Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2025
Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , and ending

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 AND CHARITABLE CLINICS INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 10735 DAVID TAYLOR DR STE 140

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CHARLOTTE NC 28262

D Employer identification number: 56-2062170

E Telephone number: 336-251-1111

G Gross receipts $: 4,719,434

F Name and address of principal officer:
APRIL COOK
10735 DAVID TAYLOR DR STE 140
CHARLOTTE NC 28262

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

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

J Website: ncafcc.org

H(c) Group exemption number

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:
We support and advocate for our member organizations to provide healthcare for the uninsured and underinsured of North Carolina.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	6,353,137	4,631,452
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,344	87,982
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,425,481	4,719,434
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,069,038	2,977,013
	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)	545,510	608,012
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 39,800		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	397,148	396,715
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,011,696	3,981,740
	19 Revenue less expenses. Subtract line 18 from line 12	413,785	737,694

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	6,752,084	5,301,957
	21 Total liabilities (Part X, line 26)	4,498,001	2,236,952
	22 Net assets or fund balances. Subtract line 21 from line 20	2,254,083	3,065,005

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

April Cook
Signature of officer — Date: 9/16/2026

APRIL COOK CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Katherine E. Bagley	Katherine E. Bagley	09/08/26		P03018117

Firm's name: Gatewood, Bagley & Huffman, CPAs, PC — Firm's EIN: 47-2657444
Firm's address: 2000 W First St Ste 411 Winston Salem, NC 27104-4224 — Phone no. 336-724-4446

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

We support and advocate for our member organizations to provide healthcare for the uninsured and underinsured of North Carolina.

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 $ 253,520 including grants of $) (Revenue $)

To improve access to free health clinics and pharmacies for the uninsured and underinsured people of North Carolina.

4b (Code:) (Expenses $ 233,084 including grants of $) (Revenue $)

Coronavirus State and Local Fiscal Recovery Funds - Provide funds for member clinics to provide necessary and appropriate relief from the effects of COVID-19.

4c (Code:) (Expenses $ 3,225,244 including grants of $ 2,977,013) (Revenue $)

NC Directed Grant SL 2023-134 - Provide funds to enable the organization to provide health care services and other supports to uninsured and underinsured patients across North Carolina.

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

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

4e Total program service expenses 3,711,848