See a Social Security Number? Say Something!
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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: North Carolina Association of Free Clinics Inc

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): PO Box 25893

Room/suite:

City or town, state or country, and ZIP + 4: Winston Salem, NC 27114

D Employer identification no: 56-2062170

E Telephone number: (336) 251-1111

G Gross receipts $: 3,555,177

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ NCFREECLINICS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To improve access to free health clinics and pharmacies for the uninsured and underinsured people of NC.

2 Check this box ▶ ☐ 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)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,950,434	3,518,390
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,596	4,710
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,745	32,077
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,995,775	3,555,177
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,844,793	2,738,867
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	214,382	194,225
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,006		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	202,501	289,065
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,261,676	3,222,157
19	Revenue less expenses Subtract line 18 from line 12	(265,901)	333,020

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,420,429	1,626,702
21	Total liabilities (Part X, line 26)	180,419	53,672
22	Net assets or fund balances Subtract line 21 from line 20	1,240,010	1,573,030

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SCANNED AUG 13 2012

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 — Date: 8/7/12

Jason Baisden, Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Eugene J Joslyn	Preparer's signature	Date: 8/3/12	Check ☐ if self-employed	PTIN: P00288276
Firm's name ▶ Crouch Joslyn PLLC			Firm's EIN ▶	
Firm's address ▶ 3069 Trenwest Dr Suite 101 Winston Salem NC 27103			Phone no 336-768-3438	

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

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990 (2011)

Part III Statement of Program Service Accomplishments

• Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission:
To improve access to free health clinics and pharmacies for the uninsured and underinsured people of NC.

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 3,064,535 including grants of $ 2,738,867) (Revenue $ 3,280,559)
To improve access to free health care clinics and pharmacies for the uninsured and underinsured people of NC.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 3,064,535

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investmetnt, and program service activities outisde the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
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?	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			X
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			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . .	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
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 in Schedule O	14b			

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2		
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, or 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 in 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	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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 ▶ NC

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Jason Baisden (336)251-1111 PO Box 25893 Winston Salem, NC 27114

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) Jeff Spade		X						0	0	0
(2) Jerry Hermanson		X						0	0	0
(3) Leslie Deaton		X						0	0	0
(4) Michael Lischke		X						0	0	0
(5) Nancy Alexander		X						0	0	0
(6) Chris Vaughn Secretary				X				0	0	0
(7) Jason Baisden Executive Director	40.00			X				68,200	0	0
(8) Jim Robinson Treasurer				X				0	0	0
(9) Judith Long President				X				0	0	
(10) Rory Crawford Vice Pres				X				0	0	0
(11)										
(12)										
(13)										
(14)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and 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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								68,200	0	0

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

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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		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 ▶

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	32,426			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,474,010			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,011,954			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f		3,518,390			
Program Service Revenue			Business Code				
	2a						
	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)		4,710	4,710		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less. cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue		Business Code			
	11a	Conference income		900099	31,687	31,687	
	b	Other		900099	390	390	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d			32,077		
	12	**Total revenue.** See instructions			3,555,177	36,787	0

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21.	2,738,867	2,738,867		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	68,200	30,690	30,690	6,820
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	93,719	54,815	38,904	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits	19,818	9,578	9,579	661
10 Payroll taxes	12,488	6,036	6,036	416
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,746		11,746	
d Lobbying	17,356		17,356	
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees				
g Other	1,987		1,987	
12 Advertising and promotion				
13 Office expenses	3,453	2,002	1,278	173
14 Information technology				
15 Royalties				
16 Occupancy	8,054	4,430	3,222	402
17 Travel	15,515	5,430	8,534	1,551
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,697	44,697		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,630	2,547	1,851	232
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Central Fill Pharamcy Expens	155,975	155,975		
b Telephone	6,159	1,848	4,003	308
c Tech Project	5,552	4,164	1,388	
d Utilities	4,425	443	3,761	221
e All other expenses	9,516	3,013	6,281	222
25 **Total functional expenses.** Add lines 1 through 24e .	3,222,157	3,064,535	146,616	11,006
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	210,845	1	50,474
	2	Savings and temporary cash investments	1,179,530	2	1,519,189
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,537	4	33,933
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,423	9	7,283
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 49,277			
	b	Less: accumulated depreciation — 10b: 34,104	17,444	10c	15,173
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	650	15	650
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,420,429	16	1,626,702
Liabilities	17	Accounts payable and accrued expenses	176,754	17	39,503
	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,665	25	14,169
	26	**Total liabilities.** Add lines 17 through 25	180,419	26	53,672
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	264,200	27	368,465
	28	Temporarily restricted net assets	975,810	28	1,204,565
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,240,010	33	1,573,030
	34	Total liabilities and net assets/fund balances	1,420,429	34	1,626,702

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,555,177
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,222,157
3	Revenue less expenses Subtract line 2 from line 1	3	333,020
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,240,010
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,573,030

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
North Carolina Association of Free Clinics Inc	56-2062170

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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 ln 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2011.** 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 . . . . . ▶ ☐

b **33 1/3% support test - 2010.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,084,617	2,110,141	4,297,224	2,989,179	3,550,077	15,031,238
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 bus under sec 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	2,084,617	2,110,141	4,297,224	2,989,179	3,550,077	15,031,238
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)						15,031,238

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	2,084,617	2,110,141	4,297,224	2,989,179	3,550,077	15,031,238
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,504	17	7,679	6,596	4,710	61,506
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	42,504	17	7,679	6,596	4,710	61,506
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 IV.)					390	390
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	2,127,121	2,110,158	4,304,903	2,995,775	3,555,177	15,093,134

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.59 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99.26 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	0.41 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	1.00 %

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

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2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III.

Name of organization	Employer identification number
North Carolina Association of Free Clinics In	56-2062170

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 *Political expenditures* . . . . . ▶ $

3 Volunteer hours . . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is :
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		17,356
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total Add lines 1c through 1i			17,356
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A, and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

North Carolina Association of Free Clinics Inc

Employer identification number

56-2062170

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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 8/17/06 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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 SFAS 116 (ASC 958) relating to these items

a Revenues included in 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 are a 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 programs
e ☐ Other _____

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

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 organization answered "Yes" to 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 XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Temporarily restricted endowment ▶ _____ %

The percentages in 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

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

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

Part VI Land, Buildings, and Equipment. 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				
d Equipment		49,277	34,104	15,173
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				15,173

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Rent deposit	650
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	650

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll liabilities	9,367
(3) Deferred revenues	4,802
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	14,169

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,555,177
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,222,157
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	333,020
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	333,020

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,555,177
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,555,177
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 XIV.)	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	3,555,177

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,222,157
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,222,157
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 XIV)	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	3,222,157

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

North Carolina Association of Free Clini

Employer identification number

56-2062170

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) See attached schedule			2,738,867				See Part IV
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Supplemental information (Part IV, additional)

Grants provided to Member Clinics for Planning, Start Up and Continuation

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

North Carolina Association of Free Clinics Inc

Employer identification number

56-2062170

01. Form 990 governing body review (Part VI, line 11)

No review was or will be conducted by the governing board.

02. Governing documents, etc, available to public (Part VI, line 19)

No documents available to the public.

Form **8868**
(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	North Carolina Association of Free Clinics	[X] 56-2062170
	Number, street, and room or suite no. If a P.O. box, see instructions PO Box 25893	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Winston Salem, NC 27114	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ Jason Baisden PO Box 25893 Winston Salem, NC 27114

Telephone No ▶ 336-251-1111 FAX No. ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 12, to file the exempt organization return for the organization named above The extension is for the organization's return for.

▶ [X] calendar year 20 11 or

▶ [ ] tax year beginning _____, 20___, and ending _____, 20___.

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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 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	$
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	$

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

North Carolina Association of Free Clinics
Grants Paid January to December 2011
56-2062170 Form 990 Sch I Part II

Name	Name Address	Amount
Jan - Dec 11		
ABCCM Medical Ministry	Scott Rogers 30 Cumberland Avenue Asheville, NC 28801	24,800
ABCCM Medical Ministry	Scott Rogers 30 Cumberland Avenue Asheville, NC 28801	8,000
ABCCM Medical Ministry	Scott Rogers 30 Cumberland Avenue Asheville, NC 28801	4,000
Ashe County Free Medical Clinic	PO Box 1506 Jefferson, NC 28640	6,900
Ashe County Free Medical Clinic	PO Box 1506 Jefferson, NC 28640	8,000
Ashe County Free Medical Clinic	PO Box 1506 Jefferson, NC 28640	1,000
Bethesda Health Center	133 Stetson Drive Charlotte, NC 28262	8,500
Bethesda Health Center	133 Stetson Drive Charlotte, NC 28262	8,000
Bladen County Free Clinic	Tina Reaves PO Box 127 Council, NC 28434	3,700
Bladen County Free Clinic	Tina Reaves PO Box 127 Council, NC 28434	8,000
Bladen County Free Clinic	Tina Reaves PO Box 127 Council, NC 28434	1,000
Blue Ridge Mountains Free Dental Clinic	PO Box 451 Cashiers, NC 28717	5,100
Blue Ridge Mountains Free Dental Clinic	PO Box 451 Cashiers, NC 28717	8,000
Blue Ridge Mountains Free Dental Clinic	PO Box 451 Cashiers, NC 28717	4,000
Broad Street Clinic	500 N 35th Street Morehead City, NC 28557	8,600
Broad Street Clinic	500 N 35th Street Morehead City, NC 28557	8,000
Brunswick Adult Medical Clinic	PO Box 117 Supply, NC 28462	2,300
Brunswick Adult Medical Clinic	PO Box 117 Supply, NC 28462	8,000
Business Card - Inactive	PO Box 15796 Wilmington, DE 19886-5796	294
Cape Fear Clinic, Inc	1605 Doctors Circle Wilmington, NC 28405	14,000
Cape Fear Clinic, Inc	1605 Doctors Circle Wilmington, NC 28405	8,000
Caring Community Clinic	Janet Barefoot 200 Doctor's Drive Jacksonville, NC 28540	3,400
Caring Community Clinic	Janet Barefoot 200 Doctor's Drive Jacksonville, NC 28540	8,000
Charlotte Community Health Clinic, Inc	Nancy Hudson 6900 Farmingdale Drive Charlotte, NC 28212	40,900
Charlotte Community Health Clinic, Inc	Nancy Hudson 6900 Farmingdale Drive Charlotte, NC 28212	8,000
Charlotte Community Health Clinic, Inc	Nancy Hudson 6900 Farmingdale Drive Charlotte, NC 28212	4,000
Chatham CARES Community Pharmacy	127 East Raleigh Street Siler City, NC 27344	4,000
Chatham CARES Community Pharmacy	127 East Raleigh Street Siler City, NC 27344	1,000
Chatham CARES Community Pharmacy	127 East Raleigh Street Siler City, NC 27344	8,000
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	50,000
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	8,000
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	4,000
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	1,000
Community Care Clinic of Boone	141 Health Center Drive Suite B Boone, NC 28607	7,500
Community Care Clinic of Boone	141 Health Center Drive Suite B Boone, NC 28607	1,000
Community Care Clinic of Boone	141 Health Center Drive Suite B Boone, NC 28607	8,000
Community Care Clinic of Boone	141 Health Center Drive Suite B Boone, NC 28607	1,500
Community Care Clinic of Dare	PO Box 1329 Nags Head, NC 27959	5,200
Community Care Clinic of Dare	PO Box 1329 Nags Head, NC 27959	1,000
Community Care Clinic of Dare	PO Box 1329 Nags Head, NC 27959	8,000
Community Care Clinic of Elizabeth City	C/O Albemarle Hospital Foundation PO Box 1412 Elizabeth City, NC	11,900
Community Care Clinic of Elizabeth City	C/O Albemarle Hospital Foundation PO Box 1412 Elizabeth City, NC	8,000
Community Care Clinic of Elizabeth City	C/O Albemarle Hospital Foundation PO Box 1412 Elizabeth City, NC	4,000
Community Care Clinic of Elizabeth City	C/O Albemarle Hospital Foundation PO Box 1412 Elizabeth City, NC	1,000
Community Care Clinic of Highlands	PO Box 43 Highlands, NC 28741	8,000
Community Care Clinic of Highlands	PO Box 43 Highlands, NC 28741	8,000
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	10,700
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	1,000
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	8,000
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	1,000
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	28,200
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	1,000
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	8,000
Community Clinic of Rutherford County	Sandra McGriff 187 West Main Street Spindale, NC 28160	17,000
Community Clinic of Rutherford County	Sandra McGriff 187 West Main Street Spindale, NC 28160	1,000
Community Clinic of Rutherford County	Sandra McGriff 187 West Main Street Spindale, NC 28160	8,000
Community Free Clinic	528 A Lake Concord Road Concord, NC 28025	3,900
Community Free Clinic	528 A Lake Concord Road Concord, NC 28025	8,000
Community Free Clinic	528 A Lake Concord Road Concord, NC 28025	727
Community Health Services of Union County	415 E Windsor Street Suite B Monroe, NC 28112	25,000
Community Health Services of Union County	415 E Windsor Street Suite B Monroe, NC 28112	1,000
Compassionate Care	PO Box 1432 Rockingham, NC	665
Compassionate Care Free Clinic	PO Box 1432 Rockingham, NC 28380	2,600
Compassionate Care Free Clinic	PO Box 1432 Rockingham, NC 28380	8,000
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	6,200
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	8,000
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	4,000

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Name	Name Address	Amount
Davidson Medical Ministries Clinic, Inc.	PO Box 584 Lexington, NC 27293-0584	1,000
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	20,300
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	8,000
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	4,000
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	2,500
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	1,000
DEAC Clinic	Office of Student Services Medical Center Boulevard Winston-Salem,	25,000
Diakonos, Inc	PO Box 5217 Statesville, NC 28687	2,900
Diakonos, Inc	PO Box 5217 Statesville, NC 28687	8,000
Franklin County VIM Clinic	109 N Church Street Louisburg, NC 27549	8,000
Franklin County Volunteers in Medicine	PO Box 397 Louisburg, NC 27549	8,600
Franklin County Volunteers in Medicine	PO Box 397 Louisburg, NC 27549	1,000
Free Clinic of Our Towns	C/O Ada Jenkins Center PO Box 1842 Davidson, NC 28036	9,500
Free Clinic of Our Towns	C/O Ada Jenkins Center PO Box 1842 Davidson, NC 28036	1,000
Free Clinic of Our Towns	C/O Ada Jenkins Center PO Box 1842 Davidson, NC 28036	8,000
Free Clinic of Our Towns	C/O Ada Jenkins Center PO Box 1842 Davidson, NC 28036	4,000
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323-2668	9,000
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323-2668	1,000
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323-2668	8,000
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323-2668	4,000
Free Clinic of Transylvania County	PO Box 1135 Brevard, NC 28712	9,700
Free Clinic of Transylvania County	PO Box 1135 Brevard, NC 28712	8,000
Free Clinic of Transylvania County	PO Box 1135 Brevard, NC 28712	1,500
Free Clinics	841 Case Street Hendersonville, NC 28792	14,000
Free Clinics	841 Case Street Hendersonville, NC 28792	993
Free Clinics	841 Case Street Hendersonville, NC 28792	8,000
Free Clinics	841 Case Street Hendersonville, NC 28792	4,000
Good Samaritan Clinic	305 West Union Street Morganton, NC 28655	18,100
Good Samaritan Clinic	305 West Union Street Morganton, NC 28655	1,000
Good Samaritan Clinic	305 West Union Street Morganton, NC 28655	8,000
Good Samaritan Clinic of Haywood County	34 Sims Circle Waynesville, NC 28786	13,200
Good Samaritan Clinic of Haywood County	34 Sims Circle Waynesville, NC 28786	8,000
Good Samaritan Clinic of Jackson County	538 Scotts Creek Rd Sylva, NC 28779	7,500
Good Samaritan Clinic of Jackson County	538 Scotts Creek Rd Sylva, NC 28779	8,000
Good Samaritan Clinic of Jackson County	538 Scotts Creek Rd. Sylva, NC 28779	1,000
Good Samaritan Clinic of McDowell County	PO Box 3002 Marion, NC 28752	20,000
Good Shepherd's Clinic	430 Newport Drive Salisbury, NC 28144-1264	5,700
Good Shepherd's Clinic	430 Newport Drive Salisbury, NC 28144-1264	8,000
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	1,000
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	29,700
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	8,000
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	1,000
Greenville Community Shelter Clinic	PO Box 8322 Greenville, NC 27835	8,000
Haywood Christian Ministry	150 Branner Ave Waynesville, NC 28786	8,000
Healing with CAARE, Inc	214 Broadway Street Durham, NC 27701	5,800
Healing with CAARE, Inc	214 Broadway Street Durham, NC 27701	8,000
HealthQuest of Union County	415 East Franklin Street Monroe, NC 28112-5600	8,000
HealthQuest of Union County	415 East Franklin Street Monroe, NC 28112-5600	8,000
HealthReach Community Clinic	PO Box 1265 Mooresville, NC 28115	16,300
HealthReach Community Clinic	PO Box 1265 Mooresville, NC 28115	8,000
HealthReach Community Clinic	PO Box 1265 Mooresville, NC 28115	934
Helping Hand Clinic - Sanford	507 N Steele St Sanford, NC 27330	4,800
Helping Hand Clinic - Sanford	507 N Steele St Sanford, NC 27330	8,000
Helping Hand Clinic - Sanford	507 N Steele St Sanford, NC 27330	2,000
Helping Hand Clinic - Sanford	507 N Steele St Sanford, NC 27330	1,000
Helping Hands Clinic, Inc - Lenoir	810 Harper Avenue Lenior, NC 28645	1,000
Helping Hands of Caldwell County	810 Harper Avenue Lenior, NC 28645	13,700
Helping Hands of Caldwell County	810 Harper Avenue Lenior, NC 28645	8,000
Helping Hands of Caldwell County	810 Harper Avenue Lenior, NC 28645	4,000
HOPE Clinic	PO Box 728 Bayboro, NC 28515	1,000
HOPE Clinic	PO Box 728 Bayboro, NC 28515	8,000
Hope Clinic a	PO Box 728 Bayboro, NC	1,000
Hunger & Health Coalition Inc	PO Box 1837 Boone, NC 28607-1837	2,600
Hunger & Health Coalition Inc	PO Box 1837 Boone, NC 28607-1837	8,000
John P Murray Community Care Clinic	Chris Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	12,800
John P Murray Community Care Clinic	Chris Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	8,000
John P Murray Community Care Clinic	Chris Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	1,000
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	17,300

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Name	Name Address	Amount
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	814
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	8,000
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	4,000
Mariam Clinic/Muslim Womens Health Center	PO Box 4187 Cary, NC 27519	3,700
Matthews Free Medical Clinic	113 N Ames Street Matthews, NC 28105	8,400
Matthews Free Medical Clinic	113 N Ames Street Matthews, NC 28105	8,000
Matthews Free Medical Clinic	113 N Ames Street Matthews, NC 28105	1,000
Medication Assistance Program	Guilford County Health Department 1100 E Wendover Ave Greensb	3,100
Medication Assistance Program	Guilford County Health Department 1100 E. Wendover Ave Greensb	8,000
MERCI Clinic	1315 Tatum Drive New Bern, NC 28560	26,500
MERCI Clinic	1315 Tatum Drive New Bern, NC 28560	8,000
MERCI Clinic	1315 Tatum Drive New Bern, NC 28560	4,000
MERCI Clinic	1315 Tatum Drive New Bern, NC 28560	1,000
Montgomery County Free Clinic	PO Box 296 Biscoe, NC 27209	25,000
Montgomery County Free Clinic	PO Box 296 Biscoe, NC 27209	1,000
Moore Free Care Clinic	211 Trimble Plant Road Suite C Southern Pines, NC 28387	14,700
Moore Free Care Clinic	211 Trimble Plant Road Suite C Southern Pines, NC 28387	1,000
Moore Free Care Clinic	211 Trimble Plant Road Suite C Southern Pines, NC 28387	8,000
NC MedAssist/Central Fill	601 E 5th Street, Ste 350 Charlotte, NC 28202	292,568
NC MedAssist/Central Fill	601 E. 5th Street, Ste 350 Charlotte, NC 28202	292,568
NC MedAssist/Central Fill	601 E 5th Street, Ste 350 Charlotte, NC 28202	10,600
NC MedAssist/Central Fill	601 E 5th Street, Ste 350 Charlotte, NC 28202	292,568
NC MedAssist/Central Fill	601 E 5th Street, Ste 350 Charlotte, NC 28202	36,414
NC MedAssist/Central Fill	601 E 5th Street, Ste 350 Charlotte, NC 28202	281,932
NC MedAssist/Central Fill	601 E 5th Street, Ste 350 Charlotte, NC 28202	33,933
New Hope Clinic	201 W Boiling Spring Southport, NC 28461	10,500
New Hope Clinic	201 W Boiling Spring Southport, NC 28461	1,000
New Hope Clinic	201 W. Boiling Spring Southport, NC 28461	8,000
Open Door Clinic of Alamance County	221 N Graham-Hopedale Road Burlington, NC 27217	8,000
Open Door Clinic of Alamance County	221 N Graham-Hopedale Road Burlington, NC 27217	855
Open Door of Alamance County	1214 Vaughn Road, Suite 103 Burlington, NC 27217	6,200
Pitt County Care Inc	600 Moye Blvd Brody Medical Services 2N-45 Greenville, NC 27834	2,200
Pitt County Care Inc	600 Moye Blvd Brody Medical Services 2N-45 Greenville, NC 27834	8,000
Pitt County Care Inc	600 Moye Blvd Brody Medical Services 2N-45 Greenville, NC 27834	537
Raleigh Rescue Mission Clinic	314 East Hargett Street Raleigh, NC 27611	2,300
Raleigh Rescue Mission Clinic	314 East Hargett Street Raleigh, NC 27611	504
Raleigh Rescue Mission Clinic	314 East Hargett Street Raleigh, NC 27611	8,000
Roanoke Valley Medical Ministries Clinic	PO Box 1344 Roanoke Rapids, NC 27870	8,000
Roanoke Valley Medical Ministries Clinic	PO Box 1344 Roanoke Rapids, NC 27870	575
Robert Nixon Clinic	100 West Rosemary Street Chapel Hill, NC 27516	8,000
Salem Kitchen	50 Miller Street, Suite E Winston-Salem, NC 27104	183
Samaritan Health Center	507 E Knox Street Suite 430 Durham, NC 27701	3,000
Samaritan Health Center	507 E. Knox Street Suite 430 Durham, NC 27701	8,000
Samaritan Health Center-v	507 East Knox Street Durham, NC 27703	2,800
Scotland Community Health Clinic	PO Box 2050 Laurinburg, NC 28353	8,000
Scotland Community Health Clinic	PO Box 2050 Laurinburg, NC 28353	804
Senior PHARM Assist	406 Rigsbee Avenue Suite 201 Durham, NC 27701-2186	5,000
Senior Pharmacy Program	PO Box 826 New Bern, NC 28563	8,000
Senior Pharmacy Program	PO Box 826 New Bern, NC 28563	1,500
Senior PharmAssist	406 Rigsbee Avenue Suite 201 Durham, NC 27701-2186	8,000
Senior PharmAssist	406 Rigsbee Avenue Suite 201 Durham, NC 27701-2186	4,000
Shalom Project's Green St Health Clinic	639 S Green Street Winston-Salem, NC 27101	2,300
Shalom Project's Green St Health Clinic	639 S Green Street Winston-Salem, NC 27101	8,000
Shelter Health Services	534 Spratt Street Charlotte, NC 28206	8,300
Shelter Health Services	534 Spratt Street Charlotte, NC 28206	991
Shelter Health Services	534 Spratt Street Charlotte, NC 28206	8,000
Shelter Health Services	534 Spratt Street Charlotte, NC 28206	4,000
Shepherds Care Medical Clinic	304-B Pony Road Zebulon, NC 27597-2529	12,478
Shepherds Care Medical Clinic	304-B Pony Road Zebulon, NC 27597-2529	964
St. Bernadette Catholic Church	1005 Wilbon Road Fuquay-Varina, NC 27526	2,500
Storehouse for Jesus Free Med Ministries	PO Box 216 Mocksville, NC 27028-0216	1,000
Storehouse for Jesus Free Med Ministries	PO Box 216 Mocksville, NC 27028-0216	7,800
Storehouse for Jesus Free Med Ministries	PO Box 216 Mocksville, NC 27028-0216	8,000
Student Health Action Coalition	UNC-Chapel Hill CB#9535 037 MacNider Hall	8,000
Student Health Action Coalition	UNC-Chapel Hill CB#9535 037 MacNider Hall	1,000
Surry Medical Ministries Clinic	PO Box 349 Mount Airy, NC 27030	8,000
Tar River Mission Clinic Inc	1041 Noell Lane Plaza B Rocky Mount, NC 27804	3,800
Tar River Mission Clinic Inc	1041 Noell Lane Plaza B Rocky Mount, NC 27804	1,000

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Tar River Mission Clinic Inc	1041 Noell Lane Plaza B Rocky Mount, NC 27804	8,000
The CARE Clinic, Inc	PO Box 53438 Fayetteville, NC 28305	16,400
The CARE Clinic, Inc	PO Box 53438 Fayetteville, NC 28305	981
The CARE Clinic, Inc	PO Box 53438 Fayetteville, NC 28305	8,000
The CARE Clinic, Inc	PO Box 53438 Fayetteville, NC 28305	1,500
Tri-County Health/Grace Clinic	PO Box 978 Elkin, NC 28621-0978	3,800
Tri-County Health/Grace Clinic	PO Box 978 Elkin, NC 28621-0978	8,000
Tri-County Health/Grace Clinic	PO Box 978 Elkin, NC 28621-0978	592
Urban Ministries Open Door Clinic	PO Box 26475 Raleigh, NC 27611-6476	24,700
Urban Ministries Open Door Clinic	PO Box 26475 Raleigh, NC 27611-6476	993
Urban Ministries Open Door Clinic	PO Box 26475 Raleigh, NC 27611-6476	8,000
Warren County Free Clinic	546 W Ridgeway Street Warrenton, NC 27589	12,500
Warren County Free Clinic	546 W Ridgeway Street Warrenton, NC 27589	8,000
WATCH Healthcare Program	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27533	40,500
WATCH Healthcare Program	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27533	8,000
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