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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final 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) Room/suite PO Box 25893
	City or town, state or province, country, and ZIP or foreign postal code Winston Salem, NC 27114
	F Name and address of principal officer
D Employer identification no. 56-2062170	
E Telephone number (336) 251-1111	
G Gross receipts \$ 2,403,119	
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)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5
6 Total number of volunteers (estimate if necessary)	19
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0
8 Contributions and grants (Part VIII, line 1h)	2,682,531
9 Program service revenue (Part VIII, line 2g)	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,198
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,940
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,720,669
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,177,493
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)	261,927
16a Professional fundraising fees (Part IX, column (A), line 11)	0
16b Total fundraising expenses (Part IX, column (D), line 25)	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	146,320
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,585,740
19 Revenue less expenses Subtract line 18 from line 12	134,929
20 Total assets (Part X, line 16)	1,846,159
21 Total liabilities (Part X, line 26)	35,674
22 Net assets or fund balances Subtract line 21 from line 20	1,810,485

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 Lou Hill, Executive Director Date
Paid Preparer Use Only	Preparer's name Eugene J Joslyn Preparer's signature Eugene J Joslyn Date 08-10-2015 Check ☐ if PTIN self-employed P00288276 Firm's name Crouch Joslyn PLLC Firm's EIN 336-768-3438 Firm's address 4505 COUNTRY CLUB RD SUITE 100 WINSTON SALEM NC 27104

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1 Briefly describe the organization's mission
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 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 \$ 2,022,789 including grants of \$ 1,826,867) (Revenue \$ 2,065,853)
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 ▶ 2,022,789

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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in 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 and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a 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 a copy of 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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		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		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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	6	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 or note to any line in this Part VI ☒

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 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	1a	11
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
Lou Hill (336) 251-1111, PO Box 25893, Winston Salem, NC 27114

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

List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Jim Robinson</u> Treasurer	<u>2.00</u>	X		X				0	0	0
(2) <u>Michael Lischke</u> Director	<u>1.00</u>	X						0	0	0
(3) <u>Rory Crawford</u> President	<u>3.00</u>	X		X				0	0	0
(4) <u>Chris Vaughn</u> Secretary	<u>2.00</u>	X		X				0	0	0
(5) <u>Jerry Hermanson</u> Director	<u>1.00</u>	X						0	0	0
(6) <u>Sandy Motley</u> Vice Pres	<u>2.00</u>	X		X				0	0	0
(7) <u>April Cook</u> Director	<u>1.00</u>	X						0	0	0
(8) <u>Sharon Elliott-Bynum</u> Director	<u>1.00</u>	X						0	0	0
(9) <u>Sissy Lee Elmore</u> Director	<u>1.00</u>	X						0	0	0
(10) <u>John Price</u> Director	<u>1.00</u>	X						0	0	0
(11) <u>Tracy Salisbury</u> Director	<u>1.00</u>	X						0	0	0
(12) <u>Lou Hill</u> Executive Director	<u>40.00</u>			X				31,154	0	56
(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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(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)								31,154	0	56

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

	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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b 34,335			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,347,299			
	g Noncash contributions included in lines 1a-1f \$	3,428			
	h Total. Add lines 1a-1f	2,381,634			
Program Service Revenue	2a Business Code				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	836	836		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	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	20,649	20,649		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	20,649				
12 Total revenue. See instructions	2,403,119	21,485	0	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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,826,867	1,826,867		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,598	31,319	31,319	6,960
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	137,172	84,764	50,908	1,500
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,000	2,938	1,937	125
9 Other employee benefits	24,999	14,686	9,688	625
10 Payroll taxes	16,984	9,977	6,582	425
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,920		15,920	
d Lobbying	9,259		9,259	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,207		2,207	
12 Advertising and promotion				
13 Office expenses	2,366	828	1,538	
14 Information technology				
15 Royalties				
16 Occupancy	10,000	5,500	4,500	
17 Travel	11,907	4,763	7,144	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,447	11,447		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,037	1,120	815	102
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 Pharmacy Expens	17,210	17,210		
b Telephone	7,427	2,970	3,714	743
c Utilities	4,315	2,373	1,726	216
d				
e All other expenses	10,778	6,027	4,563	188
25 Total functional expenses. Add lines 1 through 24e	2,185,493	2,022,789	151,820	10,884
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	65,240	1	217,740
	2 Savings and temporary cash investments	1,767,814	2	1,821,194
	3 Pledges and grants receivable, net		3	4,125
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,323	9	3,541
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 28,957		
	b Less: accumulated depreciation	10b 22,000	9,132	10c 6,957
	11 Investments - publicly traded securities		11	3,428
	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)	1,846,159	16	2,057,635	
Liabilities	17 Accounts payable and accrued expenses	19,019	17	21,734
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	16,655	25	7,790
	26 Total liabilities. Add lines 17 through 25	35,674	26	29,524
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		293,698	27	251,711
28 Temporarily restricted net assets		1,516,787	28	1,776,400
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), 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		1,810,485	33	2,028,111
34 Total liabilities and net assets/fund balances	1,846,159	34	2,057,635	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,403,119
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,185,493
3	Revenue less expenses Subtract line 2 from line 1	3	217,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,810,485
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,028,111

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

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**b** Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,989,179	3,550,077	3,175,623	2,668,471	2,370,188	14,753,538
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	2,989,179	3,550,077	3,175,623	2,668,471	2,370,188	14,753,538
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)						11,490,651
6 Public support. Subtract line 5 from line 4						3,262,887

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,989,179	3,550,077	3,175,623	2,668,471	2,370,188	14,753,538
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,596	4,710	3,913	2,198	969	18,386
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		390	145		6	541
11 Total support. Add lines 7 through 10						14,772,465
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 2014 (line 6, column (f) divided by line 11, column (f))	14	22.09	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	23.36	%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☒			
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

Part II Line 17a

The North Carolina Association of Free Clinics Inc's public support percentage for 2014 is 22.09%, well in excess of the 10% minimum amount. The Association receives its funding from a variety of sources including the BCBS Foundation of NC, The Duke Endowment Foundation and the KB Reynolds Charitable Foundation as well as donations and grants (governmental and educational institutions) from various sources. The Association's board is made up of a variety of individuals with concerns about the health care needs of the uninsured or under insured people of North Carolina. The Association helps fund free clinics through out the state that endeavor to improve access for those individuals who cannot afford to pay for their health care and pharmaceutical needs. The Association, through the free clinics also provides healthy best practices to the individuals participating in the programs they offer. The Association applies the practical pharmaceutical related knowledge of its board members and participating clinics steer the activities of the Association's programs and projects to meet the needs of those people of North Carolina that need access to free health care clinics and pharmaceuticals most.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**
▶ **Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990.**

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization

North Carolina Association of Free Clinics In

Employer identification number

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														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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													
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-														
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)).

	(a)		(b)
	Yes	No	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		9,259
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			9,259
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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

01. Activities to influence legislation (Part II-B, lines 1a - 1h)

Meeting with and/or calling government officials or legislators.

**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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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 a 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	
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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

Complete if the organization answered "Yes" 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 XIII, 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) Revenue 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 Revenue 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 XIII

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

- (i) unrelated organizations
 (ii) related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		28,957	22,000	6,957
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **6,957**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll liabilities	2,551
(3) Deferred revenues	5,239
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	7,790

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

Supplemental 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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

North Carolina Association of Free Clinics

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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 Part IX Line 1 Summary			1,826,866				See Part III
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

03. Additional Information for Schedule I

Grants are monitored through the association's internal accounting system, in collaboration with grantors as stipulated in grant contracts. Grant amounts consist of two types: 1) Predetermined/Set Grant Awards and 2) Variable Grant Awards. Variable grant awards are determined based upon clinical performance for improving patient health. NCAFC maintains all documentation and formulas used in calculating the variable grant awards and shares this information with the grantors.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

North Carolina Association of Free Clinics Inc

56-2062170

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

Electronic copies (pdf) of the form 990 will be made available to the governing board for
review and comment prior to the submission of form 990 to the tax authorities.

02. CEO, executive director, top management comp (Part VI, line 15a)

Executive director's compensation is considered annually by the appropriate members of the
board.

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

Documents are available to the public upon request.

North Carolina Association of Free Clinics
Grants Paid January to December 2014 a
56-206210 Schedule I Form 990 Part II

Name	Name Address	Amount
Jan - Dec 14		
Northwest AHEC	Reed Burger Dept of Northwest AHEC Medical Center Blvd	25,000
Good Samaritan Clinic of McDowell County	PO Box 3002 Marion, NC 28752	777
Franklin County VIM Clinic	109 N Church Street Louisburg, NC 27549	21,813
Alliance Medical Ministry	Mendi L Nieters, Director of Development 101 Donald Ross Drive F	10,000
John P Murray Community Care Clinic	Chns Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	1,500
Broad Street Clinic	500 N 35th Street, Suite K Morehead City, NC 28557	1,500
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	1,500
Grace Clinic	PO Box 978 Elkin, NC 28621	2,500
WATCH Mobile Clinic	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27531	3,500
Broad Street Clinic	500 N 35th Street, Suite K Morehead City, NC 28557	500
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	500
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	500
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	500
Community Free Clinic	528 A Lake Concord Road, NE Concord, NC 28025	500
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	500
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	500
Free Clinic of Our Towns	PO Box 1842 Davidson, NC 28036	500
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323	500
Free Clinics	841 Case Street Hendersonville, NC 28792	500
Good Samantan Clinic	305 West Union Street Morganton, NC 28655	500
Grace Clinic	PO Box 978 Elkin, NC 28621	500
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	500
Helping Hands Clinic of Caldwell County	810 Harper Avenue Lenior, NC 28645	500
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	500
Urban Ministries Open Door Clinic	PO Box 26476 Raleigh, NC 27611	500
WATCH Mobile Clinic	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27531	500
Franklin County VIM Clinic	109 N Church Street Louisburg, NC 27549	8,000
Franklin County VIM Clinic	109 N Church Street Louisburg, NC 27549	187
Ashe County Free Medical Clinic	PO Box 1506 Jefferson, NC 28640	500
Broad Street Clinic	500 N 35th Street, Suite K Morehead City, NC 28557	500
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	500
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	500
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	500
Community Free Clinic	528 A Lake Concord Road, NE Concord, NC 28025	500
Community Health Services of Union County	415 E Windsor Street Suite B Monroe, NC 28112	500
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	500
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	500
Free Clinic of Our Towns	PO Box 1842 Davidson, NC 28036	500
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323	500
Good Samantan Clinic	305 West Union Street Morganton, NC 28655	500
Grace Clinic	PO Box 978 Elkin, NC 28621	500
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	500
Helping Hands Clinic of Caldwell County	810 Harper Avenue Lenior, NC 28645	500
John P Murray Community Care Clinic	Chris Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	500
MERCI Clinic	1315 Tatum Drive New Bern, NC 28560	500
Free Clinics	841 Case Street Hendersonville, NC 28792	500
Urban Ministries Open Door Clinic	PO Box 26476 Raleigh, NC 27611	500
WATCH Mobile Clinic	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27531	500
Samantan Health Center	PO Box 51339 Durham, NC 27717	949
ABCCM Medical Ministry	30 Cumberland Avenue Asheville, NC 28801	46,636
AlaMAP	PO Box 202 Burlington, NC 27216	4,900
Bethesda Health Center	133 Stetson Drive Charlotte, NC 28262	26,070
Blue Ridge Free Dental Clinic	PO Box 451 Cashiers, NC 28717	7,100

North Carolina Association of Free Clinics
Grants Paid January to December 2014 a
56-206210 Schedule I Form 990 Part II

Name	Name Address	Amount
Broad Street Clinic	500 N 35th Street, Suite K Morehead City, NC 28557	14,200
Cape Fear Clinic, Inc	1605 Doctors Circle Wilmington, NC 28401	45,643
CARE Clinic, Inc	PO Box 53438 Fayetteville, NC 28305	29,589
Caring Community Clinic	600 Court Street Jacksonville, NC 28540	3,900
Charlotte Community Health Clinic, Inc	Nancy Hudson 6900 Farmingdale Drive Charlotte, NC 28212	50,000
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	50,000
Community Care Clinic of Boone	141 Health Center Drive Suite B Boone, NC 28607	40,070
Community Care Clinic of Elizabeth City	C/O Albemarle Hospital Foundation PO Box 1412 Elizabeth City, N	22,870
Community Care Clinic of Dare	PO Box 1329 Nags Head, NC 27959	14,945
Community Care Clinic of Highlands	PO Box 43 Highlands, NC 28741	10,245
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	36,434
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	14,700
Community Free Clinic	528 A Lake Concord Road, NE Concord, NC 28025	22,100
Community Health Services of Union County	415 E Windsor Street Suite B Monroe, NC 28112	10,900
Compassionate Care of Richmond County	PO Box 1432 Rockingham, NC 28380	2,500
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	5,000
DEAC Clinic	Office of Student Services Medical Center Boulevard Winston-Sale	7,698
Free Clinic of Our Towns	PO Box 1842 Davidson, NC 28036	15,100
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323	13,518
Free Clinics	841 Case Street Hendersonville, NC 28792	15,100
Good Samaritan Clinic	305 West Union Street Morganton, NC 28655	19,400
Good Samaritan Clinic of Haywood County	34 Sims Circle Waynesville, NC 28786	12,900
Good Samaritan Clinic of Jackson County	293 Hospital Road Suite B Sylva, NC 28779	13,700
Good Shepherd's Clinic	430 Newport Drive Salisbury, NC 28144-1264	10,570
Grace Clinic	PO Box 978 Elkin, NC 28621	11,073
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	31,700
Healing with CAARE, Inc	214 Broadway Street Durham, NC 27701	10,800
HealthReach Community Clinic	PO Box 1265 Mooresville, NC 28115	27,725
Helping Hand Clinic - Sanford	507 N Steele St Sanford, NC 27330	15,498
HOPE Clinic	Shen Rettew PO Box 728 Bayboro, NC 28515	15,700
Hunger & Health Coalition Inc	PO Box 1837 Boone, NC 28607-1837	4,000
John P. Murray Community Care Clinic	Chris Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	30,679
Mariam Clinic/Muslim Womens Health Center	PO Box 4187 Cary, NC 27519	3,173
Matthews Free Medical Clinic	196 S Trade Street Matthews, NC 28105	9,500
Medication Assistance Program	Guilford County Health Department 1100 E Wendover Ave Green	8,225
MERCI Clinic	1315 Tatum Drive New Bern, NC 28560	43,116
Moore Free Care Clinic	211 Trimble Plant Road Suite C Southern Pines, NC 28387	0
NC MedAssist/Central Fill	601 E 5th Street, Ste 350 Charlotte, NC 28202	20,300
New Hope Clinic	201 W Boiling Spring Road Southport, NC 28461	0
Open Door Clinic of Alamance County	1214 Vaughn Road, Ste 103 Burlington, NC 27215	26,916
Scotland Community Health Clinic	PO Box 2050 Laurinburg, NC 28353	7,300
Senior PharmAssist	406 Rigsbee Avenue Suite 201 Durham, NC 27701-2186	8,700
Shelter Health Services	534 Spratt Street Charlotte, NC 28206	21,900
Storehouse for Jesus	PO Box 216 Mocksville, NC 27028	12,300
Tar River Mission Clinic Inc	1041 Noell Lane Medical Plaza B Rocky Mount, NC 27804	5,800
Warren County Free Clinic	546 W Ridgeway Street Warrenton, NC 27589	12,618
WATCH Mobile Clinic	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27531	39,645
Ashe County Free Medical Clinic	PO Box 1506 Jefferson, NC 28640	14,034
HealthQuest of Union County	415 East Franklin Street Monroe, NC 28112-5600	20,000
Helping Hands Clinic of Caldwell County	810 Harper Avenue Lenior, NC 28645	29,334
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	32,362
Moore Free Care Clinic	211 Trimble Plant Road Suite C Southern Pines, NC 28387	27,380
New Hope Clinic	201 W Boiling Spring Road Southport, NC 28461	25,789
Shepherd's Care Medical Clinic	304-B Pony Road Zebulon, NC 27597-2529	17,071

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Name	Name Address	Amount
Urban Ministries Open Door Clinic	PO Box 26476 Raleigh, NC 27611	37,889
Hands of Hope Medical Clinic	Melissa Combs PO Box 62 Yadkinville, NC 27055	25,000
Chatham CARES Community Pharmacy	127 East Raleigh Street Siler City, NC 27344	6,325
Cumtuck Dental Clinic	Ed Houser PO Box 770 Grandy, NC 27939	25,000
Ashe County Free Medical Clinic	PO Box 1506 Jefferson, NC 28640	500
Broad Street Clinic	500 N 35th Street, Suite K Morehead City, NC 28557	500
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	500
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	500
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	500
Community Free Clinic	528 A Lake Concord Road, NE Concord, NC 28025	500
Community Health Services of Union County	415 E Windsor Street Suite B Monroe, NC 28112	500
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	500
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	500
Free Clinic of Our Towns	PO Box 1842 Davidson, NC 28036	500
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323	500
Good Samaritan Clinic	305 West Union Street Morganton, NC 28655	500
Grace Clinic	PO Box 978 Elkin, NC 28621	500
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	500
Helping Hands Clinic of Caldwell County	810 Harper Avenue Lenior, NC 28645	500
John P. Murray Community Care Clinic	Chris Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	500
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	500
MERCI Clinic	1315 Tatum Drive New Bern, NC 28560	500
Free Clinics	841 Case Street Hendersonville, NC 28792	500
Urban Ministries Open Door Clinic	PO Box 26476 Raleigh, NC 27611	500
WATCH Mobile Clinic	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27531	500
ABCCM	Scott Rogers 30 Cumberland Avenue Asheville, NC 28801	8,000
CARE Clinic, Inc	PO Box 53438 Fayetteville, NC 28305	2,500
Charlotte Community Health Clinic, Inc	Nancy Hudson 6900 Farmingdale Drive Charlotte, NC 28212	8,000
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	8,000
Community Care Clinic of Boone	141 Health Center Drive Suite B Boone, NC 28607	2,500
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	2,500
Community Free Clinic	528 A Lake Concord Road, NE Concord, NC 28025	2,500
Community Health Services of Union County	415 E Windsor Street Suite B Monroe, NC 28112	8,000
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	8,000
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	8,000
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323	8,000
Good Samaritan Clinic	305 West Union Street Morganton, NC 28655	8,000
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	8,000
HealthReach Community Clinic	PO Box 1265 Mooresville, NC 28115	8,000
Helping Hand Clinic - Sanford	507 N Steele St Sanford, NC 27330	5,000
Helping Hands Clinic of Caldwell County	810 Harper Avenue Lenior, NC 28645	8,000
John P. Murray Community Care Clinic	Chris Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	8,000
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	8,000
New Hope Clinic	201 W Boiling Spring Road Southport, NC 28461	8,000
NC MedAssist/Central Fill	601 E 5th Street, Ste 350 Charlotte, NC 28202	8,000
Senior PHARM Assist	406 Rigsbee Avenue Suite 201 Durham, NC 27701-2186	8,000
Shelter Health Services	534 Spratt Street Charlotte, NC 28206	8,000
Tar River Mission Clinic Inc	1041 Noell Lane Medical Plaza B Rocky Mount, NC 27804	2,500
Free Clinics	841 Case Street Hendersonville, NC 28792	8,000
WATCH Mobile Clinic	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27531	8,000
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	29,500
Ashe County Free Medical Clinic	PO Box 1506 Jefferson, NC 28640	500
Broad Street Clinic	500 N 35th Street, Suite K Morehead City, NC 28557	500
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	500

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Name	Name Address	Amount
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	500
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	500
Community Free Clinic	528 A Lake Concord Road, NE Concord, NC 28025	500
Community Health Services of Union County	415 E Windsor Street Suite B Monroe, NC 28112	500
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	500
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	500
Free Clinic of Our Towns	PO Box 1842 Davidson, NC 28036	500
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323	500
Good Samaritan Clinic	305 West Union Street Morganton, NC 28655	500
Grace Clinic	PO Box 978 Elkin, NC 28621	500
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	500
Helping Hands Clinic of Caldwell County	810 Harper Avenue Lenior, NC 28645	500
John P Murray Community Care Clinic	Chrs Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	500
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	500
MERCI Clinic	1315 Tatum Drive New Bern, NC 28560	500
Free Clinics	841 Case Street Hendersonville, NC 28792	500
Urban Ministries Open Door Clinic	PO Box 26476 Raleigh, NC 27611	500
WATCH Mobile Clinic	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27531	500
NC MedAssist/Central Fill	601 E 5th Street, Ste 350 Charlotte, NC 28202	300,000
Free Clinic of Our Towns	PO Box 1842 Davidson, NC 28036	8,000
Ashe County Free Medical Clinic	PO Box 1506 Jefferson, NC 28640	500
Broad Street Clinic	500 N 35th Street, Suite K Morehead City, NC 28557	500
Community Care Center for Forsyth County	2135 New Walkertown Road Winston-Salem, NC 27101	500
Community Care Clinic of Rowan County	315 G Mocksville Avenue Salisbury, NC 28144	500
Community Clinic of High Point	PO Box 5607 High Point, NC 27262	500
Community Free Clinic	528 A Lake Concord Road, NE Concord, NC 28025	500
Community Health Services of Union County	415 E Windsor Street Suite B Monroe, NC 28112	500
Crisis Control Ministry Pharmacy	200 East 10th Street Winston-Salem, NC 27101	500
Davidson Medical Ministries Clinic, Inc	PO Box 584 Lexington, NC 27293-0584	500
Free Clinic of Our Towns	PO Box 1842 Davidson, NC 28036	500
Free Clinic of Rockingham County	PO Box 2668 Reidsville, NC 27323	500
Good Samaritan Clinic	305 West Union Street Morganton, NC 28655	500
Grace Clinic	PO Box 978 Elkin, NC 28621	500
Greater Hickory CCM Health Care Center	31 First Avenue SE Hickory, NC 28602	500
Helping Hands Clinic of Caldwell County	810 Harper Avenue Lenior, NC 28645	500
John P Murray Community Care Clinic	Chrs Vaughn 303 Yadkin Street, Suite C Albemarle, NC 28001	500
Lake Norman Community Health Clinic	PO Box 2398 Huntersville, NC 28070	500
MERCI Clinic	1315 Tatum Drive New Bern, NC 28560	500
Free Clinics	841 Case Street Hendersonville, NC 28792	500
Urban Ministries Open Door Clinic	PO Box 26476 Raleigh, NC 27611	500
WATCH Mobile Clinic	C/O Wayne Memorial Hospital PO Box 8001 Goldsboro, NC 27531	500
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