<u>11c</u>		X
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	<u>11d</u>		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
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	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12 a		X
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	<u> </u>
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?			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		X
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	 	x
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
20a				X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
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
132003	3 12-09-21	Form	1 990	(2021)

3 2021.05000 CHARLOTTE COMMUNITY HEALT 074-0771

Form	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. 56-2274	174	F	age 4							
Par	Part IV Checklist of Required Schedules (continued)										
			Yes	No							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on										
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current										
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete										
	Schedule J										
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the										
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete										
	Schedule K. If "No," go to line 25a	24a		X							
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		<u> </u>							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease										
	any tax-exempt bonds?	24c									
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24 d		<u> </u>							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x							
h.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a									
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and										
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	256		x							
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		+							
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%										
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x							
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		x							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,										
	instructions for applicable filing thresholds, conditions, and exceptions):										
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If										
	"Yes," complete Schedule L, Part IV	28a		X							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	_ 28 b		X							
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If										
	"Yes," complete Schedule L, Part IV	28c		X							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	х	<u> </u>							
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation										
	contributions? If "Yes," complete Schedule M	30		X							
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X							
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	_	X							
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	-	X							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x								
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	_	x							
		. <u>35a</u>									
u	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									
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	. 555		<u> </u>							
00	If "Yes," complete Schedule R, Part V, line 2	36		x							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?										
	Note: All Form 990 filers are required to complete Schedule O	38	х								
Par	t 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	<u></u>									
			Yes	No							
		17									
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0									
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c	0000								
132004	12-09-21	Forr	n 990	(2021)							
	4										

2021.05000 CHARLOTTE COMMUNITY HEALT 074-0771

orm	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC.		56-227417	4	P	age 5				
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			ſ		Yes	No				
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		77							
	filed for the calendar year ending with or within the year covered by this return	2a		2b	х					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instruction			20						
3a										
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			3b						
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х				
	If "Yes," enter the name of the foreign country	,								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		х				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th									
	any contributions that were not tax deductible as charitable contributions?			6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi									
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to	o the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required								
	to file Form 8282?	1 1		7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X				
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		•						
_				8						
	Sponsoring organizations maintaining donor advised funds.			0						
				9a 0h						
				9b						
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a								
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
2	amounts due or received from them.)	11b								
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · · · · · · · · · · · · · · · ·		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
3	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	13c								
				14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х				
-	If "Yes," complete Form 4720, Schedule O.									
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in									
				17						

Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	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 on line 1a, above, who are independent 1b 1	5		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
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	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Iou		
D	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			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3		ovoilal	
10		JS OFIIY)	avalla	JIE
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
10		dfinan		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	iu inano	JIAI	
00	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			
	CAROLYN C. ALLISON, CEO - 704-316-6561			
	8401 MEDICAL PLAZA DRIVE SUITE 300, CHARLOTTE, NC 28262	-	990	1005

Form 990 (2021)	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employe	es, and Independent Contractors									
Check if Sc	hedule O contains a response or note to any line in this Part VII									
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table	for all persons required to be listed. Report compensation for the calendar year er	nding with or within the organization	ı's tax year.							
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or organization	is), regardless of amount of compen	isation.							

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

		l	mzu			iper	ioute			(=)
(A)		(B) (C) Average Position						(D)	(E)	(F)
Name and title	Average	do not check more than one ox, unless person is both an					Reportable	Reportable	Estimated	
	hours per		, unles cer an					compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	direct				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) ANNE STEPTOE	40.00									
смо, сснс				Х				155,055.	0.	0.
(2) CAROLYN C. ALLISON	40.00									
CEO, CCHC				х				148,914.	0.	0.
(3) LISA HOLMES	40.00									
соо, сснс				х				120,900.	0.	Ο.
(4) HERBERT WILLIAM CLEGG II	2.00									
CHAIRPERSON		Х		х				0.	0.	0.
(5) DENEQUAL BROWN-SMITH	1.00									
CHIEF COMPLIANCE AND NURSING OFFICER		х		х				0.	0.	0.
(6) DANIEL WALL	2.00									
TREASURER		х		х				0.	0.	0.
(7) ANDREW DAS	1.00									
SECRETARY		x		х				0.	0.	0.
(8) FRANCOIS MOUKETE	1.00									
PATIENT REPRESENTATIVE		х						٥.	0.	0.
(9) LATONIGA SASS	1.00									
PATIENT REPRESENTATIVE		х						٥.	0.	0.
(10) MICHELLA PALMER	1.00									
MEMBER		х						٥.	0.	0.
(11) RUTH PEREZ	1.00									
PATIENT REPRESENTATIVE		х						٥.	0.	0.
(12) DENISE COLTER	1.00									
PATIENT REPRESENTATIVE		х						٥.	0.	0.
(13) JEROME WILLIAMS	1.00									
VICE CHAIRPERSON		х						0.	٥.	0.
(14) ROBIN CANNE	1.00									
PATIENT REPRESENTATIVE		х						0.	٥.	0.
(15) CAMILLE GRIMSLEY	1.00									
PATIENT REPRESENTATIVE		х						٥.	0.	٥.
(16) MELIDA BALDERA	1.00					1				
PATIENT REPRESENTATIVE		х						٥.	0.	0.
(17) JOSE' PORTILLO-GAMERO	1.00									
PATIENT REPRESENTATIVE		х						٥.	0.	0.
122007 12 00 21					•			•		Form 990 (2021)

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132007 12-09-21

Form 990 (2021)

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2021.05000 CHARLOTTE COMMUNITY HEALT 074-0771

	90 (2021) CHARLOTTE COM	MUNITY HEA	LTH	CL	INI	C,	INC	١.		56-22	7417	4	Р	age 8
Part	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	, and	d Hig	ghes	st C	Compensated Employee	s (continued)				
	(A) (B) Name and title Average					C)	_		(D)	(E)			(F)	
	Name and title				Pos heck	more	than		Reportable	Reportable			stimate	
					ss pei nd a d				compensation from	compensation from related		ar	nount other	OT
		(list any	ctor						the	organizations		com	pensa	ation
		hours for	or dire	e.			ated		organization	(W-2/1099-MIS	C/		om th	
		related organizations	ustee	trustee		ee	upensi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
		below	Individual trustee or director	In stit utio nal 1	-	Key employee	Highest compensated employee	er ,	,				anizati	
		line)	Indivi	Institu	Officer	Key er	Highe	Former				5		
(18) 0	CAROL BOWEN	1.00												
PATIEN	NT REPRESENTATIVE		х						0.		٥.			٥.
							<u> </u>							
16 0	v biotol								424,869.		0.			0.
	ubtotal otal from continuation sheets to Part VI								424,005.		0.			0.
								5	424,869.		0.			0.
	otal number of individuals (including but n						e) wh	no re	,	000 of reportable				
	ompensation from the organization						,		. ,	·				5
													Yes	No
3 D	id the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	^r hig	ghest compensated emp	loyee on				
lii	ne 1a? If "Yes," complete Schedule J for se	uch individual										3		X
	or any individual listed on line 1a, is the su													
	nd related organizations greater than \$150											4	Х	
	hid any person listed on line 1a receive or a											E		x
	endered to the organization? If "Yes," com on B. Independent Contractors	plete Schedule	<u>e J I</u>	or si	<u>icn i</u>	bers	on					5		
	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs tł	hat received more than \$	100.000 of comp	ensat	ion fro	om	
	ne organization. Report compensation for t													
	(A)								(B)			(0))	
	Name and business	address	NO	NE					Description of s	ervices	С	ompe	nsatio	n
_														
	otal number of independent contractors (ir	•	ot lin	nited	d to			sted	above) who received mo	ore than				
\$	100,000 of compensation from the organiz	zation 🕨				(0							

132008 12-09-21

Part VIII Statement of Revenue (a) (b) (c) (c) I a Federated companys 11 126,750. Pointed or score pt Unotated Membership dues 18 126,750. Pointed or score pt Unotated Membership dues 18 12,570. Pointed or score pt Unotated Membership dues 18 1,655,350. Pointed or score pt Pointed or score pt Membership dues 18 1,655,350. Pointed or score pt Pointed or score pt Membership dues 18 1,655,350. Pointed or score pt	Form	n 990	0 (2			MMUNITY	HEALTH CLINI	C, INC.		56-227417	4 Page 9
Image: constraint of the second of	Ра	rt V	/111	Statement of Re	evenue						
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Business Code	n Gr										
Business Code	iifts ar A					1d					
Business Code	s, G milå					1e	3,226,308.				
Business Code	r Si		f	All other contributions, gifts,	grants, and						
Business Code	ibut the			similar amounts not included	above	1f	1,655,350.				
Business Code	d O		g	Noncash contributions included in	lines 1a-1f	1g \$	54,258.				
2 a PATIENT PERS 621400 1, 306, 656. 1, 306, 656. 340B PLARMACY 446110 39, 561. 39, 561. 39, 561. 4	Co an		h	Total. Add lines 1a-1f			····· •	5,008,408.			
90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
g Total. Add lines 2a:21 1,346,217. g Investment income (including dividends, interest, and other similar amounts) 279. 4 income from investment of tax exempt bond proceeds 279. 5 Royatties 0) Personal 6 a Gross rents 6a 6 a Gross rents 6a 6 a Gross rents 6a 6 a Gross amount from sales of assets other than incentory forse) > 7 a Gross amount from sales of assets other than innertory forse) > a dise separses 7b 1 a dise separse 0) Securities 0) Other a dise separses 7b 1 a dise separses 7b 1 b Less: cost or other basis adment from fundraising events 0 a Nationare (loss) from fundraising events 1	ce	2	-								
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c Net income or (loss) from gaming activities ▶											
10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory ► 0 11 a OTHER INCOME 900099 21,068. 21,068. b C 0 0 c 0 00099 21,068. 0 d All other revenue 900099 21,068. 0 e Total. Add lines 11a-11d ► 21,068. 0 12 Total revenue. See instructions 6,375,972. 1,367,285. 0. 279.											
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER INCOME b Business Code y 900099 21,068. 21,068. c 900099 d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions							▶				
b Less: cost of goods sold 10b ► −		10	а								
c Net income or (loss) from sales of inventory Image: Constraint of the second se											
So of the R INCOME Business Code Image: Code											
11 a OTHER INCOME 900099 21,068. 21,068. b			С	Net income or (loss) from	sales of in	ventory					
e Total. Add lines 11a-11d 21,068. 12 Total revenue. See instructions 6,375,972. 1,367,285. 0. 279.	sr		~	OTHER INCOME				21 069	21 069		
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e Total. Add lines 11a-11d 21,068. 12 Total revenue. See instructions 6,375,972. 1,367,285. 0. 279.	llan						├				
e Total. Add lines 11a-11d 21,068. 12 Total revenue. See instructions 6,375,972. 1,367,285. 0. 279.	Sce						900099				
12 Total revenue . See instructions	Mi							21 069			
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	13200				0110	<u></u>		-,,-,-,2,2,2,			

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Form 990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. Part IX | Statement of Functional Expenses

	rt IX Statement of Functional Expense ion 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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				
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				
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	3,032,651.	2,019,229.	1,009,997.	3,425.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	272,735.	226,187.	46,548.	
10	Payroll taxes	268,713.	222,763.	45,950.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10,818.		10,818.	
с	Accounting	42,713.		42,713.	
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 Sch 0.)	537,370.	115,756.	420,376.	1,238.
12	Advertising and promotion	15,475.	14,492.	983.	
13	Office expenses	172,581.		172,581.	
14	Information technology	61,194.	23,069.	36,581.	1,544.
15	Royalties				
16	Occupancy	355,513.	183,251.	172,262.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	158,972.	119,821.	39,151.	
23	Insurance	39,107.		39,107.	
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 0.)				
а	MEDICAL SUPPLIES AND DR	203,190.	203,190.		
b	PATIENT ASSISTANCE	54,204.	54,204.		
c	NON-CAPITALIZED EQUIPME	49,173.	29,245.	19,928.	
d	DUES, FEES, LICENSES	9,895.	1,645.	8,250.	
	All other expenses	86,109.	41,047.	42,680.	2,382.
25	Total functional expenses. Add lines 1 through 24e	5,370,413.	3,253,899.	2,107,925.	8,589.
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 The infollowing SOP 98-2 (ASC 958-720)				
					000

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Form 990 (2021)

ar	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note to a	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		682,221.	2	961,41
	3	Pledges and grants receivable, net		611,435.	3	834,95
	4	Accounts receivable, net		1,803,060.	4	1,559,58
	5	Loans and other receivables from any current or form	er officer, director,			
		trustee, key employee, creator or founder, substantia	l contributor, or 35%			
		controlled entity or family member of any of these pe	rsons		5	
	6	Loans and other receivables from other disqualified p	ersons (as defined			
		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	
ņ	7	Notes and loans receivable, net			7	
Assels	8	Inventories for sale or use			8	58
Ĩ	9	—		16,071.	9	135,20
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10	a 1,250,015.			
	b	Less: accumulated depreciation 10		524,965.	10c	535,96
	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		15		
	16	Total assets. Add lines 1 through 15 (must equal line	3,637,752.	16	4,027,7	
	17	Accounts payable and accrued expenses	417,238.	17	333,6	
	18	Grants payable		18		
	19	Deferred revenue		639,600.	19	107,6
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I			21	
	22	Loans and other payables to any current or former of				
		trustee, key employee, creator or founder, substantia				
		controlled entity or family member of any of these pe		22		
3	23	Secured mortgages and notes payable to unrelated t			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable			27	
	20	parties, and other liabilities not included on lines 17-2				
		of Schedule D	, ,		25	
	26	Total liabilities. Add lines 17 through 25		1,056,838.	26	441,24
	20	Organizations that follow FASB ASC 958, check he	ara 🕨 X	, , -	20	/
3		and complete lines 27, 28, 32, and 33.				
	27			357,280.	27	1,899,2
	28	Net assets with donor restrictions	2,223,634.	28	1,687,2	
	20	Organizations that do not follow FASB ASC 958, c		20		
		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current funds			29	
3	29 30	Paid-in or capital surplus, or land, building, or equipm			30	
			Г		30	
5	31	Retained earnings, endowment, accumulated income	2,580,914.	31	3,586,4	
	32	Total net assets or fund balances	3,637,752.		4,027,70	
	33	Total liabilities and net assets/fund balances		5,057,752.	33	Form 990 (2)

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Form	990 (2021) CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-227417	4	Pa	_{ge} 12			
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,375,	972.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,005,	559.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,580,	914.			
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.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3	,586,	464.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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 X Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	х				
	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:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
с	c 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?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule 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?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X				

Form **990** (2021)

(Form 99	f the Treasury	Co	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047 2021 Open to Public Inspection	
Name of the organization						ie ialest ii	normation.	Employer	identification number	
	and of guinzati		TTE COMMUNITY H	EALTH CLINIC, INC.					56-2274174	
Part I	Reason					nis part.) S	ee instructior			
			harity Status. (All organizations must complete this part.) See instructions.							
1	nization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
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 stat	•		,				·/···/·	,	
5	•		or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in	
			Complete Part II.)	0 ,	·	, 0				
6				nental unit described in	section 17	70(b)(1)(A)	(v).			
7		· -	-	ntial part of its support fr				ne general p	oublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
	university:									
10 X	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from	
				t to certain exceptions; a						
				(less section 511 tax) fro	m busines	ses acqui	red by the ore	ganization a	Ifter June 30, 1975.	
—			mplete Part III.)							
	-	-	-	vely to test for public sat	•					
12	-	-	-	vely for the benefit of, to	-			-		
				d in section 509(a)(1) o					Sheck the box on	
•	-	-	• •	f supporting organization				-	aivina	
a 🔄			-	upervised, or controlled gularly appoint or elect a	•	-		•••••		
		•	complete Part IV, Se		majonty o				ipporting	
b	¬ -		-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hay	vina	
			-	anization vested in the sa			-		-	
		-	t complete Part IV,					3		
с	¬ ~	. ,	•	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
		-). You must complete I				, ,		
d 🗌] Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	ith its suppo	rted organiz	zation(s)	
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	veness	
	requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
			r Type III non-functionally integrated supporting organization.							
f Ente	er the number	of supported o	organizations							
	vide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonoton	(vi) Amount of other	
	organizatior			(described on lines 1-10	in your governi	ng document?	support (see ii	-	support (see instructions)	
				above (see instructions))	Yes	No		,		
Total										

Sch	edule A (Form 990) 2021 CI	HARLOTTE COMMU	NITY HEALTH C	LINIC, INC.		56-22741	74 Page 2			
	art II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi)				
	(Complete only if you checked	-		-						
	fails to qualify under the tests listed below, please complete Part III.)									
See	ction A. Public Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and		((-/	(-,		(1) 1 2 2 2 2			
-	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization'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									
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)									
	Public support. Subtract line 5 from line 4.									
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots									
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									
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12				
13	First 5 years. If the Form 990 is for the						. —			
80	organization, check this box and stor									
	ction C. Computation of Publi		-							
14	Public support percentage for 2021 (I					14	%			
15	Public support percentage from 2020					15	%			
108	33 1/3% support test - 2021. If the contemport									
L	stop here. The organization qualifies		-			or mara abaali this				
L.	33 1/3% support test - 2020. If the c									
170	and stop here. The organization qual		•••			and line 14 is 10% o				
1/8	10% -facts-and-circumstances test									
	and if the organization meets the fact			-	-	-				
L	meets the facts-and-circumstances te	-		• • • •	-	17a, and line 15 is 1				
C C	10% -facts-and-circumstances test more and if the organization meets the	-								
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the									
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 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									

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

56-2274174 Page **3**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	2,764,424.	2,662,209.	3,431,293.	3,711,293.	5,008,408.	17,577,627.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	253,143.	309,456.	612,619.	423,505.	1,346,217.	2,944,940.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,017,567.	2,971,665.	4,043,912.	4,134,798.	6,354,625.	20,522,567.
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.
	Public support. (Subtract line 7c from line 6.)						20,522,567.
	ction B. Total Support			T		r	
	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	3,017,567.	2,971,665.	4,043,912.	4,134,798.	6,354,625.	20,522,567.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	405.	2,073.		556.	279.	3,313.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	405.	2,073.		556.	279.	3,313.
	Net income from unrelated business activities not included on 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.)	76,834.	45,874.	49,637.	11,667.	21,068.	205,080.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,094,806.	3,019,612.	4,093,549.	4,147,021.	6,375,972.	20,730,960.
14	First 5 years. If the Form 990 is for th	e organization's firs	st, second, third, fo	ourth, or fifth tax y	ear as a section 50))1(c)(3) organizatio	n,
	check this box and stop here					<u></u>	
Sec	ction C. Computation of Public	c Support Perc	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), div	vided by line 13, co	olumn (f))		15	98.99 %
	Public support percentage from 2020					16	98.91 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	21 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	.02 %
18	Investment income percentage from 2	2020 Schedule A, F	Part III, line 17			18	.02 %
19 a	33 1/3% support tests - 2021. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	
	more than 33 1/3%, check this box an	d stop here. The c	organization qualifi	es as a publicly su	pported organizat	ion	► X
b	33 1/3% support tests - 2020. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, chec	ck this box and sto	p here. The organ	ization qualifies as	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a b	ox on line 14, 19a	, or 19b, check thi	s box and see inst	ructions	▶∟]
13202	23 01-04-22					Schedule A	(Form 990) 2021

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CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

 Part IV
 Supporting Organizations

 (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Schedule A (Form 990) 2021

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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132024 01-04-21

| 10b | | Schedule A (Form 990) 2021

Sche		-2274174	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	or 🗌		
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer			
	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 officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	- 1		
2	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
	Were a majority of the organization's directors or tructors during the tay year also a majority of the directors		162	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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Vee	Na
			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?	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 on line 2, above, 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			
0	supported organizations played in this regard.	3		
Sec	tion 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 instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	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.	2b		
			-	

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? *If* "Yes" or "No" 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.* 132025 01-04-22

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3b | Schedule A (Form 990) 2021

3a

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edule A (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC	1		56-2274174	Page
Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain i</i>	in Part VI). See inst	ructions
All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.		
ion A - Adjusted Net Income		(A) Prior Year		
Net short-term capital gain	1			
Recoveries of prior-year distributions	2			
Other gross income (see instructions)	3			
Add lines 1 through 3.	4			
Depreciation and depletion	5			
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			
Other expenses (see instructions)	7			
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
ion B - Minimum Asset Amount		(A) Prior Year		
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
Average monthly value of securities	1a			
Average monthly cash balances	1b			
Fair market value of other non-exempt-use assets	1c			
Total (add lines 1a, 1b, and 1c)	1d			
Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
	2			
	3			
	4			
ion C - Distributable Amount			Current `	Year
Adjusted net income for prior year (from Section A. line 8. column A)	1			
×	5			
emergency temporary reduction (see instructions).	6			
	tv Type III Non-Functionally Integrated 509(a)(3) Supporti Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mution A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount <	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi Check here if the organization satisfied the Integral Part Test as a qualifying trust on N All other Type III non-functionally integrated supporting organizations must complete S ion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount 8 Average monthly value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 2 (explain in detail in Part VI): 2 Acquisition indebtedness app	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations All other Type III non-functionally integrated supporting organizations must complete Sections A through E. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount (A) Prior Year Average monthly value of securities 1a Average monthly value of securities 1a 4 4 Discourt claimed for blockage or other factors 1a 4 Average monthly value of securities assets 1c 1d 1d Discourt claimed for blockage or other factors 2 5 5 (avplain in detail in Part V):	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See inst All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Interventional to the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See inst All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Intervention Capital gain 1 Precoveries of prior year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 4 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current (option Aggregate fair market value of all non-exempt use assets (see instructions for short tax year or assets held for part of yea): 1 1 Average monthly value of securities 1a 2 2 Average monthly cash balances 1b 1 1 Fair marke

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Sche Par	dule A (Form 990) 2021 CHARLOTTE COMMUNITY t V Type III Non-Functionally Integrated 509(nizations (continu	ad)	56-2274174	Page 7
	on D - Distributions	<u></u>		<u>eu)</u>	Current Y	 ear
1	Amounts paid to supported organizations to accomplish exer	mot nurnoses		1		
2	Amounts paid to perform activity that directly furthers exemp					
-	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro-		5			
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	e organization is responsive				
	(provide details in Part VI). See instructions.	5		8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

9a, 9b, 9c, 11 ction E. lines	1a, 11b, ar 1c. 2a. 2b	nd 11c; Part I . 3a. and 3b:	V, Section B, lines Part V. line 1: Par	or 17b; Part III, line 12 s 1 and 2; Part IV, Sect t V, Section B, line 1e; ional information.	ion C,
	_			Schedule A (For	n 990) 202
					Schedule A (For 20 2021.05000 CHARLOTTE COMMUNITY HEALT

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174
Organization type (cheo	,	50 22/41/4
Filers of:	Section:	
Form 990 or 990-EZ	X 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

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 \dots **b** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	B (Form 990) (2021) organization		Page Employer identification number
0113 D1 000			56-2274174
Part I	TE COMMUNITY HEALTH CLINIC, INC. Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed	56-22/41/4
(a)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributi	
1		\$30	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
2		\$5	7,715. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
3		\$270	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
4			Person X 0,298. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
5		\$7!	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
6		\$7	5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

22 2021.05000 CHARLOTTE COMMUNITY HEALT 074-0771

 $18531110 \ 131839 \ 074-077984$

	3 (Form 990) (2021) rganization		Page Employer identification number
CHARLOTT	E COMMUNITY HEALTH CLINIC, INC.		56-2274174
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 contributio	(d) Type of contribution
7		\$195	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
8		\$125	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
9		\$135	,659. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
10		\$10	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		\$60	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
12		\$50	,000. (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

23 2021.05000 CHARLOTTE COMMUNITY HEALT 074-0771

 $18531110 \ 131839 \ 074-077984$

ame of org	(Form 990) (2021) ganization		Emple	Pa oyer identification numb
IARLOTTE	COMMUNITY HEALTH CLINIC, INC.		5	6-2274174
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contribution
13		\$	85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contribution
14		\$	37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contribution
15		\$	31,115.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contributio
16		\$	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contributio
17		\$	20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contributio
18		\$	20,000.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2021)

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	B (Form 990) (2021) rganization		Page Employer identification number
Name of 0	ganzation		
	YE COMMUNITY HEALTH CLINIC, INC.		56-2274174
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 contributio	(d) Type of contribution
		\$15	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
20		\$20	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
21		\$10	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
22		\$7	,500. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
23		\$6	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
24		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of or	3 (Form 990) (2021) ganization		Page Employer identification number
			56 0054454
Part I	E COMMUNITY HEALTH CLINIC, INC. Contributors (see instructions). Use duplicate copies of Part I i		56-2274174
			()
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
25		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
26		\$2,425	,623. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
27		\$42	,170. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
28		\$5	,434. Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ms Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990) (2021)

(Complete Part II for noncash contributions.)

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123452 11-11-21

Schedule I	B (Form 990) (2021)			Page 3
Name of o	rganization		Employe	er identification number
CHARLOTI	E COMMUNITY HEALTH CLINIC, INC.		56-	-2274174
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	OFFICE FUNUTURE AND SUPPLIES			
		\$42,	170.	08/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
28	SEVEN EXAMP TABLES, TWO STOOLS, 2 FILE CABINETS, AND ONE OFFICE DESK	\$ 5,	434.	10/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

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123453 11-11-21

Schedule E	3 (Form 990) (2021)				Page 4
Name of or	ganization				Employer identification number
CHARLOTT	E COMMUNITY HEALTH CLINIC, INC.				56-2274174
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the followir charitable, etc., contributions of \$	na line entry. For a	rganizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
		(e) Transf			
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
ŀ		(e) Transf	er of gift		
ļ	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
ŀ		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
	_	(e) Transf			
F	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
123454 11-11-	21				Schedule B (Form 990) (2021)

18531110 131839 074-077984

	HEDULE D n 990)	Complete if the organization	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	OMB No. 1545-0047
	ment of the Treasury	▶	Attach to Form 990. 90 for instructions and the latest informatio	Open to Public Inspection
-	I Revenue Service e of the organization			Employer identification number
	-	CHARLOTTE COMMUNITY HEALTH	1	56-2274174
Par		-	d Funds or Other Similar Funds or	Accounts. Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin		(b) Funda and other accounts
		al of your	(a) Donor advised funds	(b) Funds and other accounts
1 2		nd of year f contributions to (during year)		
2		f grants from (during year)		
4		t end of year		
5			writing that the assets held in donor advised fi	unds
	-		exclusive legal control?	
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	ferring
Dec	impermissible priva			
Par			ganization answered "Yes" on Form 990, Part	IV, line 7.
1		ervation easements held by the organization		
		of land for public use (for example, recrea		istorically important land area
		f natural habitat	Preservation of a c	ertified historic structure
2		of open space	ied conservation contribution in the form of a	conservation essement on the last
2	day of the tax year		ied conservation contribution in the form of a	Held at the End of the Tax Year
а				2a
b				
с	-		ucture included in (a)	
d			after 7/25/06, and not on a historic structure	
	listed in the Nation	al Register		2d
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during the tax
	year 🕨			
4		where property subject to conservation eas		
5	-	tion have a written policy regarding the per		
6	-	orcement of the conservation easements it		
6		nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
7	Amount of expense	es incurred in monitoring inspecting hand	lling of violations, and enforcing conservation	easements during the year
•	► \$			casements damig the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)
9			on easements in its revenue and expense stat	
	balance sheet, and	l include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
D.	organization's acco	ounting for conservation easements.		
Pai		_	Art, Historical Treasures, or Other	r Similar Assets.
		the organization answered "Yes" on Form		· · · · ·
1a			8, not to report in its revenue statement and b	
		· · ·	plic exhibition, education, or research in furthe ncial statements that describes these items.	erance of public
h	· •		8, to report in its revenue statement and bala	ace sheet works of
D D	-	-	exhibition, education, or research in furtheral	
		ng amounts relating to these items:		
				▶ \$
2			asures, or other similar assets for financial gai	
	the following amou	ints required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included	on Form 990, Part VIII, line 1		► \$
	-	eduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021
132051	1 10-28-21		29	
			<u> </u>	

		OMMUNITY HEALTH					56-227		Р	age 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	easures, or	Other S	imilar	Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that	make sign	ificant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	m					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain h	ow they further t	he organizatio	n's exempt	purpose	e in Part 3	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang							ine 9, or		
	reported an amount on Form 990, Par		Ũ			,	,	,		
1 a	Is the organization an agent, trustee, custodia	an or other intermediar	v for contributior	s or other ass	ets not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a]		
~			ing table.					Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					16 1f				
	Did the organization include an amount on Fo					· · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.				-				F	
Par							<u></u>			
		(a) Current year	(b) Prior year	(c) Two year		Three ve	ars back	(e) Fou	r vears	back
10	Beginning of year balance	(4) 0 0 0) 0 0	(1) /	(0) 110 you		,	are such	(0) : 04	Jouro	buon
	Beginning of year balance									
b	Contributions									
C A	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e , (a)) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•								
3a	Are there endowment funds not in the posses	ssion of the organizatio	on that are held a	nd administer	ed for the c	organizat	ion			
	by:								Yes	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		nent funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990, F	Part IV, line 11a. S	See Form 990,	Part X, line	e 10.				
	Description of property	(a) Cost or othe	• •	t or other	• •	umulated	4	(d) Boo	k valu	е
		basis (investme	nt) basis	(other)	depre	ciation				
1a	Land									
b	Buildings									
с	Leasehold improvements			571,279.		330,6	13.		240,	666.
d	Equipment			678,736.		383,4	33.		295,	303.
е	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X.	column (B). line 1	10c.)	<u></u>				535,	969.
				-		S	Schedule	D (Forn	n 990)	2021

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Schedule D (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

56-2274174 Page **3**

Part VII	Investments - Other Securities.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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 (Col (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) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
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)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		

(9) **Total.** (Column (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

Schedule D (Form 990) 2021

X

132053 10-28-21

(7) (8)

Sche	dule D (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.		56-2274174 Pa	ge 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenu	le per Return.	0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	•	ises 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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	t XIII Supplemental Information.			

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE AN ORGANIZATION TO

RECOGNIZE A TAX BENEFIT OR EXPENSE FROM AN UNCERTAIN TAX POSITION IF IT IS

MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON

EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. MANAGEMENT BELIEVES THE CLINIC HAD NO UNCERTAIN TAX POSITIONS AS

OF DECEMBER 31, 2020 OR 2019.

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Schedule D (Form 990) 2021

SC	HEDULE J	Compensation In	formation		OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, H	(ey Employees, and Highest		20	21	1
		Compensated Emp Complete if the organization answered "Yes					
	tment of the Treasury	Attach to Form 9	90.		Open to	o Publ	ic
	al Revenue Service le of the organizatior	Go to www.irs.gov/Form990 for instruction	ons and the latest information.	Employer ider	-		mbor
man	le of the organization	CHARLOTTE COMMUNITY HEALTH CLINIC, IN		56-2274		on nui	IDEI
Pa	rt I Questions	Regarding Compensation		50-227	11/4		
						Yes	No
1a	Check the appropria	te box(es) if the organization provided any of the following	to or for a person listed on Form	990		165	
		ine 1a. Complete Part III to provide any relevant informatio		550,			
	First-class or c		allowance or residence for perso	naluse			
	Travel for com		ts for business use of personal re-				
			r social club dues or initiation fee				
	_		l services (such as maid, chauffeu				
				,,			
b	If any of the boxes of	n line 1a are checked, did the organization follow a writter	policy regarding payment or				
		rovision of all of the expenses described above? If "No," co			1b		
2		require substantiation prior to reimbursing or allowing exp					
		s, including the CEO/Executive Director, regarding the iten			2		
	,						
3	Indicate which, if ar	y, of the following the organization used to establish the co	ompensation of the organization's	i			
		ctor. Check all that apply. Do not check any boxes for met					
		tion of the CEO/Executive Director, but explain in Part III.	, .				
	Compensation		employment contract				
	·		isation survey or study				
			I by the board or compensation c	ommittee			
		·	,				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a	, with respect to the filing				
	organization or a rel	ated organization:					
а	Receive a severance	e payment or change-of-control payment?			4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement	plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrange	nent?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amoun	ts for each item in Part III.				
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must comple	ete lines 5-9.				
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organizatio	n pay or accrue any compensatic	n			
	contingent on the re	venues of:					
а	The organization?				5a		X
b	Any related organization	ition?			5b		X
		r 5b, describe in Part III.					
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organizatio	n pay or accrue any compensatio	n			
	contingent on the n	et earnings of:					
а	The organization?				6a		X
b	Any related organization	ation?			6b		X
	If "Yes" on line 6a o	r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organizatio					
	not described on lin	es 5 and 6? If "Yes," describe in Part III			7		X
8	Were any amounts	eported on Form 990, Part VII, paid or accrued pursuant to	a contract that was subject to th	ne			
		otion described in Regulations section 53.4958-4(a)(3)? If "			8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption p	procedure described in				
	Regulations section				9		
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.		Schedule	J (Forr	n 990)) 2021

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Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANNE STEPTOE	(i)	155,055.	0.	0.	Ο.	0.	155,055.	0
СМО, ССНС	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

56-2274174

chedule J (Form 990) 2021	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174	Page
Part III Supplemental Informa	tion		
rovide the information, explanati	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and	for Part II. Also complete this part for any additional inform	nation.

Schedule J (Form 990) 2021

SCHEDU			Nonc	ash Contri	ibutions		OMB No.	545-004	47
(Form 99) Department of the Internal Revenue	e Treasury	Attach to Form 990).		n Form 990, Part IV, lines at the latest information.	29 or 30.	20 Open to Inspe	Publ	lic
Name of the	organizatio		1 0111000 10		the latest mornation.	Employer	identificati		
	0	CHARLOTTE COMMUNIT	TY HEALTH	CLINIC, INC.			56-227417		
Part I	Types of	Property		•		1			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash co	(d) d of determin ontribution a	•	:s
1 Art - W	orks of art				` ` `				
		asures							
		erests							
		ations							
		ehold goods							
		hicles							
		ty							
		ly traded							
		y held stock							
		rship, LLC, or							
trust in	terests	••••							
12 Securit		laneous							
		tion contribution -							
Historio	c structures								
14 Qualifie	ed conserva	tion contribution - Other							
	state - Resic								
16 Real es	state - Comr	mercial							
		r							
		l supplies	X	3,889	11,101	соят			
		ns							
	logical artif								
25 Other		FICE FURNIT)	X	1	42,170	RETAIL PRICE	3		
26 Other) (G3	(FT CARDS)	x	3	675.	CASH VALUE			
27 Other	• (M)	(SCELLANEOUS	x	166	312	RETAIL PRICE	3		
28 Other	► (_)							
	r of Forms		zation during	, the tax vear for co	ontributions	•			
		nization completed Form 82							
	Ũ	·		0				Yes	N
30a During	the year, di	id the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
-	-	ast three years from the date	-	• • • • •		-			
		for the entire holding period	•				30a		x
-		the arrangement in Part II.							
		tion have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	itions?	31		x
	-	tion hire or use third parties		-	-		·····		
	utions?			•	, , · · · · · · · · · · · · · · · · · ·		32a		x
	" describe i								
		didn't report an amount in c	column (c) fo	r a type of property	r for which column (a) is che	ecked.			
	e in Part II.			-,,,,,,-,-,-,-,-,-,-,-,-,-,-		,			
		Reduction Act Notice, see	the Instruct	tions for Form 000)	Scho	dule M (Forr	n 990	1 201

132141 11-17-21

art II	Supplemental Information. If is reporting in Part I, column (b), the r	Provide the information reconumber of contributions, the	quired by Part I, lines 30 ne number of items rece	Db, 32b, and 33, and whether the organiz eived, or a combination of both. Also con	ation nplete
	this part for any additional informatio	n			
12 11-17-2	1			Schedule M (For	n 990) 2

 $18531110 \ 131839 \ 074-077984$

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organizatio			r identification number 274174
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
SURROUNDING AREAS.			
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
DURING 2021, WE PI	LOTED THE PRIMARY CARE BEHAVIORAL HEALTH (PCBH) MODEL		
IN WHICH PRIMARY C	ARE PROVIDERS AND LICENSED CLINICAL SOCIAL WORKERS		
WORK TOGETHER TO T	REAT BEHAVIORAL HEALTH CONCERNS AS THEY ARISE DURING		
PRIMARY CARE VISIT	S. IT HAS PROVEN TO BE A MORE ACCESSIBLE AND		
EFFICIENT MANNER C	F PROVIDING BEHAVIORAL HEALTH SERVICES TO OUR PATIENT		
POPULATION. OUR CA	RE MANAGEMENT TEAM ALSO EXPANDED TO INCLUDE TWO		
SOCIAL WORKERS, WI	TH ONE SPECIALIZING IN HIV CARE AND PREVENTION. WE		
ALSO HIRED AN INSU	RANCE NAVIGATOR / PARALEGAL TO ASSIST OUR PATIENTS		
WHO MAY QUALIFY FC	R BENEFITS AND OTHER SPECIAL PROGRAMS. OUR DENTAL		
STAFF OFFICIALLY L	AUNCHED THEIR SCHOOL-BASED ORAL HEALTH PROGRAM THAT		
SERVES ELEMENTARY-	AGED STUDENTS AT SUGAR CREEK CHARTER SCHOOL WITH		
DENTAL CLEANINGS A	ND EDUCATION. THE CLINIC CONTINUES TO GROW AS WE PLAN		
TO OPEN ADDITIONAL	SATELLITE CLINICS IN EAST CHARLOTTE OVER THE NEXT		
THREE YEARS.			
FORM 990, PART VI,	SECTION B, LINE 11B:		
MANAGEMENT, FINANC	E COMMITTEE AND THEN TO BOARD FOR REVIEW AND APPROVAL		
PRIOR TO SUBMISSIC	N.		
FORM 990, PART VI.	SECTION B, LINE 12C:		
·	ANCE COMMITTEE. THE QUALITY AND COMPLIANCE COMMITTEE		
SHALL CONSIST OF A	T LEAST (3) DIRECTORS. THE QUALITY AND COMPLIANCE		
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	edule O (Form 990) 202 ⁻

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38

Schedule O (Form 990) 2021

Name of the organization CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	Employer identification numbe 56-2274174
COMMITTEE SHALL BE RESPONSIBLE FOR OPERATING AND MONITORING THE COMPLIANCE	
PROGRAM OF THE CORPORATION AND FOR MONITORING AND MAKING RECOMMENDATIONS	
FOR THE IMPLEMENTATION AND IMPROVEMENT OF THE QUALITY ASSURANCE/QUALITY	
IMPROVEMENT PROGRAM OF THE ORGANIZATION, INCLUDING WITHOUT LIMITATION	
PERIODIC QUALITY OF CARE AND COMPLIANCE AUDITS.	
FORM 990, PART VI, SECTION B, LINE 15:	
POWERS OF THE BOARD. THE BOARD OF DIRECTORS SHALL HAVE POWER AND AUTHORITY	
TO CARRY ON THE AFFAIRS OF THE CORPORATION AND IN SO DOING MAY ELECT OR	
APPOINT ALL NECESSARY OFFICERS OF THE CORPORATION; SHALL HIRE, ESTABLISH	
THE TERMS OF EMPLOYMENT (INCLUDING COMPENSATION AND DUTIES), EVALUATE,	
DISCIPLINE AND TERMINATE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION AS	
FURTHER SET FORTH BELOW;	
OFFICER, SELECT AND DISMISS THE CHIEF EXECUTIVE OFFICER, AND EVALUATE THE	
CHIEF EXECUTIVE OFFICER'S PERFORMANCE NOT LESS THAN ANNUALLY;	
COMPARABLE SALARY DATA IS OBTAINED FROM THE NACHC AND NCCHCA FOR	
CONSIDERATION BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTUAL SERVICES:	
PROGRAM SERVICE EXPENSES 50,298.	
132212 11-11-21 39	Schedule O (Form 990) 202

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2021.05000 CHARLOTTE COMMUNITY HEALT 074-0771

Page **2**

Name of the organization CHARLOTTE COMMUNITY HEALTH CLINIC, INC.		Employer identification num 56-2274174
		50-22/41/4
IANAGEMENT AND GENERAL EXPENSES	288,770.	
FUNDRAISING EXPENSES	1,238.	
TOTAL EXPENSES	340,306.	
PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	65,458.	
MANAGEMENT AND GENERAL EXPENSES	131,606.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	197,064.	
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	537,370.	
FORM 990 PART XII, LINE 2C NO CHANGES SINCE PRIOR YEAR.		
32212 11-11-21		Schedule O (Form 990)

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships > Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. > Attach to Form 990. > Department of the Treasury Internal Revenue Service > Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization										
Name of the organiza	CHARLOTTE COMMUNITY	HEALTH CLINIC, INC.				Employer identification number 56-2274174				
Part I Identifica	tion of Disregarded Entities. Comple	ete if the organization answered "Yes" of	on Form 990, Part IV, line 33.							
	(a) dress, and EIN (if applicable) f disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year ass	(f) Direct controlling entity				
		_								

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CHARLOTTE COMMUNITY HEALTH CLINIC FOUNDATION					CHARLOTTE		
INC - 47-3598283, 8401 MEDICAL PLAZA DRIVE,					COMMUNITY HEALTH		
SUITE 300, CHARLOTTE, NC 28262	SUPPORTING ORGANIZATION	NORTH CAROLINA	501(C)(3)	LINE 12B, II	CLINIC	x	
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

56-2274174 Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	· ,									
(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	tions?	amount in box 20 of Schedule	managi partner	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
										+
										+
	(b)	Primary activity Legal domicile (state or foreign	(b) (c) (d) Primary activity Legal domicile (state or foreign Direct controlling entity	(b) (c) (d) (e) Primary activity Legal domicile (state or foreign predominant income (related, unrelated, excluded from tax under	(b) (c) (d) (e) (f) Primary activity Legal domicile (state or for prime) Direct controlling entity Predominant income (related, unrelated, excluded from tax under for tax und	(b) (c) (d) (e) (f) (g) Primary activity Legal domicile (state or region Direct controlling entity Predominant income (related, unrelated, excluded from tax under end-of-year assets) Share of total income (related, unrelated, excluded from tax under end-of-year assets) Share of total income (related, unrelated, excluded from tax under end-of-year assets)	(b) (c) (d) (e) (f) (g) (l) Primary activity Legal domicile (state or toring entity) Direct controlling entity Predominant income (related, unrelated, under income excluded from tax under income) Share of total income end-of-year assets Direct controlling entity	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or toring entity) Direct controlling entity Predominant income (related, unrelated, excluded from tax under end-of-year assets Share of total income end-of-year assets Disproportionate allocations?	(b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal domicile (state or restring Direct controlling entity Predominant income (related, unrelated, excluded from tax under) Share of total income Share of end-of-year assets Disproportionate allocations? Code V-UBI amount in box 20 of Schedule	(b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity Legal domicile (state or propertion) Direct controlling entity Predominant income (related, unrelated, excluded from tax under excluded from tax unde

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
								<u> </u>	<u> </u>
								<u> </u>	<u> </u>
								<u> </u>	<u> </u>

hedule R (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174		Pag
art V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	;
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
Loans or loan guarantees to or for related organization(s)	1d	x	
Loans or loan guarantees by related organization(s)	1e		
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1 m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
Sharing of paid employees with related organization(s)	10		
Reimbursement paid to related organization(s) for expenses	1 p		
Reimbursement paid by related organization(s) for expenses			
			1
Other transfer of cash or property to related organization(s)	<u>1r</u>		\downarrow
Cher transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on w	no must complete tr	ils line, including covered r	elationships and transaction thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2021 CHARLOTTE COMMUNITY HEALTH CLINIC, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)		h)	(i)	(j		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501(org	e all rs sec. c)(3) ls.?	Share of total income	Share of end-of-year assets	tic alloc	ropor- inate ations?	amount in box 20 of Schedule K-1	Gener mana partr	al or Per ^{ging} er? Ow	rcentaç /nershi
		country	sections 512-514)	Yes	No	lincome	455615	Yes	No	(Form 1065)	Yes	NO	
	_												
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Schedule R (Form 990) 2021

hedule R (Form 990) 2021 C Part VII Supplemental Informa	HARLOTTE COMMUNITY	HEALTH CLINIC,	INC.	56-2274174	Page 5
Provide additional informatio	n for responses to quest	ions on Schedule R.	See instructions.		
5 11-17-21				Schedule R (Forn	n 990) 202.
		45			
10 131839 074-07798	84	2021.0500	0 CHARLOTTE	COMMUNITY HEALT	074-0

 $18531110 \ 131839 \ 074-077984$



CliftonLarsonAllen LLP CLAconnect.com

MS. CAROLYN ALLISON, CEO CHARLOTTE COMM. HEALTH CLINIC FOUNDATION

FORM 990-EZ INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2021



CliftonLarsonAllen LLP CLAconnect.com

Ms. Carolyn Allison, CEO Charlotte Comm. Health Clinic Foundation 8401 MEDICAL PLAZA DRIVE SUITE 300 CHARLOTTE, NC 28262

Dear Carolyn:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning, 2021, and ending	^{, 20} — 2021
Department of the Treasury	Do not send to the IRS. Keep for your records.	2021
Internal Revenue Service	► Go to www.irs.gov/Form8879TE for the latest information.	EIN or SSN
FOUNDATIO		47-3598283
Name and title of officer or pe	-	
	CEO	
Part I Type of	Return and Return Information	
Form 5330 filers may enter or 10a below, and the amo	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, from r dollars and cents. For all other forms, enter whole dollars only. If you check the box on bount on that line for the return being filed with this form was blank, then leave line 1b , 2b ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a o, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h		
2a Form 990-EZ che		
3a Form 1120-POL		
4a Form 990-PF che		
5a Form 8868 check		
6a Form 990-T check 7a Form 4720 check		
8a Form 5227 check		7b 8b
9a Form 5330 check		9b
10a Form 8038-CP ch		
	ion and Signature Authorization of Officer or Person Subject to Tax	x
Under penalties of perjury,	I declare that X I am an officer of the above entity or I am a person subject to	tax with respect to (name
of entity)	, (EIN) an	d that I have examined a copy of the
financial institution to debi later than 2 business days payment of taxes to receiv	ution account indicated in the tax preparation software for payment of the federal taxes of t the entry to this account. To revoke a payment, I must contact the U.S. Treasury Finan- prior to the payment (settlement) date. I also authorize the financial institutions involved e confidential information necessary to answer inquiries and resolve issues related to the ober (PIN) as my signature for the electronic return and, if applicable, the consent to elec	cial Agent at 1-888-353-4537 no in the processing of the electronic e payment. I have selected a
	FTONLARSONALLEN LLP to	o enter my PIN 77984
	ERO firm name	Enter five numbers, but
with a state age on the return's c As an officer or return. If I have i	on the tax year 2021 electronically filed return. If I have indicated within this return that a ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor lisclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(ies) rogram, I will enter my PIN on the return's disclosure consent screen.	e tax year 2021 electronically filed
Signature of officer or person subject		Date 🕨
	tion and Authentication	
-	ur six-digit electronic filing identification	
number (EFIN) followed by	your five-digit self-selected PIN. 56247928202 Do not enter all zeros	
-	neric entry is my PIN, which is my signature on the 2021 electronically filed return indicates entry is my PIN, which is my signature on the 2021 electronically filed return indicates entry is marked on the requirements of Pub. 4163 , Modernized e-File (MeF) Information for <i>A</i>	
ERO's signature 🕨 JOHN	NORMAN Date ► 10/3	31/22
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.	Form 8879-TE (2021)
102521 01-11-22		

Form	.99	90-EZ	Short Form Return of Organization Exempt	Fr	om Income	Ta	×	0	MB No. 1545-0047
FUIII			Under section 501(c), 527, or 4947(a)(1) of the Internal Rever					3	2021
							unone	,	
		of the Treasury	 Do not enter social security numbers on this for Go to www.irs.gov/Form990EZ for instructions 						Open to Public Inspection
		enue Service		unu		5111			mopound
B C	heck if		year, or tax year beginning ame of organization		and ending	D Emp	lover i	dentificati	ion number
a	pplicat		ARLOTTE COMMUNITY HEALTH CLINIC				loyer i	uentinoati	
	5		UNDATION INC.				17-35	98283	
	7	c change	ber and street (or P.O. box if mail is not delivered to street address)		Room/suite			number	
	Final return/ terminated 8401 MEDICAL PLAZA DRIVE SUITE 300					704-316-6561			
	-		or town, state or province, country, and ZIP or foreign postal code			F Grou	in Exe	mption	
	- -		ARLOTTE, NC 28262				nber 🕨	-	
G A		nting Method:	Cash X Accrual Other (specify) ►						ne organization is
IV	Vebsi	te: HTTP:	//CHARLOTTECOMMUNITYHEALTHCLINIC.ORG/			not	require	d to attac	h Schedule B
<u>J T</u>	ax-ex	empt status (ch	neck only one) — 🕱 501(c)(3) 🗌 501(c) ()◀(insert no.)	49	947(a)(1) or 527	(For	m 990).	
ΚF	orm c	of organization:	X Corporation Trust Association	Other					
LA	dd lin	ies 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more,	or if total assets (Part I	Ι,			
		<u>n (B)) are \$500,0</u>	000 or more, file Form 990 instead of Form 990-EZ e, Expenses, and Changes in Net Assets or Fund I	Dala)	<u>► \$</u>		0.
Ра	nrt I				,			,	
			organization used Schedule O to respond to any question in this Part I			<u></u>		<u></u>	X
	1		gifts, grants, and similar amounts received				1		
	2		ce revenue including government fees and contracts				2		
	3		ues and assessments				3		
	4		ome				4		
	5a b		from sale of assets other than inventory	5a 5b		_			
	c b		from sale of assets other than inventory (subtract line 5b from line 5a)			_	5c		
	6		ndraising events:						
	a	•	from gaming (attach Schedule G if greater than						
Revenue				6a					
eve	b		from fundraising events (not including \$	of cor	ntributions				
č		from fundraisir	ng events reported on line 1) (attach Schedule G if the sum of such						
		gross income a	and contributions exceeds \$15,000)	6b					
	c	Less: direct exp	penses from gaming and fundraising events	6c					
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract lir	ne 6c)		6d		
	7a		inventory, less returns and allowances	7a					
	b		oods sold	7b					
	C	Gross profit or	(loss) from sales of inventory (subtract line 7b from line 7a)				7c		
	8	Other revenue	(describe in Schedule O)				8		
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9		
	10		nilar amounts paid (list in Schedule O)				10		
	11 12	2 Salaries, other compensation, and employee benefits					11 12		
ses	12						13		
Expenses	14		it, utilities, and maintenance				14		
Ĕ	15	Printing, public	cations, postage, and shipping				15		
	16		s (describe in Schedule O)				16		
	17	-	s. Add lines 10 through 16				17		
	18		cit) for the year (subtract line 17 from line 9)				18		
Net Assets	19		und balances at beginning of year (from line 27, column (A))						
Ass		(must agree wi	th end-of-year figure reported on prior year's return)				19		-9.
let	20	Other changes	in net assets or fund balances (explain in Schedule 0) SEE	SCHE	EDULE O		20		214.
~	21		und balances at end of year. Combine lines 18 through 20				21		205.
LHA	For	Paperwork Red	luction Act Notice, see the separate instructions.					Form	990-EZ (2021)

132171 12-08-21

Form 990-F7 (2021) FOUNDATION INC.				
Form 990-EZ (2021) FOUNDATION INC.			47-3598	3283 Page 2
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to res				X
	`	A) Beginning of year		(B) End of year
22 Cash, savings, and investments		91.	22	305.
23 Land and buildings			23	
24 Other assets (describe in Schedule 0)		91.	24	0. 305.
25 Total assets		91. 100.	25	100.
		-9.	26 27	205.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishmen	nts (see the instruction		21	Expenses
Check if the organization used Schedule O to res	•	,		uired for section
What is the organization's primary exempt purpose? SEE SCHEDULE O				(c)(3) and 501(c)(4) inizations; optional for
Describe the organization's program service accomplishments for each of its three largest program s	ervices, as measured by expenses.	In a clear and concise	othe	
manner, describe the services provided, the number of persons benefited, and other relevant information				
28 SEE SCHEDULE O			_	
			_	
			_	
(Grants \$) If this amount includes foreign	grants, check here	🕨 [28a	
29			-	
			-	
(Crento ¢	aranta abaali bara			
(Grants \$) If this amount includes foreign 30	grants, check here	····· /	29a	
			-	
			-	
(Grants \$) If this amount includes foreign	grants, check here	🕨 [
(Grants \$) If this amount includes foreign	grants, check here	🕨 [31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	
Part IV List of Officers, Directors, Trustees, and Key E			e the instruct	ions for Part IV)
Check if the organization used Schedule O to res				·····
	(b) Average hours per week devoted to	compensation (Forms	 d) Health be contribution 	is to amount of other
(a) Name and title	position	W-2/1099-MISC/ 1099-NEC) p	employee be plans, and de	ferred compensation
CAROLYN ALLISON		(if not paid, enter -0-)	compensat	ion '
CEO	0.00	0.		
				0 0
				0. 0.
	-			0. 0.
	-			0. 0.
	-			0. 0.
	-			0. 0.
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CHARLOTTE COMMUNITY HEALTH CLINIC

Form	990-EZ (2021) FOUNDATION INC. 47-35982	83		Page 3
	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements		9	<u>-</u>
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
			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	33		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	34		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)?	35a		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 0	35b	N/A	
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	35c		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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	·		
	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 N/A	-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0.; section 4912 ▶ ; section 4955 ▶ 0.			
D	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	401		x
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958.			
Ч	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
u				
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
U	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed NONE	400		
	The organization's books are in care of \blacktriangleright CAROLYN ALLISON, CEO Telephone no. \blacktriangleright 704-316-	6561		
	Located at > 8401 MEDICAL PLAZA DRIVE SUITE 300, CHARLOTTE, NC ZIP + 4 > 2			
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		Yes	No
	account)?	42b		X
	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).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
	If "Yes," enter the name of the foreign country			
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	N/A		
		i		
			Yes	No
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			v
	of Form 990-EZ	44b		X
	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			
45 -	in Schedule 0	44d		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	456		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	00-57	(2024)
		Form 9	90-EZ	(2021)

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5	CHARLOTTE COMMUNITY H	EALTH CLINIC							
Form 990-EZ (2	021) FOUNDATION INC.					47-359828	3		Page 4
46 Did the or	ganization engage, directly or indirectly, in p	olitical campaign activities	on behalf of or i	n oppositio	to candidates for n	ublic office?		Yes	NO
If "Yes." c	omplete Schedule C. Part I						46		х
Part VI	Section 501(c)(3) Organization	s Only							
	All section 501(c)(3) organizations must	-		-					
	Check if the organization used Schedul	e O to respond to any o	question in this	Part VI				Yes	No
47 Did the or	ganization engage in lobbying activities or ha	ave a section 501(h) electi	on in effect durin	ig the tax ye	ar?]			
If "Yes," c	omplete Sch. C, Part II						47		х
	anization a school as described in section 17						48		X
49a Did the or h If "Ves" w	ganization make any transfers to an exempt ras the related organization a section 527 org	non-charitable related org	anization?				49a 49b		X
	this table for the organization's five highest							eived n	nore
-),000 of compensation from the organization			,	, , , ,				
	(a) Name and title of each employed	e	(b) Average		(C) Reportable compensation (Forms	(d) Health benefits contributions to	1 1) Estim	
	NON	F	per week dev positic		W-2/1099-MISC/ 1099-NEC)	employee benefit plans, and deferred		ount of mpensa	
	101				,	compensation	-	-	
							_		
organizati	this table for the organization's five highest on. If there is none, enter "None." NON ame and business address of each independ	E			Type of service			om the ensatior	1
d Total num	ber of other independent contractors each re	eceiving over \$100,000							
	ganization complete Schedule A? Note: All s		tions must attach	1 a					
· · · · ·	d Schedule A						X Ye		No
•	s of perjury, I declare that I have examined th nd complete. Declaration of preparer (other th				•	•	ge and	belief,	it is
		Ian Unicer) is Dased Un an	IIIIOIIIIalioII oi v	niich prepar	ei fias ally kilowieug	Je.			
Sign	Signature of officer					Date			
Here	CAROLYN ALLISON, CEO								
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Daid				Duit	self- emplo				
Paid Preparer	JOHN NORMAN	JOHN NORMAN		10/31/2	2	P0150	6766		
Use Only	Firm's name CLIFTONLARSONALLE				Firm's Ell				
-	Firm's address > 227 WEST TRADE	,			Phone no	0. 704-998-5	200		
May the IDC did	CHARLOTTE, NC 2 scuss this return with the preparer shown ab						X Ye		No
								90-EZ	

132174 12-08-21

19011110 131839 074-079187

SCHED (Form 99			omplete if the organ 494	rity Status an ization is a section 501 47(a)(1) nonexempt cha Attach to Form 990 or F	(c)(3) orga ritable tru	anization (Ist.			OMB No. 1545-0047
Internal Rever				/Form990 for instructio			nformation.		Inspection
Name of t	the organizati	on CHARLO	TTE COMMUNITY H	EALTH CLINIC				Employer	identification number
			TION INC.						47-3598283
Part I	Reason	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The organ	ization is not a	private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1	A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3 🔛	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state								
5				lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
			Complete Part II.)						
6	-		•	nental unit described in			.,		
7 📖	-		-	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general	oublic described in
•	-		omplete Part II.)						
8 🛄 9 🔲				(1)(A)(vi). (Complete Part	,	ad in aanii	nation with a	land grant	
9	-	-		in section 170(b)(1)(A)(i ulture (see instructions).		-		-	-
	university:	n a non-ianu-y	grant college of agrici			name, city	, and state of	the college	
10		on that norma	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, an	d aross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro					-
			mplete Part III.)						
11	An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12 X	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a thro	ugh 12d that (describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
a X	Type I. A si	upporting orga	anization operated, su	upervised, or controlled I	by its supp	ported org	anization(s), t	ypically by	giving
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	¬ -		complete Part IV, Se						
b 🗌			-	or controlled in connect			-		•
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	¬ ~	. ,	t complete Part IV,						
с		-	• • •	g organization operated i). You must complete F				ny megrate	ed with,
d		0	.,.,,	orting organization oper			-	ted organi [.]	zation(s)
u	••	-	• •	ation generally must sati				•	
		-		nplete Part IV, Sections	-		-		
e	-			written determination from				II, Type III	
	functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f Ente	er the number o	of supported o	organizations						1
			about the supporte			ainstin a listed			
(i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	support (see ii	istructions)	
	FE COMMUNIT	Y HEALTH	56 0054154	10				0	
CLINIC			56-2274174	10	X			0.	0.
Total								0.	0.

CHARLOTTE COMMUNITY HEALTH CLINIC

Sch		DUNDATION INC.		LINIC		47-35982	283 Page 2
	rt II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	I 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify u	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	II.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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.						
	ction B. Total Support		1		1	L	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4			(0) = 0 + 0			(1) 1 0 101
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
13	First 5 years. If the Form 990 is for th		,			· · · ·	
	organization, check this box and sto				-		▶□
Sec	ction C. Computation of Publi						F
	Public support percentage for 2021 (I		-	column (f))		14	%
15	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	~	
b	10% -facts-and-circumstances test	-				17a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circi						
<u>18</u>	Private foundation. If the organization		-				
						Schedule A	(Form 990) 2021

CHARLOTTE COMMUNITY HEALTH CLINIC

Schedule A	(Form 990) 2021	FOUNDATION INC.	47-3598283	Pa
Part III	Support Schedule for	Organizations Described in Section	n 509(a)(2)	
	(Complete only if you check	ed the box on line 10 of Part I or if the organiza	tion failed to qualify under Part II. If the organization fails	s to
	qualify under the tests listed	below, please complete Part II.)		

Sec	tion A. Public Support	· · · ·	ł.				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						<u> </u>
D	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_							<u> </u>
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	Lon organization's fi	I	fourth or fifth tax	Vear as a section 5	1	l
14	-	-					
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Invest					1.01	
	Investment income percentage for 20			ne 13. column (f))		17	%
18						18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
-	23 01-04-22						ule A (Form 990) 2021
			9				

CHARLOTTE COMMUNITY HEALTH CLINIC

No

Х

Х

x

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x

Yes

Х

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9<u>a</u>

9b

9c

10a

Schedule A (Form 990) 2021 Part IV Supporting Organizations

FOUNDATION INC.

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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 line 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.)

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132024 01-04-21

10b Schedule A (Form 990) 2021

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		CHARLOTTE COMMUNITY HEALTH CLINIC			
hedule A	(Form 990) 2021	FOUNDATION INC.	47-3598283	Pa	age
Part IV	Supporting Orga	nizations (continued)			
				Yes	I
Has t	the organization accepte	d a gift or contribution from any of the following persons?			
a A per	rson who directly or indir	rectly controls, either alone or together with persons described on lines 11b and			
11c t	below, the governing boo	dy of a supported organization?	11a		
		described on line 11a above?	11b		Γ
	•	person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			Γ
	<i>in</i> Part VI.		11c		Г
ction	B. Type I Supportir	ng Organizations			-
	,, ,,			Yes	
Did H	ho govorning hody mor	bers of the governing body, officers acting in their official capacity, or membership of o	no or	103	Ľ
		s have the power to regularly appoint or elect at least a majority of the organization's off			
		nes during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
effec	tively operated, supervise	ed, or controlled the organization's activities. If the organization had more than one supp			
•		e powers to appoint and/or remove officers, directors, or trustees were allocated among		x	F
	-	what conditions or restrictions, if any, applied to such powers during the tax year.	1		┢
		for the benefit of any supported organization other than the supported			
		supervised, or controlled the supporting organization? If "Yes," explain in			
		enefit carried out the purposes of the supported organization(s) that operated,			F
supe	<u>rvised, or controlled the :</u> C. Type II Supporti	supporting organization.	2		L
CUOIT	c. Type if Support	ng Organizations		1	—
				Yes	
		zation's directors or trustees during the tax year also a majority of the directors			
or tru	istees of each of the org	anization's supported organization(s)? If "No," describe in Part VI how control			
	o 11	rting organization was vested in the same persons that controlled or managed			
the s	upported organization(s).		1		
ction	D. All Type III Supp	oorting Organizations			_
				Yes	
Did tl	he organization provide	to each of its supported organizations, by the last day of the fifth month of the			
orgar	nization's tax year, (i) a w	ritten notice describing the type and amount of support provided during the prior tax			
year,	(ii) a copy of the Form 9	90 that was most recently filed as of the date of notification, and (iii) copies of the			
orgar	nization's governing doc	uments in effect on the date of notification, to the extent not previously provided?	1		
Were	any of the organization'	s officers, directors, or trustees either (i) appointed or elected by the supported			
orgar	nization(s) or (ii) serving o	on the governing body of a supported organization? If "No," explain in Part VI how			
		close and continuous working relationship with the supported organization(s).	2		
	0	described on line 2, above, did the organization's supported organizations have a			Γ
		zation's investment policies and in directing the use of the organization's			
		during the tax year? If "Yes," describe in Part VI the role the organization's			
	orted organizations playe		3		Г
ction	E. Type III Function	nally Integrated Supporting Organizations			-
		thod that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
a 🗌		ed the Activities Test. Complete line 2 below.	astions).		
b	-	parent of each of its supported organizations. Complete line 3 below.			
		- 1			
		orted a governmental entity. Describe in Part VI how you supported a governmental entitient of the bolow.	ty (see instruction		Γ.
	ities Test. Answer lines			Yes	μ
		panization's activities during the tax year directly further the exempt purposes of			
the s	upported organization(s)	to which the organization was responsive? If "Yes " then in Part VI identify			1

- 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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. 132025 01-04-22

11

3b Schedule A (Form 990) 2021

2a

2b

3a

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	CHARLOTTE COMMUNITY HEALTH CLINIC	2		
	ule A (Form 990) 2021 FOUNDATION INC.			47-3598283 Pa
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain</i>	in Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	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 F	Portion of operating expenses paid or incurred for production or			
C	collection of gross income or for management, conservation, or			
r	naintenance 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		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d	Fotal (add lines 1a, 1b, and 1c)	1d		
еľ	Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5 1	Vet value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Vinimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	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-function	-	d Type III supporting or	rganization (see

instructions).

Schedule A (Form 990) 2021

	CHARLOTTE COMMUNITY	HEALTH CLINIC		
Sche	dule A (Form 990) 2021 FOUNDATION INC.			47-3598283 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u> i </u>	Carryover from 2016 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
-				

Schedule A (Form 990) 2021

CHARLOTTE COMMUNITY HEALTH CLINIC

Schedule A	(Form 990) 2021	FOUNDATION INC.		47-3598283	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explanation , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9d lines 2 and 3; Part IV, Section E, lin	ns required by Part II, line 10; Part II, line 17a c c, 11a, 11b, and 11c; Part IV, Section B, lines nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part , and 6. Also complete this part for any addition	1 and 2; Part IV, Section V, Section B, line 1e; Part	C,
132028 01-04-2	2		11	Schedule A (Form 9	90) 2021

14 2021.05000 CHARLOTTE COMMUNITY HEALT 074-0791

19011110 131839 074-079187

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ 0MB No. 1545-0047
Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information. CHARLOTTE COMMUNITY HEALTH CLINIC	Inspection Employer identification number
	FOUNDATION INC.	47-3598283
FORM 990-EZ, PART 1	I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSE	ETS OR FUND BALANCES: AMOUNT:	
INCREASE IN CASH	214.	
FORM 990-EZ, PART 1	II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION	BEG. OF YEAR END OF YEAR	
DUE TO CCHC	100. 100.	
FORM 990-EZ, PART	III, PRIMARY EXEMPT PURPOSE - TO SUPPORT THE MISSION OF	
THE CHARLOTTE COMMU	JNITY HEALTH CLINIC.	
FORM 990-EZ, PART 1	III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:	
THE FOUNDATION EXIS	STS TO RAISE FUNDS FOR CHARLOTTE	
COMMUNITY HEALTH CI	LINIC WHO USES THESE FUNDS TO FULFILL	
ITS CHARITABLE PURE	POSE OF PROVIDING HEALTH CARE TO LOW	
INCOME AND UNINSURE	ED MEMBERS OF THE COMMUNITY. FUNDRAISING ACTIVITIES	
WILL INCLUDE INDIV	IDUAL, BUSINESS AND CORPORATE SOLICITATIONS FOR	
MONETARY AND IN-KIN	ND SUPPORT, GRANT WRITING AND GRANT REPORTING,	
PLANNING AND CONDUC	TING FUNDRAISING EVENTS AND FACILITATING LEGACY	
GIVING PROGRAMS.		
THE ORGANIZATION IS	S CURRENTLY INACTIVE.	
FORM 990-EZ, PART V	/, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:	
THE ORGANIZATION D	ID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,	
OR INDIRECTLY, TO B	PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
· · · ·	DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

19011110 131839 074-079187

15

Schedule O (Form 990) 2021 Name of the organization	CHARLOTTE COMMUNITY HEALTH CLINI	3	Employer identification number
	FOUNDATION INC.		47-3598283
	PROVAL PENEETE COMPAGE		
OR INDIRECTLY, ON A P	ERSONAL BENEFIT CONTRACT.		
			Only and the O /F
132212 11-11-21	1	.6	Schedule O (Form 990) 202
L1110 131839 07	74-079187 2021	.05000 CHARLOTTE CO	MMUNITY HEALT 074-

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Forn	99	90-EZ	Short Form Return of Organization Exempt	t Fr	om Income	Tax	OMB No. 1545-0047
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reven	nue C	ode (except private	foundations	
			Do not enter social security numbers on this for	m, as	it may be made put	blic.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990EZ for instructions	and	the latest information	on.	Inspection
A F	or the	e 2021 calendar	r year, or tax year beginning		and ending		
B C	heck if pplicab	0 N	ame of organization			D Employer i	dentification number
	٦		ARLOTTE COMMUNITY HEALTH CLINIC				
	Name	e enunge	UNDATION INC.				98283
	Initial	roturn/	nber and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone	
		nated 84	01 MEDICAL PLAZA DRIVE SUITE 300			704-31	
	Amer	idea retaini	or town, state or province, country, and ZIP or foreign postal code			F Group Exe	•
		anon ponung	ARLOTTE, NC 28262			Number	
		nting Method:	Cash X Accrual Other (specify) ►			-	X if the organization is
		· · ·		10	947(a)(1) or 527	(Form 990	ed to attach Schedule B
				45 Other	947(a)(1) or 527).
		0	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or		or if total assets (Part I	l.	
							0.
	irt I	Revenue	000 or more, file Form 990 instead of Form 990-EZ e, Expenses, and Changes in Net Assets or Fund	Bala	nces (see the instru	uctions for Par	tl)
		Check if the	organization used Schedule O to respond to any question in this Part I				X
	1	Contributions,	gifts, grants, and similar amounts received			1	
	2		ce revenue including government fees and contracts				
	3		lues and assessments				
	4		come			4	
	5a		from sale of assets other than inventory	5a			
	b		other basis and sales expenses	5b			
	c	. ,				<u>5</u> c	
	6	•	Indraising events:				
en	a	* · = • • • •	from gaming (attach Schedule G if greater than	6a	I		
Revenue	ь	. , ,	from fundraising events (not including \$		ntributions		
Re			ng events reported on line 1) (attach Schedule G if the sum of such	01 001	naibutions		
			and contributions avceads \$15,000)	6b			
	c	-	penses from gaming and fundraising events	6c			
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and subl		ne 6c)	6d	
	7a		inventory, less returns and allowances	7a	/		
	b		joods sold	7b			
	c	Gross profit or	r (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	Other revenue	(describe in Schedule 0)			8	
	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	
	10		nilar amounts paid (list in Schedule O)				
	11	Benefits paid t	o or for members			11	
ses	12		compensation, and employee benefits				
Expenses	13		ees and other payments to independent contractors				
ЕXр	14		nt, utilities, and maintenance				
	15 16		cations, postage, and shippings (describe in Schedule O)				
	10		s (describe in Schedule O) s. Add lines 10 through 16				
	18		icit) for the year (subtract line 17 from line 9)			- E	
ets	19		fund balances at beginning of year (from line 27, column (A))				
Ass	-		ith end-of-year figure reported on prior year's return)			19	-9.
Net Assets	20		in net assets or fund balances (explain in Schedule 0) SEE			20	214.
2	21		fund balances at end of year. Combine lines 18 through 20			▶ 21	205.
LHA	For	Paperwork Red	duction Act Notice, see the separate instructions.				Form 990-EZ (2021)

132171 12-08-21

	CHARLOTTE COMMUNITY HEALTH CLINIC	2					
_	m 990-EZ (2021) FOUNDATION INC.				47-	3598283	Page 2
Pa	art II Balance Sheets (see the instructions for Par						
	Check if the organization used Schedule O to	respond to any que	estion	in this Part II		<u></u>	X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments			91	• 22		305.
23	B Land and buildings				23		
24					24		0.
25				91	• 25		305.
26				100	• 26		100.
_27	<u>Net assets or fund balances (line 27 of column (B) must agree with lire</u>	ne 21)		- 9	• 27		205.
P	art III Statement of Program Service Accomplish	•					(penses
	Check if the organization used Schedule O to	o respond to any que	estion	in this Part III	X		for section and 501(c)(4)
Wh	at is the organization's primary exempt purpose? SEE SCHEDULE O					organizati	ons; optional for
	cribe the organization's program service accomplishments for each of its three largest pro			n a clear and concise		others.)	
man	ner, describe the services provided, the number of persons benefited, and other relevant	information for each program title					
28	SEE SCHEDULE O						
	(Grants \$) If this amount includes for	reign grants, check here		▶		28a	
29							
					_		
	(Grants \$) If this amount includes for	reign grants, check here		>		29a	
30							
				`		200	
0.4	(Grants \$) If this amount includes for					30a	
31						210	
20	(Grants \$) If this amount includes for					31a 32	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Ke	ev Emplovees (list o			🚩	JZ	r Part IV
	Check if the organization used Schedule O to						
		(b) Average ho			 (d) не	ealth benefits,	(e) Estimated
	(a) Name and title	per week devote		compensation (Forms W-2/1099-MISC/	` ćonti	ributions to oyee benefit	amount of other
	(u) Name and the	position		1099-NEC) (if not paid, enter -0-)	plans,	and deferred	compensation
CAI	ROLYN ALLISON						
CEC	0	0.00		0.		0.	0.
							<u> </u>
						_	000 57

132172 12-08-21

Form **990-EZ** (2021)

CHARLOTTE COMMUNITY HEALTH CLINIC

Form	990-EZ (2021) FOUNDATION INC. 47-359828	3		Page 3
	int V Other Information (Note the Schedule A and personal benefit contract statement requirements			raye o
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
			Yes	
			162	
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 0	33		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	34		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)?	35a		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 0	35b	N/A	
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	35c		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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
	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		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/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 D .			
е	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 NONE			
	The organization's books are in care of CAROLYN ALLISON, CEO Telephone no. > 704-316-6	561		
	Located at > 8401 MEDICAL PLAZA DRIVE SUITE 300, CHARLOTTE, NC ZIP + 4 > 24			
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		Yes	No
	account)?	42b		X
	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).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
	If "Yes," enter the name of the foreign country			-
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	N/A		
		[Yes	No
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
	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
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
2	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-F7	(2021)
				(-321)

132173 12-08-21

Form 990-EZ (2	021) CHARLOTTE COMMUNITY H	EALTH CLINIC					47-3	3598283		F	age 4
	,									/es	
	ganization engage, directly or indirectly, in p										
If "Yes," co	omplete Schedule C, Part I	- 0 - 1							46		Х
	Section 501(c)(3) Organization					<i>.</i>					
	All section 501(c)(3) organizations must Check if the organization used Schedule	-		-							
	Check if the organization used Schedule	e o to respond to any	question in this	Part VI.						/es	No
7 Did the or	ganization engage in lobbying activities or ha	ve a section 501(h) elect	ion in effect durin	id the tax ve	ear?			Г			
	omplete Sch. C, Part II	()		•				L	47		х
	anization a school as described in section 17								48		Х
	ganization make any transfers to an exempt								49a		Х
	as the related organization a section 527 org								49b		
	this table for the organization's five highest of			rs, director	s, trustees,	and key en	nployee	s) who ea	ch recei	ved m	ore
than \$100	0,000 of compensation from the organization.						(4)				
	(a) Name and title of each employee	•	(b) Average per week dev		compensa	portable ition (Forms	` contril	alth benefits, butions to	amou	Estima nt of	
	NON	2	positio			99-MISC/ I-NEC)	plans, a	yee benefit and deferred		pensa	
	NON	<u>_</u>	•		+		comp	pensation			
complete	ber of other employees paid over \$100,000 this table for the organization's five highest o			• each recei	ived more t	han \$100,0)00 of co	ompensati	on from	the	
51 Complete organizati		compensated independen E			ived more t) Type of se)00 of co		on from		
1 Complete organizati	this table for the organization's five highest on . If there is none, enter "None." NON	compensated independen E					000 of co				
1 Complete organizati	this table for the organization's five highest on . If there is none, enter "None." NON	compensated independen E					000 of co				
51 Complete organizati	this table for the organization's five highest on . If there is none, enter "None." NON	compensated independen E					000 of co				
51 Complete organizati	this table for the organization's five highest on . If there is none, enter "None." NON	compensated independen E					000 of co				
51 Complete organizati	this table for the organization's five highest on . If there is none, enter "None." NON	compensated independen E					000 of co				
1 Complete organizati	this table for the organization's five highest on . If there is none, enter "None." NON	compensated independen E					000 of co				
51 Complete organizati	this table for the organization's five highest on . If there is none, enter "None." NON	compensated independen E					000 of co				
51 Complete organizati	this table for the organization's five highest on . If there is none, enter "None." NON	compensated independen E					000 of co				
i1 Complete organizati (a) N	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ	compensated independen					000 of co				
61 Complete organizati (a) N	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ	compensated independen	t contractors who	(b			000 of co				
61 Complete organizati (a) N (a) N (a) N (a) N (a) N (a) N (a) N (a) N (a) N (a) N (c) N (this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ of the state of each independent state of other independent contractors each re- ganization complete Schedule A? Note: All s	compensated independen	t contractors who	(b			000 of co	(c) (C	Compens		
1 Complete organizati (a) N (a) N (a) N (b) N (c) N (c	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ of business address of each independ solution complete schedule A? Note: All s of Schedule A	compensated independen ent contractor co	t contractors who	(b) Type of se			(c) C	Compens Yes		
1 Complete organizati (a) N (a) N (a) N (a) N (c) N (c	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independed where of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A of perjury, I declare that I have examined thi	compensated independen ent contractor ceiving over \$100,000 ection 501(c)(3) organiza s return, including accon	t contractors who	(b) Type of se	ervice	st of my	(c) C	Compens Yes		
1 Complete organizati (a) N (a) N (a) N (a) N (c) N (c	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ ber of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A of perjury, I declare that I have examined this ad complete. Declaration of preparer (other the	compensated independen ent contractor ceiving over \$100,000 ection 501(c)(3) organiza s return, including accon	t contractors who	(b) Type of se	ervice	st of my	(c) C	Compens Yes		
d Total num 2 Did the or completed 3 Total num 3 Did the or completed 3 Jnder penalties rue, correct, an 3 Sign	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independed where of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A of perjury, I declare that I have examined thi	compensated independen ent contractor ceiving over \$100,000 ection 501(c)(3) organiza s return, including accon	t contractors who	(b) Type of se	ervice	st of my	(c) C	Compens Yes		
1 Complete organizati (a) N (a) N (a) N (a) N (a) N (c) N (c	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ where of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A	compensated independen ent contractor ceiving over \$100,000 ection 501(c)(3) organiza s return, including accon	t contractors who	(b) Type of se	ervice	st of my e.	(c) C	Compens Yes		
d Total num 2 Did the or completed 1 days of the or completed 2 days of the or completed 2 days of the or completed 3 days of the	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ where of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A	compensated independen ent contractor ent contractor ceiving over \$100,000 ection 501(c)(3) organiza s return, including accon ian officer) is based on al	t contractors who	(b) Type of se	ervice	st of my e. Date	Knowledg	Compens Yes		
d Total num 2 Did the or completed 3 Total num 3 Did the or completed 3 Jnder penalties rue, correct, an 3 Sign	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ where of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A	compensated independen ent contractor ceiving over \$100,000 ection 501(c)(3) organiza s return, including accon	t contractors who	(b) Type of se	ervice	st of my e. Date	(c) C	Compens Yes		
d Total num 2 Did the or completed 3 Did the or completed Juder penalties rue, correct, an Sign Here	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ ber of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A of perjury, I declare that I have examined thind complete. Declaration of preparer (other the Signature of officer CAROLYN ALLISON, CEO Type or print name and title Print/Type preparer's name	compensated independen ent contractor ceiving over \$100,000 ection 501(c)(3) organiza s return, including accon an officer) is based on al Preparer's signature	t contractors who	(b) Type of se	ervice	st of my e. Date	(c) C . ► X knowledg PTIN	The second secon		No
d Total num 2 Did the or completed 3 Total num 2 Did the or completed 3 Juder penalties 7 rue, correct, an 3 Sign Here	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independed where of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A	ent contractor ent contractor eceiving over \$100,000 ection 501(c)(3) organization s return, including accon an officer) is based on al Preparer's signature JOHN NORMAN	t contractors who	(b) Type of se	ervice	st of my e. Date	(c) C	The second secon		No
d Total num d Total num 2 Did the or completed Juder penalties rue, correct, an Sign Here	this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independ ber of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A	ent contractor ent contractor	t contractors who	(b) Type of se	ervice	t of my e. Date Date	(c) C . ► X knowledg PTIN P01500 41-0746	Yes e and b 5766 749		No
51 Complete organizati (a) N (a) N (a) N (a) N (a) N (a) N (a) N (a) N (a) N (c) N (this table for the organization's five highest of on. If there is none, enter "None." NON ame and business address of each independed where of other independent contractors each re- ganization complete Schedule A? Note: All s d Schedule A	Compensated independen ent contractor acceiving over \$100,000 ection 501(c)(3) organiza s return, including accon an officer) is based on al Preparer's signature JOHN NORMAN IN LLP STREET, SUITE 800	t contractors who	(b) Type of se	ervice	t of my e. Date Date	(c) C	Yes e and b 5766 749		No

Form 990-EZ (2021)	
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132174 12-08-21

SCHED (Form 99		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.							OMB No. 1545-0047
Internal Rever			Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection
Name of t	the organizati	on CHARLO	TTE COMMUNITY H	EALTH CLINIC				Employer	identification number
			TION INC.						47-3598283
Part I	Reason	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The organ	ization is not a	private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1	A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 🔛	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state								
5				lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
			Complete Part II.)						
6	-		•	nental unit described in			.,		
7 📖	-		-	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general	oublic described in
•	-		omplete Part II.)						
8 🛄 9 🔲				(1)(A)(vi). (Complete Part	,	ad in aanii	nation with a	land grant	
9	-	-		in section 170(b)(1)(A)(i ulture (see instructions).		-		-	-
	university:	n a non-ianu-y	grant college of agrici			name, city	, and state of	the college	
10		on that norma	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, an	d aross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro					-
			mplete Part III.)						
11	An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12 X	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a thro	ugh 12d that (describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
a X	Type I. A si	upporting orga	anization operated, su	upervised, or controlled I	by its supp	ported org	anization(s), t	ypically by	giving
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	¬ -		complete Part IV, Se						
b 🗌			-	or controlled in connect			-		•
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	¬ ~	. ,	t complete Part IV,						
с		-	• • •	g organization operated i). You must complete F				ily integrate	ed with,
d		0	.,.,,	orting organization oper			-	ted organi [.]	zation(s)
u	••	-	• •	ation generally must sati				•	
		-		nplete Part IV, Sections	-		-		
e	-			written determination from				II, Type III	
	functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f Ente	er the number o	of supported o	organizations						1
			about the supporte			ainstin a listed			
(i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	support (see ii	istructions)	
	FE COMMUNIT	Y HEALTH	56 0054154	10				0	
CLINIC			56-2274174	10	X			0.	0.
Total								0.	0.

CHARLOTTE COMMUNITY HEALTH CLINIC

		HARLOTTE COMMU		DINIC		45 2500	
		OUNDATION INC.		Continue 170/		47-35982	i ugo 🗖
Ра	rt II Support Schedule for	-		-			-
	(Complete only if you checke			•	n failed to qualify u	inder Part III. If the	organization
_	fails to qualify under the tests	s listed below, plea	se complete Part I	11.)			
Sec	tion A. Public Support	1	1	1	1	1	Г
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
5	The portion of total contributions						
Ū	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.						
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(0) Tabal
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the o					ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	-			•		
	more, and if the organization meets th	-					/ • •.
	organization meets the facts-and-circl						
18	Private foundation. If the organization		-				
			257 617 110 10, 10	<u>., 100, 110, 01 111</u>			Form 990) 2021
						A	······································

Schedule A (Form 990) 2021

CHARLOTTE COMMUNITY HEALTH CLINIC

FOUNDATION INC.

47-3598283 Page **3**

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
10	3 received from disgualified 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								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support							·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(6) 2021	(f) Total	
	Amounts from line 6	(0) 2017		(0) 2010	(0) 2020		12021		
	Gross income from interest,								
100	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
L.	(less section 511 taxes) from businesses								
	,								
_									
11	Add lines 10a and 10b Net income from unrelated business								
•••	activities not included on line 10b,								
	whether or not the business is								
40	regularly carried on				+				
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	•		-			•	· .	
<u> </u>	check this box and stop here							►[
	ction C. Computation of Public								
	Public support percentage for 2021 (I					15			<u>%</u>
	Public support percentage from 2020 ction D. Computation of Invest					16			%
				10 1 (0)					
	Investment income percentage for 20					17			<u>%</u>
18	Investment income percentage from								%
19a	33 1/3% support tests - 2021. If the						, and line 17	r is not	
	more than 33 1/3%, check this box ar							►L	
b	33 1/3% support tests - 2020. If the								
	line 18 is not more than 33 1/3%, che							> l	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins			>	
13202	23 01-04-22						Schedule A	(Form 990) 2	2021

CHARLOTTE COMMUNITY HEALTH CLINIC

No Yes

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Schedule A (Form 990) 2021

FOUNDATION INC. Part IV Supporting Organizations

> (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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 line 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.)

132024 01-04-21

Х 2 Х 3a 3b 3c x 4a 4b 4c х 5a 5b <u>5c</u> Х 6 Х 7 Х 8 Х 9a Х 9b Х 9c 10a x 10b Schedule A (Form 990) 2021

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		CHARLOTTE COMMUNITY HEALTH CLINIC			
	A (Form 990) 2021	FOUNDATION INC.	47-3598283	Pa	age
Part IV	Supporting Orga	nizations (continued)			
				Yes	N
1 Has	the organization accepte	d a gift or contribution from any of the following persons?			
a Ape	erson who directly or indir	ectly controls, either alone or together with persons described on lines 11b and			
11c I	below, the governing boo	dy of a supported organization?	11a		2
b A far	mily member of a person	described on line 11a above?	11b		
c A 35	% controlled entity of a p	erson described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detai	<i>il in</i> Part VI.		11c		
ection	B. Type I Supportir	ng Organizations			
				Yes	I
1 Did t	the governing body, mem	bers of the governing body, officers acting in their official capacity, or membership of o	ne or		
more	e supported organization	s have the power to regularly appoint or elect at least a majority of the organization's of			
		nes during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ed, or controlled the organization's activities. If the organization had more than one supp			
•	,	e powers to appoint and/or remove officers, directors, or trustees were allocated among what conditions or restrictions, if any, applied to such powers during the tax year.	une 1	х	Г
		for the benefit of any supported organization other than the supported			
		supervised, or controlled the supporting organization? If "Yes." explain in			
-		enefit carried out the purposes of the supported organization(s) that operated,			
	ervised, or controlled the		2		Г
	C. Type II Supporti				-
				Yes	
Were	e a maiority of the organi:	zation's directors or trustees during the tax year also a majority of the directors		100	F
		anization's supported organization(s)? If "No," describe in Part VI how control			
		ting organization was vested in the same persons that controlled or managed			
	e 11	ung organization was vested in the same persons that controlled or managed	1		
ection	supported organization(s).	oorting Organizations	•		L
				Yes	
Did t	the organization provide t	to each of its supported organizations, by the last day of the fifth month of the		163	F
	-				
		ritten notice describing the type and amount of support provided during the prior tax			
		90 that was most recently filed as of the date of notification, and (iii) copies of the			
		uments in effect on the date of notification, to the extent not previously provided?	1		⊢
		s officers, directors, or trustees either (i) appointed or elected by the supported			
		on the governing body of a supported organization? If "No," explain in Part VI how			
	-	close and continuous working relationship with the supported organization(s).	2		⊢
		described on line 2, above, did the organization's supported organizations have a			
signi	ificant voice in the organi	zation's investment policies and in directing the use of the organization's			
incor	me or assets at all times	during the tax year? If "Yes," describe in Part VI the role the organization's			
supp	oorted organizations playe	ed in this regard.	3		
ection	E. Type III Function	nally Integrated Supporting Organizations			
Chec	ck the box next to the me	thod that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
a 🔄	The organization satisfi	ed 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 suppo	orted a governmental entity. Describe in Part VI how you supported a governmental entity	ty (see instruction	1 <u>s).</u>	_
2 Activ	vities Test. Answer lines			Yes	
a Did s	substantially all of the org	anization'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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Scho	CHARLOTTE COMMUNITY HEALTH CLINIC dule A (Form 990) 2021 FOUNDATION INC.			47-3598283	Page
Par		ng Organi	zations	1, 5556265	Fage
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			in Part VI) See inst	ructions
•	All other Type III non-functionally integrated supporting organizations mus		•		uotionoi
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	on C - Distributable Amount			Current Y	'ear
4	Adjusted not income for prior year (from Conting A line Conting A)				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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				
7	emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functional	6			

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

Schedule A (Form 990) 2021

	CHARLOTTE COMMUNITY	HEALTH CLINIC			
Sche	dule A (Form 990) 2021 FOUNDATION INC.				47-3598283 Page 7
Par		(a)(3) Supporting Orga	nizations (continu	ed)	3
Secti	on D - Distributions		loonana	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		5	4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
•	(provide details in Part VI). See instructions.	io organization io rooponono		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

CHARLOTTE COMMUNITY HEALTH CLINIC

Schedule A	(Form 990) 2021 FOUNDATION INC.	47-3598283	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a d 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 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	1 and 2; Part IV, Section V. Section B. line 1e; Part	n C,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi (See instructions.)	onal information.	

Schedule A (Form 990) 2021

SCHEDULE O	Supplemental Information to Form 990 or 990	-F7	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization	CHARLOTTE COMMUNITY HEALTH CLINIC FOUNDATION INC.		identification number
FORM 990-EZ, PART I	, LINE 20, CHANGES IN NET ASSETS:		
CHANGES IN NET ASSE	TS OR FUND BALANCES: AMOUNT:		
INCREASE IN CASH	214.		
FORM 990-EZ, PART I	I, LINE 26, OTHER LIABILITIES:		
DESCRIPTION	BEG. OF YEAR END OF YEAR		
DUE TO CCHC	100. 100.		
FORM 990-EZ, PART I	II, PRIMARY EXEMPT PURPOSE - TO SUPPORT THE MISSION OF		
THE CHARLOTTE COMMU	NITY HEALTH CLINIC.		
FORM 990-EZ, PART I	II, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:		
THE FOUNDATION EXIS	TS TO RAISE FUNDS FOR CHARLOTTE		
COMMUNITY HEALTH CL	INIC WHO USES THESE FUNDS TO FULFILL		
ITS CHARITABLE PURP	DSE OF PROVIDING HEALTH CARE TO LOW		
INCOME AND UNINSURE	D MEMBERS OF THE COMMUNITY. FUNDRAISING ACTIVITIES		
WILL INCLUDE INDIVI	DUAL, BUSINESS AND CORPORATE SOLICITATIONS FOR		
MONETARY AND IN-KIN	D SUPPORT, GRANT WRITING AND GRANT REPORTING,		
PLANNING AND CONDUC	TING FUNDRAISING EVENTS AND FACILITATING LEGACY		
GIVING PROGRAMS.			
THE ORGANIZATION IS	CURRENTLY INACTIVE.		
FORM 990-EZ, PART V	, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:		
THE ORGANIZATION DI	D NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,		
OR INDIRECTLY, TO P.	AY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.		
	ID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,		
LHA For Paperwork Red	Juction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2021

 $19011110 \ 131839 \ 074-079187$

132211 11-11-21

Schedule O (Form 990) 2021		
Name of the organization	CHARLOTTE COMMUNITY HEALTH CLINIC FOUNDATION INC.	Employer identification number 47-3598283
OR INDIRECTLY, ON A P	ERSONAL BENEFIT CONTRACT.	
		Calcadula O (Farma 000) 0001

Schedule O (Form 990) 2021

132212 11-11-21



MS. CAROLYN ALLISON, CEO CHARLOTTE COMM. HEALTH CLINIC FOUNDATION

FORM 990-EZ INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2021



Ms. Carolyn Allison, CEO Charlotte Comm. Health Clinic Foundation 8401 MEDICAL PLAZA DRIVE SUITE 300 CHARLOTTE, NC 28262

Dear Carolyn:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047	
Department of the Treasury	For calendar year 2021, or fiscal year beginning, 2021, and ending, 2021, and ending	, 20	2021	
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.			
Name of filer CHARLOTTE	COMMUNITY HEALTH CLINIC	EIN or SSN		
FOUNDATIC	-	47-359	8283	
Name and title of officer or pe	, CEO			
Part I Type of	Return and Return Information			
Form 5330 filers may ente or 10a below, and the amo	rn for which you are using this Form 8879 TE and enter the applicable amount, if any r dollars and cents. For all other forms, enter whole dollars only. If you check the boy ount on that line for the return being filed with this form was blank, then leave line 1 ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the appli	x on line 1a, 2a, 3 b, 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,	
1a Form 990 check h			1b	
2a Form 990-EZ che			2b	
3a Form 1120-POL	check here b Total tax (Form 1120-POL, line 22)		3b	
4a Form 990-PF che	ck here ▶ b Tax based on investment income (Form 990-PF, Part V, li	ne 5)	4b	
5a Form 8868 check			5b	
6a Form 990-T chec			6b	
7a Form 4720 check			7b	
8a Form 5227 check			8b	
9a Form 5330 check			9b	
10a Form 8038-CP ch Part II Declarat	eck here b Amount of credit payment requested (Form 8038-CP, Pailion and Signature Authorization of Officer or Person Subject to	rt III, line 22) Tax	10b	
	I declare that \boxed{X} I am an officer of the above entity or $$ I am a person subject to		oot to (name	
of entity)	, (EIN)			
of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only				
X I authorize CLI	FTONLARSONALLEN LLP	to enter my PI	N 77984	
	ERO firm name		Enter five numbers, but	
do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.				
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.				
IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.			▶ 11/11/2022	
	tion and Authentication		r	
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification			
number (EFIN) followed by your five-digit self-selected PIN. 56247928202 Do not enter all zeros				
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.				
ERO's signature 🕨JOHN	NORMAN Date 🕨 🗌	10/31/22		
ERO Must Retain This Form - See Instructions				
	Do Not Submit This Form to the IRS Unless Requested To	Do So		
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form 8879-TE (2021)	
102521 01-11-22				



MS. CAROLYN C. ALLISON, CEO CHARLOTTE COMMUNITY HEALTH CLINIC

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2021



Ms. Carolyn C. Allison, CEO Charlotte Community Health Clinic 8401 Medical Plaza Drive Suite 300 Charlotte, NC 28262

Dear Carolyn:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No	OMB No. 1545-0047	
	For calendar year 2021, or fiscal year beginning, 2021	1, and ending , 20	·- 2()21	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for th	•			
Name of filer			EIN or SSN		
CHARLOTTE	COMMUNITY HEALTH CLINIC, INC.		56-2274174		
Name and title of officer or pe	rson subject to tax CAROLYN C ALLISON CEO				
Part I Type of	Return and Return Information				
Form 5330 filers may enter or 10a below, and the amo	rn for which you are using this Form 8879-TE and enter the a r dollars and cents. For all other forms, enter whole dollars or bunt on that line for the return being filed with this form was b ank (do not enter -0-). But, if you entered -0- on the return, the	nly. If you check the box on line blank, then leave line 1b, 2b, 3	e 1a, 2a, 3a, 4a, 5a, 3b, 4b, 5b, 6b, 7b, 8b	, 6a, 7a, 8a, 9a, o, 9b, or 10b,	
1a Form 990 check h	ere > 🖾 b Total revenue, if any (Form 990, Pa	rt VIII, column (A), line 12)	1b	6,375,972.	
2a Form 990-EZ che					
3a Form 1120-POL					
4a Form 990-PF che					
5a Form 8868 check					
6a Form 990-T chec	k here ▶ □ b Total tax (Form 990-T, Part III, line 4	1)			
7a Form 4720 check	here b D Total tax (Form 4720, Part III, line 1))			
8a Form 5227 check	here b FMV of assets at end of tax year (Form 5227, Item D)	8b		
9a Form 5330 check)			
10a Form 8038-CP ch		ted (Form 8038-CP, Part III, line	e 22) 10b		
	ion and Signature Authorization of Officer or I				
Under penalties of perjury, of entity)	I declare that X I am an officer of the above entity or		with respect to (nan hat I have examined		
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only				ct debit) d the -4537 no e electronic ted a l.	
X I authorize CLI	FTONLARSONALLEN LLP	to e	,	7984	
	ERO firm name			e numbers, but enter all zeros	
as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.					
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter MY on the return's disclosure consent screen.					
Signature of officer or person subject to tax Carolyn C Allison Da			Date ► 11/2	11/2022	
	tion and Authentication				
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification				
number (EFIN) followed by your five-digit self-selected PIN. 56247928202 Do not enter all zeros					
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.					
ERO's signature 🕨JOHN	ERO's signature JOHN NORMAN Date 11/10/22				
EDO Must Datain This Form - Cas Instructions					
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So					
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LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form 88	79-TE (2021)	
102521 01-11-22					

DocuSign

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Signer Events Carolyn C Allison CarolynAllison@cchc-clt.org CEO Charlotte Community Health Clinic, Inc.

Security Level: Email, Account Authentication (None), Access Code

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ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, CliftonLarsonAllen LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact CliftonLarsonAllen LLP:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: BusinessTechnology@CLAconnect.com

To advise CliftonLarsonAllen LLP of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at BusinessTechnology@CLAconnect.com and in the body of such request you must state: your

at Business Technology@CLAconnect.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request paper copies from CliftonLarsonAllen LLP

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email

to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with CliftonLarsonAllen LLP

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process.

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <u>https://support.docusign.com/guides/signer-guide-signing-system-requirements</u>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify CliftonLarsonAllen LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CliftonLarsonAllen LLP during the course of your relationship with CliftonLarsonAllen LLP.