

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

**Community Care Clinic of Rowan
County, Inc.****56-1964773****Net Asset / Fund Balance at Beginning of Year****3,433,744****Revenue**Contributions 6,472,698

Program service revenue

Investment income 129,227

Capital gain / loss

Fundraising / Gaming:

Gross revenue 189,832

Direct expenses

Net income 189,832Other income 12,469**Total revenue****6,804,226****Expenses**Program services 5,774,708Management and general 262,004Fundraising 4,221**Total expenses****6,040,933****Excess / (deficit)****763,293**

Changes

Net Asset / Fund Balance at End of Year**4,197,037****Reconciliation of Revenue**Total revenue per financial statements 7,002,041

Less:

Unrealized gains

Donated services 197,815

Recoveries

Other

Plus:

Investment expenses

Other

Total revenue per return 6,804,226**Reconciliation of Expenses**Total expenses per financial statements 6,238,748

Less:

Donated services

197,815

Prior year adjustments

Losses

Other

-1

Plus:

Investment expenses

Other

Total expenses per return 6,040,933**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>3,476,012</u>	<u>4,310,718</u>	
Liabilities	<u>42,268</u>	<u>113,681</u>	
Net assets	<u>3,433,744</u>	<u>4,197,037</u>	<u>763,293</u>

Miscellaneous Information

Amended return

Return / extended due date 11/15/21

Failure to file penalty

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

2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , and ending																												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Community Care Clinic of Rowan County, Inc.</td> <td>D Employer identification number 56-1964773</td> </tr> <tr> <td colspan="2"> Doing business as 315 Mocksville Avenue, Suite G </td> <td>E Telephone number 704-636-4523</td> </tr> <tr> <td colspan="2"> Number and street (or P.O. box if mail is not delivered to street address) 315 Mocksville Avenue, Suite G </td> <td>Room/suite</td> </tr> <tr> <td colspan="2"> City or town, state or province, country, and ZIP or foreign postal code Salisbury NC 28144-3346 </td> <td>G Gross receipts \$ 6,804,226</td> </tr> <tr> <td colspan="3"> F Name and address of principal officer: Krista Woolly 315 Mocksville Avenue, Suite G Salisbury NC 28144-3346 </td> </tr> <tr> <td colspan="3"> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="3"> J Website: N/A H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation: 1996 M State of legal domicile: NC </td> </tr> </table>	C Name of organization Community Care Clinic of Rowan County, Inc.		D Employer identification number 56-1964773	Doing business as 315 Mocksville Avenue, Suite G		E Telephone number 704-636-4523	Number and street (or P.O. box if mail is not delivered to street address) 315 Mocksville Avenue, Suite G		Room/suite	City or town, state or province, country, and ZIP or foreign postal code Salisbury NC 28144-3346		G Gross receipts \$ 6,804,226	F Name and address of principal officer: Krista Woolly 315 Mocksville Avenue, Suite G Salisbury NC 28144-3346			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: N/A H(c) Group exemption number ▶			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996 M State of legal domicile: NC
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Provides medical, dental and pharmaceutical care to uninsured or underserved Rowan County residents using paid and volunteer medical professionals and skilled support staff.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	11	
	6 Total number of volunteers (estimate if necessary)	45	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		0
b Net unrelated business taxable income from Form 990-T, Part I, line 11		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,746,306	Current Year 6,472,698
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124,434	129,227
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	184,923	202,301
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,055,663	6,804,226
Expenses	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
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	407,230	404,858
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,221	7,001,195	5,636,075
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,408,425	6,040,933
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-352,762	763,293
19 Revenue less expenses. Subtract line 18 from line 12		3,476,012	4,310,718
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,476,012	End of Year 4,310,718
	21 Total liabilities (Part X, line 26)	42,268	113,681
	22 Net assets or fund balances. Subtract line 21 from line 20	3,433,744	4,197,037

Part II Signature Block

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

Sign Here	Signature of officer <i>Krista Woolly</i>	Date 8/15/2021		
	Krista Woolly Type or print name and title	Exec Director		
Paid Preparer Use Only	Print/Type preparer's name J Alan Rutherford CPA	Preparer's signature J Alan Rutherford, CPA, P.A.	Date 08/17/21	Check <input type="checkbox"/> if self-employed PTIN P00206851
	Firm's name ▶ J. Alan Rutherford, CPA, P.A.		Firm's EIN ▶ 20-1842362	
	Firm's address ▶ 225 N Main St Ste 302 Salisbury, NC 28144		Phone no. 704-633-4060	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**Provides medical, dental and pharmaceutical care to uninsured or underserved Rowan County residents using paid and volunteer medical professionals and skilled support staff.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ **5,774,708** including grants of \$) (Revenue \$)
Medical, dental and pharmaceutical care to Rowan County's medically indigent using paid and volunteer professionals.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **5,774,708**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 <input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
c 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	<input checked="" type="checkbox"/>
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	11d	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input checked="" type="checkbox"/>	
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	12b	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<input checked="" type="checkbox"/>

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		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part 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	11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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).		
a	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	11	1b	11	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		11				
b Enter the number of voting members included on line 1a, above, who are independent			1b	11		
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:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

Section 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	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
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 exempt status with respect to such arrangements?	16b	

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ 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, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Community Care Clinic
Salisbury

315-G Mocksville Ave.

NC 28144

704-636-4523

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Krista Woolly	40.00									
Exec Director	0.00			X				90,696	0	2,748
(2) Brad Brady	10.00									
Director	0.00	X						0	0	0
(3) Jay Dees	10.00									
Co-Chair	0.00	X		X				0	0	0
(4) Dr. Henry Diggs	10.00									
Director	0.00	X						0	0	0
(5) Shawn Edman	10.00									
Co-Chair	0.00	X		X				0	0	0
(6) Mike Fuller	10.00									
Director	0.00	X						0	0	0
(7) Wade Furchess	10.00									
Director	0.00	X						0	0	0
(8) Dr. Brett Henson	10.00									
Director	0.00	X						0	0	0
(9) Carol Herndon	10.00									
Treasurer	0.00	X		X				0	0	0
(10) Rachel Ross MD	10.00									
Director	0.00	X						0	0	0
(11) Fran Misner	10.00									
Secretary	0.00	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Enid Rodriguez	10.00									
Director	0.00	X						0	0	0
1b Subtotal								90,696		2,748
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								90,696		2,748

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4		X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	9,450			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,463,248			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,471,725			
	h	Total. Add lines 1a-1f		6,472,698			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		129,227	129,227	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	6a				
b		Less: rental expenses	6b				
c		Rental inc. or (loss)	6c				
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	7a				
b		Less: cost or other basis and sales exps.	7b				
c		Gain or (loss)	7c				
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	189,832			
b		Less: direct expenses	8b				
c		Net income or (loss) from fundraising events		189,832		189,832	
9a		Gross income from gaming activities. See Part IV, line 19	9a				
b		Less: direct expenses	9b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code				
	Misc Income			12,468		12,468	
	b Rounding			1		1	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			12,469			
12 Total revenue. See instructions				6,804,226	129,227	0	202,301

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 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	90,695	13,604	77,091	
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	282,201	207,050	75,151	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	31,962	17,255	14,707	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,640		12,640	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	47,415	37,169	10,246	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,358		5,358	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,747	9,190	10,557	
23 Insurance	9,167		9,167	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Pharmaceutical	5,289,663	5,289,663		
b Contract Labor	190,200	190,200		
c Repairs and Maintenance	15,185	8,214	6,971	
d COVID Expenses	13,476	1,685	11,791	
e All other expenses	33,224	678	28,325	4,221
25 Total functional expenses. Add lines 1 through 24e	6,040,933	5,774,708	262,004	4,221
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	232,633	1	362,980
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,366	4	2,659
	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	2,083,008	8	2,265,070
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 450,569		
	b Less: accumulated depreciation	10b 175,453	10c	275,116
	11 Investments—publicly traded securities	288,646	11	1,404,893
	12 Investments—other securities. See Part IV, line 11	870,359	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 33)	3,476,012	16	4,310,718	
Liabilities	17 Accounts payable and accrued expenses	42,268	17	32,769
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	80,912
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	42,268	26	113,681
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		3,433,744	27	4,197,037
28 Net assets with donor restrictions			28	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		3,433,744	32	4,197,037
33 Total liabilities and net assets/fund balances	3,476,012	33	4,310,718	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,804,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,040,933
3	Revenue less expenses. Subtract line 2 from line 1	3	763,293
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,433,744
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,197,037

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c 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 Schedule O.	X	
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?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization

**Community Care Clinic of Rowan
County, Inc.**

Employer identification number

56-1964773**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,712,840	5,079,459	5,481,617	6,746,306	6,472,698	27,492,920
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,712,840	5,079,459	5,481,617	6,746,306	6,472,698	27,492,920
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						27,492,920

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,712,840	5,079,459	5,481,617	6,746,306	6,472,698	27,492,920
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.)	153,682	156,355	161,576	184,923	202,301	858,837
11 Total support. Add lines 7 through 10						28,351,757
12 Gross receipts from related activities, etc. (see instructions)					12	276,976

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	96.97 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.83 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

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

	Yes	No
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 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described in line 11a above?
- c** A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section 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 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? 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2** Activities Test. Answer lines 2a and 2b below.
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income \$ 656,536

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**Community Care Clinic of Rowan
County, Inc.**

Employer identification number

56-1964773

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 ▶ \$

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

Name of organization

Community Care Clinic of Rowan

Employer identification number

56-1964773

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	Various pharmaceutical companies and Novant Rowan Medical Center Salisbury NC 28144	\$ 5,471,725	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	Mr & Mrs Fred Stanback 507 W Innes Street Suite 270 Salisbury NC 28144	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NC Pandemic Recovery Office c/o State of North Carolina Raleigh NC 27640	\$ 204,403	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Community Care Clinic of Rowan

Employer identification number
56-1964773**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Pharmaceutical supplies	\$ 5,471,725	
(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
		\$	
(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
		\$	

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization

**Community Care Clinic of Rowan
County, Inc.**

Employer identification number

56-1964773**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(iii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- ☐ **a** Public exhibition
☐ **b** Scholarly research
☐ **c** Preservation for future generations
☐ **d** Loan or exchange program
☐ **e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		250,631	17,182	233,449
d Equipment		199,938	158,271	41,667
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

275,116

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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)	
(7)	
(8)	
(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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,002,041
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	197,815	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	197,815
3	Subtract line 2e from line 1		3	6,804,226
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,804,226

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	6,238,748
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	197,815	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	197,815
3	Subtract line 2e from line 1		3	6,040,933
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,040,933

Part 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 XII, Line 2d - Expense Amounts Included in Financials - Other

Rounding	\$	-1
Book / Tax Depreciation Difference	\$	1

Part XIII Supplemental Information *(continued)*

**SCHEDULE G
(Form 990 or 990-EZ)****Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

**Community Care Clinic of Rowan
County, Inc.**

Employer identification number

56-1964773**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Guardian Angel</u> (event type)	<u>Annual Appeal</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	115,122	54,710	20,000	189,832
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	115,122	54,710	20,000	189,832
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				189,832

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020**Open To Public
Inspection****Community Care Clinic of Rowan
County, Inc.**

Employer identification number

56-1964773**Part I Types 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	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	5,471,725	Average Wholesale Price
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization **Community Care Clinic of Rowan
County, Inc.**Employer identification number
56-1964773**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Form 990 and attachments are reviewed for completeness and accuracy by the Finance Committee, the Executive Director and the Business Manager, and then reviewed with the Board of Directors prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Accomplished on a daily basis by hands-on Executive Director, an active Board of Directors, and an Employee Handbook which provides a clear chain of command. The Organization has a written Conflicts of Interest Policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Salary of the Executive Director is reviewed periodically by the Finance Committee, members of whom are independent of the Executive Director, using comparative local and regional compensation data available to them. Deliberations and decisions are documented contemporaneously in Committee minutes. The Executive Director is not involved in the discussions.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Rounding	\$	1
Book / Tax Depreciation Difference	\$	-1

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)
▶ Attach to your tax return.

OMB No. 1545-0172

2020Attachment
Sequence No. **179**▶ Go to www.irs.gov/Form4562 for instructions and the latest information.Name(s) shown on return **Community Care Clinic of Rowan
County, Inc.**Identifying number
56-1964773

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,881

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	5,868
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	19,749
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

There are no amounts for Page 2

Form **4562** (2020)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
73	Office Renovations	11/26/18	228,860				228,860	39	MMS/L	6,602	5,868
			228,860				228,860			6,602	5,868
Other Depreciation:											
12	Dell computer - Pharmacy	2/17/02	1,911				1,911	5	MO S/L	1,911	0
	Mass Sale: 12/31/20										
17	Office furniture	6/17/96	787				787	7	MO S/L	787	0
18	Blinds	7/18/96	132				132	7	MO S/L	132	0
	Mass Sale: 12/31/20										
19	Office furniture	8/05/96	100				100	7	MO S/L	100	0
21	AV equipment	9/15/97	1,515				1,515	5	MO S/L	1,515	0
	Mass Sale: 12/31/20										
22	Shelving for pharmacy	2/27/98	290				290	7	MO S/L	290	0
23	Pharmacy countertop	3/30/98	1,817				1,817	15	MO S/L	1,817	0
25	Tables, chairs	7/28/00	970				970	7	MO S/L	970	0
	Mass Sale: 12/31/20										
26	Desk, credenza, hutch, lateral file	7/28/00	2,150				2,150	7	MO S/L	2,150	0
	Mass Sale: 12/31/20										
27	Furniture	8/15/00	2,610				2,610	7	MO S/L	2,610	0
28	Pharmacy shelving	8/28/00	942				942	7	MO S/L	942	0
29	Pharmacy shelving-dental	11/20/00	942				942	7	MO S/L	942	0
30	Pharmacy shelving	3/08/04	756				756	7	MO S/L	756	0
31	Pharmacy shelving	3/05/04	653				653	7	MO S/L	653	0
32	Workstation	10/12/04	865				865	7	MO S/L	865	0
33	Pharmacy workstation	1/21/04	1,741				1,741	7	MO S/L	1,741	0
34	Dataline installation	8/29/00	2,941				2,941	15	MO S/L	2,941	0
35	Emergency lighting	6/07/02	1,089				1,089	15	MO S/L	1,089	0
36	Thompson dental equipment	11/20/00	23,077				23,077	7	MO S/L	23,077	0
37	Dental equipment	12/31/00	39,458				39,458	7	MO S/L	39,458	0
38	Panarex x-ray machine	2/01/00	1,800				1,800	7	MO S/L	1,800	0
42	Cavitron, net of rebate	4/16/07	2,447				2,447	7	MO S/L	2,447	0
45	QS/I System	6/18/10	9,887				9,887	5	MO S/L	9,887	0
46	PowerHeart AED G3 Plus AT, Moore	2/17/11	1,456				1,456	5	MO S/L	1,456	0
47	Dell Latitude E6430 Laptop	7/27/12	1,698				1,698	5	MO S/L	1,698	0
	Mass Sale: 12/31/20										
49	2 - Dell OptiPlex 3010	12/20/12	1,054				1,054	5	MO S/L	1,054	0
	Mass Sale: 12/31/20										
50	Airtec Digital Scan	9/17/13	18,194				18,194	7	MO S/L	16,245	1,949
51	WTG Latitude E5430 Krista	3/23/13	1,800				1,800	5	MO S/L	1,800	0
	Mass Sale: 12/31/20										
52	WTG Fi-6130 Scanner	5/06/13	939				939	5	MO S/L	939	0
	Mass Sale: 12/31/20										
53	WTG Dell Optiplex 7010	8/02/13	1,004				1,004	5	MO S/L	1,004	0
	Mass Sale: 12/31/20										
54	WTG Dell Optiplex 7010	8/02/13	1,004				1,004	5	MO S/L	1,004	0
	Mass Sale: 12/31/20										
55	WTG Dell Optiplex 3010	8/02/13	702				702	5	MO S/L	702	0
	Mass Sale: 12/31/20										
56	HP P3015N Laserjet	6/16/14	599				599	5	MO S/L	599	0
57	Dell Inspiron 15	8/25/14	700				700	5	MO S/L	700	0
58	Dell XPS 18	8/25/14	680				680	5	MO S/L	680	0
59	WTG Altigen Phones	9/11/14	4,518				4,518	5	MO S/L	4,518	0
60	Sonic Wall Access	6/22/15	1,062				1,062	5	MO S/L	955	107
61	EPIC cmpr upgrades	5/21/15	1,068				1,068	5	MO S/L	979	89
62	Laptop docking	6/19/15	473				473	5	MO S/L	426	47
63	EPIC cmpr upgrades	5/14/15	7,433				7,433	5	MO S/L	6,937	496
64	QSI EPIC upgrade	5/29/15	4,602				4,602	5	MO S/L	4,218	384
65	Misc EPIC upgrades	6/30/15	2,085				2,085	5	MO S/L	1,876	209
66	(2) Apple iPads	11/14/17	856				856	5	MO S/L	371	171
67	Dental Chair & Lights, Atlanta Dental	11/17/17	24,976				24,976	7	MO S/L	7,433	3,568
68	Dental Chair & Lights, Atlanta Dental	11/17/17	24,976				24,976	7	MO S/L	7,433	3,568
69	Dell Latitude 5490	10/22/18	1,650				1,650	5	MO S/L	385	330
70	Dell Latitude 5490 and dock	11/09/18	1,555				1,555	5	MO S/L	363	311
71	Dell OptiPlex 3060 & adapter	11/09/18	1,518				1,518	5	MO S/L	354	304
72	Move related IT costs	11/30/18	2,593				2,593	5	MO S/L	562	518
74	Dell Optiplex 3060 & Monitor	3/06/19	990				990	5	MO S/L	165	198
75	Ultrasonic Cleaner	10/28/19	735				735	7	MO S/L	18	105

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
76	QSI Server	12/19/19	2,829			2,829	5 MO S/L	0	566
77	Renovation Costs	7/01/19	17,741			17,741	39 MO S/L	227	455
78	3 Dell Latitude 5400 laptops, Walser	7/13/20	4,918			4,918	5 MO S/L	0	492
79	Awning, McDaniel Awning	8/03/20	1,300			1,300	39 MO S/L	0	14
Total Other Depreciation			<u>236,588</u>			<u>236,588</u>		<u>163,981</u>	<u>13,881</u>
Total ACRS and Other Depreciation			<u>236,588</u>			<u>236,588</u>		<u>163,981</u>	<u>13,881</u>
Grand Totals			465,448			465,448		170,583	19,749
Less: Dispositions and Transfers			14,879			14,879		14,879	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>450,569</u>			<u>450,569</u>		<u>155,704</u>	<u>19,749</u>

NC Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
Prior MACRS:								
73	Office Renovations	11/26/18	228,860	228,860	6,602	5,868	5,868	0
			228,860	228,860	6,602	5,868	5,868	0
Other Depreciation:								
12	Dell computer - Pharmacy	2/17/02	1,911	1,911	1,911	0	0	0
	Mass Sale: 12/31/20							
17	Office furniture	6/17/96	787	787	787	0	0	0
18	Blinds	7/18/96	132	132	132	0	0	0
	Mass Sale: 12/31/20							
19	Office furniture	8/05/96	100	100	100	0	0	0
21	AV equipment	9/15/97	1,515	1,515	1,515	0	0	0
	Mass Sale: 12/31/20							
22	Shelving for pharmacy	2/27/98	290	290	290	0	0	0
23	Pharmacy countertop	3/30/98	1,817	1,817	1,817	0	0	0
25	Tables, chairs	7/28/00	970	970	970	0	0	0
	Mass Sale: 12/31/20							
26	Desk, credenza, hutch, lateral file	7/28/00	2,150	2,150	2,150	0	0	0
	Mass Sale: 12/31/20							
27	Furniture	8/15/00	2,610	2,610	2,610	0	0	0
28	Pharmacy shelving	8/28/00	942	942	942	0	0	0
29	Pharmacy shelving-dental	11/20/00	942	942	942	0	0	0
30	Pharmacy shelving	3/08/04	756	756	756	0	0	0
31	Pharmacy shelving	3/05/04	653	653	653	0	0	0
32	Workstation	10/12/04	865	865	865	0	0	0
33	Pharmacy workstation	1/21/04	1,741	1,741	1,741	0	0	0
34	Dataline installation	8/29/00	2,941	2,941	2,941	0	0	0
35	Emergency lighting	6/07/02	1,089	1,089	1,089	0	0	0
36	Thompson dental equipment	11/20/00	23,077	23,077	23,077	0	0	0
37	Dental equipment	12/31/00	39,458	39,458	39,458	0	0	0
38	Panarex x-ray machine	2/01/00	1,800	1,800	1,800	0	0	0
42	Cavitron, net of rebate	4/16/07	2,447	2,447	2,447	0	0	0
45	QS/I System	6/18/10	9,887	9,887	9,887	0	0	0
46	PowerHeart AED G3 Plus AT, Moore	2/17/11	1,456	1,456	1,456	0	0	0
47	Dell Latitude E6430 Laptop	7/27/12	1,698	1,698	1,698	0	0	0
	Mass Sale: 12/31/20							
49	2 - Dell OptiPlex 3010	12/20/12	1,054	1,054	1,054	0	0	0
	Mass Sale: 12/31/20							
50	Airtec Digital Scan	9/17/13	18,194	18,194	16,245	1,949	1,949	0
51	WTG Latitude E5430 Krista	3/23/13	1,800	1,800	1,800	0	0	0
	Mass Sale: 12/31/20							
52	WTG Fi-6130 Scanner	5/06/13	939	939	939	0	0	0
	Mass Sale: 12/31/20							
53	WTG Dell Optiplex 7010	8/02/13	1,004	1,004	1,004	0	0	0
	Mass Sale: 12/31/20							
54	WTG Dell Optiplex 7010	8/02/13	1,004	1,004	1,004	0	0	0
	Mass Sale: 12/31/20							
55	WTG Dell Optiplex 3010	8/02/13	702	702	702	0	0	0
	Mass Sale: 12/31/20							
56	HP P3015N Laserjet	6/16/14	599	599	599	0	0	0
57	Dell Inspiron 15	8/25/14	700	700	700	0	0	0
58	Dell XPS 18	8/25/14	680	680	680	0	0	0
59	WTG Altigen Phones	9/11/14	4,518	4,518	4,518	0	0	0
60	Sonic Wall Access	6/22/15	1,062	1,062	955	107	107	0
61	EPIC cmpr upgrades	5/21/15	1,068	1,068	979	89	89	0
62	Laptop docking	6/19/15	473	473	426	47	47	0
63	EPIC cmpr upgrades	5/14/15	7,433	7,433	6,937	496	496	0
64	QS1 EPIC upgrade	5/29/15	4,602	4,602	4,218	384	384	0
65	Misc EPIC upgrades	6/30/15	2,085	2,085	1,876	209	209	0
66	(2) Apple iPads	11/14/17	856	856	371	171	171	0
67	Dental Chair & Lights, Atlanta Dental	11/17/17	24,976	24,976	7,433	3,568	3,568	0
68	Dental Chair & Lights, Atlanta Dental	11/17/17	24,976	24,976	7,433	3,568	3,568	0
69	Dell Latitude 5490	10/22/18	1,650	1,650	385	330	330	0
70	Dell Latitude 5490 and dock	11/09/18	1,555	1,555	363	311	311	0
71	Dell OptiPlex 3060 & adapter	11/09/18	1,518	1,518	354	304	304	0
72	Move related IT costs	11/30/18	2,593	2,593	562	518	518	0
74	Dell Optiplex 3060 & Monitor	3/06/19	990	990	165	198	198	0
75	Ultrasonic Cleaner	10/28/19	735	735	18	105	105	0

NC Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
76	QSI Server	12/19/19	2,829	2,829	0	566	566	0
77	Renovation Costs	7/01/19	17,741	17,741	227	455	455	0
78	3 Dell Latitude 5400 laptops, Walser	7/13/20	4,918	4,918	0	492	492	0
79	Awning, McDaniel Awning	8/03/20	1,300	1,300	0	14	14	0
Total Other Depreciation			<u>236,588</u>	<u>236,588</u>	<u>163,981</u>	<u>13,881</u>	<u>13,881</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>236,588</u>	<u>236,588</u>	<u>163,981</u>	<u>13,881</u>	<u>13,881</u>	<u>0</u>
Grand Totals			465,448	465,448	170,583	19,749	19,749	0
Less: Dispositions			14,879	14,879	14,879	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>450,569</u>	<u>450,569</u>	<u>155,704</u>	<u>19,749</u>	<u>19,749</u>	<u>0</u>

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
73	Office Renovations	11/26/18	228,860				228,860	39 MMS/L	6,602	5,868
			<u>228,860</u>				<u>228,860</u>		<u>6,602</u>	<u>5,868</u>
Other Depreciation:										
12	Dell computer - Pharmacy	2/17/02	1,911				1,911	5 MO S/L	1,911	0
	Mass Sale: 12/31/20									
17	Office furniture	6/17/96	787				787	7 MO S/L	787	0
18	Blinds	7/18/96	132				132	7 MO S/L	132	0
	Mass Sale: 12/31/20									
19	Office furniture	8/05/96	100				100	7 MO S/L	100	0
21	AV equipment	9/15/97	1,515				1,515	5 MO S/L	1,515	0
	Mass Sale: 12/31/20									
22	Shelving for pharmacy	2/27/98	290				290	7 MO S/L	290	0
23	Pharmacy countertop	3/30/98	1,817				1,817	15 MO S/L	1,817	0
25	Tables, chairs	7/28/00	970				970	7 MO S/L	970	0
	Mass Sale: 12/31/20									
26	Desk, credenza, hutch, lateral file	7/28/00	2,150				2,150	7 MO S/L	2,150	0
	Mass Sale: 12/31/20									
27	Furniture	8/15/00	2,610				2,610	7 MO S/L	2,610	0
28	Pharmacy shelving	8/28/00	942				942	7 MO S/L	942	0
29	Pharmacy shelving-dental	11/20/00	942				942	7 MO S/L	942	0
30	Pharmacy shelving	3/08/04	756				756	7 MO S/L	756	0
31	Pharmacy shelving	3/05/04	653				653	7 MO S/L	653	0
32	Workstation	10/12/04	865				865	7 MO S/L	865	0
33	Pharmacy workstation	1/21/04	1,741				1,741	7 MO S/L	1,741	0
34	Dataline installation	8/29/00	2,941				2,941	15 MO S/L	2,941	0
35	Emergency lighting	6/07/02	1,089				1,089	15 MO S/L	1,089	0
36	Thompson dental equipment	11/20/00	23,077				23,077	7 MO S/L	23,077	0
37	Dental equipment	12/31/00	39,458				39,458	7 MO S/L	39,458	0
38	Panarex x-ray machine	2/01/00	1,800				1,800	7 MO S/L	1,800	0
42	Cavitron, net of rebate	4/16/07	2,447				2,447	7 MO S/L	2,447	0
45	QS/I System	6/18/10	9,887				9,887	5 MO S/L	9,887	0
46	PowerHeart AED G3 Plus AT, Moore	2/17/11	1,456				1,456	5 MO S/L	1,456	0
47	Dell Latitude E6430 Laptop	7/27/12	1,698				1,698	5 MO S/L	1,698	0
	Mass Sale: 12/31/20									
49	2 - Dell OptiPlex 3010	12/20/12	1,054				1,054	5 MO S/L	1,054	0
	Mass Sale: 12/31/20									
50	Airtec Digital Scan	9/17/13	0				0	0 HY	0	0
51	WTG Latitude E5430 Krista	3/23/13	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
52	WTG Fi-6130 Scanner	5/06/13	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
53	WTG Dell Optiplex 7010	8/02/13	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
54	WTG Dell Optiplex 7010	8/02/13	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
55	WTG Dell Optiplex 3010	8/02/13	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
56	HP P3015N Laserjet	6/16/14	0				0	0 HY	0	0
57	Dell Inspiron 15	8/25/14	0				0	0 HY	0	0
58	Dell XPS 18	8/25/14	0				0	0 HY	0	0
59	WTG Altigen Phones	9/11/14	0				0	0 HY	0	0
60	Sonic Wall Access	6/22/15	0				0	0 HY	0	0
61	EPIC cmprtr upgrades	5/21/15	0				0	0 HY	0	0
62	Laptop docking	6/19/15	0				0	0 HY	0	0
63	EPIC cmprtr upgrades	5/14/15	0				0	0 HY	0	0
64	QSI EPIC upgrade	5/29/15	0				0	0 HY	0	0
65	Misc EPIC upgrades	6/30/15	0				0	0 HY	0	0
66	(2) Apple iPads	11/14/17	0				0	0 HY	0	0
67	Dental Chair & Lights, Atlanta Dental	11/17/17	0				0	0 HY	0	0
68	Dental Chair & Lights, Atlanta Dental	11/17/17	0				0	0 HY	0	0
69	Dell Latitude 5490	10/22/18	1,650				1,650	5 MO S/L	385	330
70	Dell Latitude 5490 and dock	11/09/18	0				0	0 HY	0	0
71	Dell OptiPlex 3060 & adapter	11/09/18	0				0	0 HY	0	0
72	Move related IT costs	11/30/18	0				0	0 HY	0	0
74	Dell Optiplex 3060 & Monitor	3/06/19	0				0	0 HY	0	0
75	Ultrasonic Cleaner	10/28/19	0				0	0 HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
76	QS1 Server	12/19/19	0				0	0 HY	0	0
77	Renovation Costs	7/01/19	0				0	0 HY	0	0
78	3 Dell Latitude 5400 laptops, Walser	7/13/20	0				0	0 HY	0	0
79	Awning, McDaniel Awning	8/03/20	0				0	0 HY	0	0
Total Other Depreciation			<u>104,738</u>				<u>104,738</u>		<u>103,473</u>	<u>330</u>
Total ACRS and Other Depreciation			<u>104,738</u>				<u>104,738</u>		<u>103,473</u>	<u>330</u>
Grand Totals			333,598				333,598		110,075	6,198
Less: Dispositions and Transfers			9,430				9,430		9,430	0
Net Grand Totals			<u>324,168</u>				<u>324,168</u>		<u>100,645</u>	<u>6,198</u>

144NP Community Care Clinic of Rowan

08/17/2021 11:28 AM

56-1964773

Depreciation Adjustment Report

FYE: 12/31/2020

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	73	Office Renovations	5,868	5,868	0
				<u>5,868</u>	<u>5,868</u>	<u>0</u>

Future Depreciation Report**FYE: 12/31/21**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
73	Office Renovations	11/26/18	228,860	5,868	5,868
			<u>228,860</u>	<u>5,868</u>	<u>5,868</u>
Other Depreciation:					
17	Office furniture	6/17/96	787	0	0
19	Office furniture	8/05/96	100	0	0
22	Shelving for pharmacy	2/27/98	290	0	0
23	Pharmacy countertop	3/30/98	1,817	0	0
27	Furniture	8/15/00	2,610	0	0
28	Pharmacy shelving	8/28/00	942	0	0
29	Pharmacy shelving-dental	11/20/00	942	0	0
30	Pharmacy shelving	3/08/04	756	0	0
31	Pharmacy shelving	3/05/04	653	0	0
32	Workstation	10/12/04	865	0	0
33	Pharmacy workstation	1/21/04	1,741	0	0
34	Dataline installation	8/29/00	2,941	0	0
35	Emergency lighting	6/07/02	1,089	0	0
36	Thompson dental equipment	11/20/00	23,077	0	0
37	Dental equipment	12/31/00	39,458	0	0
38	Panarex x-ray machine	2/01/00	1,800	0	0
42	Cavitron, net of rebate	4/16/07	2,447	0	0
45	QS/I System	6/18/10	9,887	0	0
46	PowerHeart AED G3 Plus AT. Moore	2/17/11	1,456	0	0
50	Airtac Digital Scan	9/17/13	18,194	0	0
56	HP P3015N Laserjet	6/16/14	599	0	0
57	Dell Inspiron 15	8/25/14	700	0	0
58	Dell XPS 18	8/25/14	680	0	0
59	WTG Altigen Phones	9/11/14	4,518	0	0
60	Sonic Wall Access	6/22/15	1,062	0	0
61	EPIC cmprtr upgrades	5/21/15	1,068	0	0
62	Laptop docking	6/19/15	473	0	0
63	EPIC cmprtr upgrades	5/14/15	7,433	0	0
64	QS1 EPIC upgrade	5/29/15	4,602	0	0
65	Misc EPIC upgrades	6/30/15	2,085	0	0
66	(2) Apple iPads	11/14/17	856	171	0
67	Dental Chair & Lights, Atlanta Dental	11/17/17	24,976	3,569	0
68	Dental Chair & Lights, Atlanta Dental	11/17/17	24,976	3,569	0
69	Dell Latitude 5490	10/22/18	1,650	330	330
70	Dell Latitude 5490 and dock	11/09/18	1,555	311	0
71	Dell OptiPlex 3060 & adapter	11/09/18	1,518	304	0
72	Move related IT costs	11/30/18	2,593	519	0
74	Dell Optiplex 3060 & Monitor	3/06/19	990	198	0
75	Ultrasonic Cleaner	10/28/19	735	105	0
76	QS1 Server	12/19/19	2,829	566	0
77	Renovation Costs	7/01/19	17,741	455	0
78	3 Dell Latitude 5400 laptops, Walser	7/13/20	4,918	983	0
79	Awning, McDaniel Awning	8/03/20	1,300	33	0
	Total Other Depreciation		<u>221,709</u>	<u>11,113</u>	<u>330</u>
	Total ACRS and Other Depreciation		<u>221,709</u>	<u>11,113</u>	<u>330</u>
	Grand Totals		<u>450,569</u>	<u>16,981</u>	<u>6,198</u>

Asset	Description	Date In Service	Cost	NC
Prior MACRS:				
73	Office Renovations	11/26/18	228,860	5,868
			<u>228,860</u>	<u>5,868</u>
Other Depreciation:				
17	Office furniture	6/17/96	787	0
19	Office furniture	8/05/96	100	0
22	Shelving for pharmacy	2/27/98	290	0
23	Pharmacy countertop	3/30/98	1,817	0
27	Furniture	8/15/00	2,610	0
28	Pharmacy shelving	8/28/00	942	0
29	Pharmacy shelving-dental	11/20/00	942	0
30	Pharmacy shelving	3/08/04	756	0
31	Pharmacy shelving	3/05/04	653	0
32	Workstation	10/12/04	865	0
33	Pharmacy workstation	1/21/04	1,741	0
34	Dataline installation	8/29/00	2,941	0
35	Emergency lighting	6/07/02	1,089	0
36	Thompson dental equipment	11/20/00	23,077	0
37	Dental equipment	12/31/00	39,458	0
38	Panarex x-ray machine	2/01/00	1,800	0
42	Cavitron, net of rebate	4/16/07	2,447	0
45	QS/I System	6/18/10	9,887	0
46	PowerHeart AED G3 Plus AT, Moore	2/17/11	1,456	0
50	Airtec Digital Scan	9/17/13	18,194	0
56	HP P3015N Laserjet	6/16/14	599	0
57	Dell Inspiron 15	8/25/14	700	0
58	Dell XPS 18	8/25/14	680	0
59	WTG Altigen Phones	9/11/14	4,518	0
60	Sonic Wall Access	6/22/15	1,062	0
61	EPIC cmptr upgrades	5/21/15	1,068	0
62	Laptop docking	6/19/15	473	0
63	EPIC cmptr upgrades	5/14/15	7,433	0
64	QS1 EPIC upgrade	5/29/15	4,602	0
65	Misc EPIC upgrades	6/30/15	2,085	0
66	(2) Apple iPads	11/14/17	856	171
67	Dental Chair & Lights, Atlanta Dental	11/17/17	24,976	3,569
68	Dental Chair & Lights, Atlanta Dental	11/17/17	24,976	3,569
69	Dell Latitude 5490	10/22/18	1,650	330
70	Dell Latitude 5490 and dock	11/09/18	1,555	311
71	Dell OptiPlex 3060 & adapter	11/09/18	1,518	304
72	Move related IT costs	11/30/18	2,593	519
74	Dell Optiplex 3060 & Monitor	3/06/19	990	198
75	Ultrasonic Cleaner	10/28/19	735	105
76	QS1 Server	12/19/19	2,829	566
77	Renovation Costs	7/01/19	17,741	455
78	3 Dell Latitude 5400 laptops, Walser	7/13/20	4,918	983
79	Awning, McDaniel Awning	8/03/20	1,300	33
	Total Other Depreciation		<u>221,709</u>	<u>11,113</u>
	Total ACRS and Other Depreciation		<u>221,709</u>	<u>11,113</u>
	Grand Totals		<u>450,569</u>	<u>16,981</u>

Form **990**
Event Income and Deduction Worksheet
 Description **Annual Appeal**
2020
 Name
Community Care Clinic of Rowan

 Taxpayer Identification Number
56-1964773

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	54,710
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	54,710
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	54,710

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

- ☐ Part V, Debt Financing
☐ Part VI, Controlled Org Income
☐ Part VII, Investments for C(7)(9)(17)
☐ Part VIII, Exploited Activities
☐ Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990****Event Income and Deduction Worksheet****2020**Description **Other Fundraisers**

Name

Community Care Clinic of Rowan

Taxpayer Identification Number

56-1964773

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Information is indicated for use on Form 990-T, Schedule A:

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Part V, Debt Financing |
| <input type="checkbox"/> | Part VI, Controlled Org Income |
| <input type="checkbox"/> | Part VII, Investments for C(7)(9)(17) |
| <input type="checkbox"/> | Part VIII, Exploited Activities |
| <input type="checkbox"/> | Part IX, Advertising Income |

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990**
Event Income and Deduction Worksheet
 Description **Guardian Angel**
2020
 Name
Community Care Clinic of Rowan

 Taxpayer Identification Number
56-1964773

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	115,122
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	115,122
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	115,122

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

- ☐ Part V, Debt Financing
☐ Part VI, Controlled Org Income
☐ Part VII, Investments for C(7)(9)(17)
☐ Part VIII, Exploited Activities
☐ Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990****Event Income and Deduction Worksheet****2020**Description **Fashion Show**

Name

Community Care Clinic of Rowan

Taxpayer Identification Number

56-1964773

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	20,000
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	20,000
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	20,000

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T, Schedule A:

- ☐ Part V, Debt Financing
☐ Part VI, Controlled Org Income
☐ Part VII, Investments for C(7)(9)(17)
☐ Part VIII, Exploited Activities
☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

SCHEDULE G
(Form 990 or
990-EZ)**Fundraising Other Events****2020**

For calendar year 2020, or tax year beginning

, and ending

Name

**Community Care Clinic of Rowan
County, Inc.**

Employer Identification Number

56-1964773

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>Fashion Show</u>			(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	20,000			20,000
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	20,000			20,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

Form **990****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning

, ending

Name

**Community Care Clinic of Rowan
County, Inc.**

Taxpayer Identification Number

56-1964773

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 6,737,306	6,463,248	-274,058
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 9,000	9,450	450
	4. Program service revenue	4.		
	5. Investment income	5. 124,434	129,227	4,793
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 164,265	189,832	25,567
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 20,658	12,469	-8,189
	12. Total revenue. Add lines 1 through 11	12. 7,055,663	6,804,226	-251,437
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 85,418	90,695	5,277
	16. Salaries, other compensation, and employee benefits	16. 321,812	314,163	-7,649
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 12,478	12,640	162
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20. 21,839	19,747	-2,092
	21. Other expenses	21. 6,966,878	5,603,688	-1,363,190
	22. Total expenses. Add lines 13 through 21	22. 7,408,425	6,040,933	-1,367,492
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -352,762	763,293	1,116,055
Other Information	24. Total exempt revenue	24. 7,055,663	6,804,226	-251,437
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 309,357	331,528	22,171
	27. Total assets	27. 3,476,012	4,310,718	834,706
	28. Total liabilities	28. 42,268	113,681	71,413
	29. Retained earnings	29. 3,433,744	4,197,037	763,293
	30. Number of voting members of governing body	30. 11	11	
	31. Number of independent voting members of governing body	31. 11	11	
	32. Number of employees	32. 16	11	
	33. Number of volunteers	33. 100	45	

Form **990****Tax Return History**Name **Community Care Clinic of Rowan
County, Inc.**

	2016	2017	2018	2019	
Contributions, gifts, grants	3,712,840	5,079,459	5,481,617	6,746,306	6
Membership dues					
Program service revenue					
Capital gain or loss					
Investment income		62,700	-39,385	124,434	
Fundraising revenue (income/loss)	150,253	153,184	138,656	164,265	
Gaming revenue (income/loss)					
Other revenue	3,429	3,171	22,920	20,658	
Total revenue	3,866,522	5,298,514	5,603,808	7,055,663	6
Grants and similar amounts paid					
Benefits paid to or for members					
Compensation of officers, etc.	67,900	69,528	67,900	85,418	
Other compensation	309,395	277,583	383,780	321,812	
Professional fees	12,892	14,210	12,288	12,478	
Occupancy costs					
Depreciation and depletion	9,004	9,395	15,953	21,839	
Other expenses	3,499,584	3,588,554	4,313,605	6,966,878	5
Total expenses	3,898,775	3,959,270	4,793,526	7,408,425	6
Excess or (Deficit)	-32,253	1,339,244	810,282	-352,762	
Total exempt revenue	3,866,522	5,298,514	5,603,808	7,055,663	6
Total unrelated revenue					
Total excludable revenue	153,682	219,055	122,191	309,357	
Total Assets	1,666,913	3,061,833	3,820,234	3,476,012	4
Total Liabilities	29,933	85,609	33,728	42,268	
Net Fund Balances	1,636,980	2,976,224	3,786,506	3,433,744	4

Federal Statements**Taxable Dividends from Securities**

<u>Description</u>		<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
			<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
Foundation for the Carolinas		\$ 129,184					
Total		<u>\$ 129,184</u>					

144NP Community Care Clinic of Rowan
56-1964773
FYE: 12/31/2020

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Manageme Genera
Communications/Internet	\$ 12,947	\$	\$ 12,
Miscellaneous	10,230		10,
Fundraising Expenses	4,221		
Dues & Memberships	2,374		2,
Licenses/Permits	1,532	678	
Volunteer Recognition/App	1,414		1,
Other Grant Expenses	506		
Total	\$ 33,224	\$ 678	\$ 28,

144NP Community Care Clinic of Rowan
56-1964773
FYE: 12/31/2020

Federal Statements

Schedule A, Part II, Line 1(e)

Description	A
Public	\$
Grants	
Various pharmaceutical companies	
Pharmaceutical supplies	5
Mr & Mrs Fred Stanback	
Cash Contribution	
Margaret Woodson Foundation	
Cash Contribution	
Nancy Stanback	
Cash Contribution	
City of Salisbury	
Cash Contribution	
NC Association of Free Clinics	
Cash Contribution	
Duke Endowment	
Cash Contribution	
NC Office of Rural Health	
Cash Contribution	
State Dental Grant	
Cash Contribution	
Robertson Foundation	
Cash Contribution	
Leon Levine Foundation	
Cash Contribution	
Medical Society Alliance Rowan	
Cash Contribution	
Community Care Clinic S Piedmont	
Cash Contribution	
NC Pandemic Recovery Office	
Cash Contribution	
Total	\$ 6

144NP Community Care Clinic of Rowan
56-1964773
FYE: 12/31/2020

Federal Statements

Schedule A, Part II, Line 10(e)

Description	Am
Misc Income	\$
Rounding	
Annual Appeal	
Other Fundraisers	
Guardian Angel	1
Fashion Show	
Easter Campaign	
Total	\$ 2

Schedule A, Part II, Line 12 - Current year

Description	Am
Taxable Interest on Savings and Temporary Cash Investments	\$
Foundation for the Carolinas	1
Total	\$ 1

Form

8868**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Community Care Clinic of Rowan County, Inc.	Taxpayer identification number (TIN) 56-1964773
	Number, street, and room or suite no. If a P.O. box, see instructions. 315 Mocksville Avenue, Suite G	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Salisbury NC 28144-3346	

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

01

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

Community Care Clinic
315-G Mocksville Ave.

• The books are in the care of ▶ **Salisbury** **NC 28144**

Telephone No. ▶ **704-636-4523**

Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐ ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11/15/21**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year **2020** or▶ ☐ tax year beginning , and ending

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

☐ Change in accounting period

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

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

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

Form **8868** (Rev. 1-2020)

