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DLN: 93493180001000

# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2008

Open to Public

Department of the Treasury

Check ıf a Address ch		endar yea		nd ending 09-30-2009			
Address ch	applicable	Please	C Name of organization CAREPARTNERS FOUNDATION			D Employer ider	ntification number
		use IRS abel or				56-2110357	
Name cha	ange I	print or	Doing Business As			E Telephone nui	mber
Initial retu		type. See Specific	Number and street (or P O box if mail is not	doluvorod to stroot address	s) Doom/suito	(828) 274-2	400
Terminatio	1	Instruc- tions.	PO BOX 5779	delivered to street addres	s) Room/suite	G Gross receipts	<b>s</b> \$ 27,630,899
Amended			City or town, state or country, and ZIP + 4 ASHEVILLE, NC 28813		•		
application	n pending						
			e and address of Principal Officer BOLICK			s a group return i	
		PO BO			affiliat	tes?	ΓYes <b>Γ</b> Nο
		ASHEV	ILLE,NC 28813		H(b) Are all	affiliates included	d?
Tax-exem	npt status	501(c)	(3) ◀ (insert no)	27	(If "N	o," attach a list	See instructions )
Web sit	:e:► WWW	/ CAREPA	RTNERSFOUNDATION ORG		H(c) Group	p Exemption Nun	nber 🟲
ype of or	ganization	Corporat	on		<b>L</b> Year of For	mation 1998 M s	State of legal domicile N
art I	Summ	3 rv					
1			e organization's mission or most signific	ant activities			
*					C 4 D C 1 T N 4		
	TO IMPR	OVEHE	LTH AND WELL-BEING OF PEOPLE I	N WESTERN NORTH	CAROLINA		
2	Check th	ıs box 🖵	f the organization discontinued its oper	ations or disposed of	more than 25	5% of its assets	
3	Number	of voting n	nembers of the governing body (Part VI	, line 1a)		3	2
4		_	dent voting members of the governing b				2
			ployees (Part V, line 2a)				
			unteers (estimate if necessary)			6	
						_	
	-		ed business revenue from Part VIII, lir		•	7a	
Ь	Net unrel	ated busi	ness taxable income from Form 990-T,	line 34	1 _	7b	
					Prio	r Year	Current Year
8	Contrib	utions and	grants (Part VIII, line 1h)			1,292,903	563,90
9	Program	service	evenue (Part VIII, line 2g)			1,804,867	1,971,2
10	Investm	nent incon	ne (Part VIII, column (A), lines 3, 4, an	d7d)		6,490,254	-4,243,84
11	Other re		art VIII, column (A ), lines 5, 6d, 8c, 9c	:, 10c, and 11e)		205,525	213,0
		evenue (P					
12		•	d lines 8 through 11 (must equal Part \	VIII, column (A ), lıne		9,793,549	-1,495,55
12	Total re 12)	venue—a				· · · · · · · · · · · · · · · · · · ·	
13	Total re 12) Grants a	venue—ad and simila	r amounts paid (Part IX, column (A), lir	nes 1-3)		9,793,549	
13 14	Total re 12) Grants a Benefits	venue—ad and simila	r amounts paid (Part IX, column (A), lir r for members (Part IX, column (A), line	nes 1-3)		· · · · · · · · · · · · · · · · · · ·	
13	Total re 12) Grants a Benefits	venue—ad and simila	r amounts paid (Part IX, column (A), lir	nes 1-3)		· · · · · · · · · · · · · · · · · · ·	869,38
13 14 15	Total re 12) Grants a Benefits Salaries 10) Profess	venue—ad and simila paid to o , other co	r amounts paid (Part IX, column (A), lir r for members (Part IX, column (A), line mpensation, employee benefits (Part IX raising fees (Part IX, column (A), line 1	nes 1–3) e 4) K, column (A), lines 5		742,840	869,3
13 14 15 16a b	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun	venue—ad and simila paid to o , other co ional fund draising exp	r amounts paid (Part IX, column (A), liner for members (Part IX, column (A), liner mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25	nes 1-3) e 4) (, column (A), lines 5 1e)		742,840	869,38 670,72
13 14 15	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun	venue—ad and simila paid to o , other co ional fund draising exp	r amounts paid (Part IX, column (A), lir r for members (Part IX, column (A), line mpensation, employee benefits (Part IX raising fees (Part IX, column (A), line 1	nes 1-3) e 4) (, column (A), lines 5 1e)		742,840	869,3 670,7
13 14 15 16a b	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other e	venue—adand simila paid to o , other co ional fund draising exp xpenses (	r amounts paid (Part IX, column (A), liner for members (Part IX, column (A), liner mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25	nes 1-3) (44) (4, column (A), lines 5  1e) (6-24f)		742,840	869,38 670,73 1,856,63
13 14 15 16a b 17 18	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other e	venue—ad and simila paid to o , other co ional fund draising exp xpenses (	r amounts paid (Part IX, column (A), lirer for members (Part IX, column (A), liner for members (Part IX, column (A), liner mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11	nes 1-3) (44) (4, column (A), lines 5  1e) (6-24f)		742,840 694,255 1,350,302	1,856,63 3,396,74
13 14 15 16a b 17 18	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other e	venue—ad and simila paid to o , other co ional fund draising exp xpenses (	r amounts paid (Part IX, column (A), liner for members (Part IX, column (A), liner mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, lines	nes 1-3) (44) (4, column (A), lines 5  1e) (6-24f)	_	742,840 694,255 1,350,302 2,787,397	1,856,63 3,396,74
13 14 15 16a b 17 18	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other e: Total ex	venue—ad and simila paid to o , other co ional fund draising exp xpenses ( penses— e less exp	r amounts paid (Part IX, column (A), liner for members (Part IX, column (A), liner mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, lines	nes 1-3) (44) (4, column (A), lines 5  1e) (6-24f)	_	742,840 694,255 1,350,302 2,787,397 7,006,152	1,856,63 3,396,74 -4,892,30
13 14 15 16a b 17 18	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue	and similar paid to o o o o o o o o o o o o o o o o o o	r amounts paid (Part IX, column (A), line of for members (Part IX, column (A), line of mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, lineses Subtract line 18 from line 12	nes 1-3) (44) (4, column (A), lines 5  1e) (6-24f)	_	742,840 694,255 1,350,302 2,787,397 7,006,152 ng of Year 56,496,307	1,856,63 3,396,74 -4,892,30 End of Year 58,634,63
13 14 15 16a b 17 18	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue Total as	venue—adand similal paid to o o o o o o o o o o o o o o o o o o	r amounts paid (Part IX, column (A), line for members (Part IX, column (A), line mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, lines Subtract line 18 from line 12	nes 1-3) 2 4) (, column (A), lines 5  1e)) _f-24f) ne 25, column (A))	_	742,840 694,255 1,350,302 2,787,397 7,006,152 <b>ng of Year</b>	1,856,6 3,396,7 -4,892,3 End of Year 58,634,6 3,530,46
13 14 15 16a b 17 18 19	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue Total as Total lia	venue—adand similal paid to o o o o o o o o o o o o o o o o o o	r amounts paid (Part IX, column (A), line of for members (Part IX, column (A), line of mpensation, employee benefits (Part IX) are saising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, lineses Subtract line 18 from line 12 to X, line 16) art X, line 26) dibalances Subtract line 21 from line 2	nes 1-3) 2 4) (, column (A), lines 5  1e)) _f-24f) ne 25, column (A))	_	742,840 694,255 1,350,302 2,787,397 7,006,152 ng of Year 56,496,307 1,313,997	1,856,6 3,396,7 -4,892,3 End of Year 58,634,6 3,530,46
13 14 15 16a b 17 18 19	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue Total as Total lia Net ass	and similar paid to o o o o o o o o o o o o o o o o o o	r amounts paid (Part IX, column (A), line r for members (Part IX, column (A), line mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, lines Subtract line 18 from line 12 to X, line 16) art X, line 26) dibalances Subtract line 21 from line 20 to K	nes 1-3) (4, column (A), lines 5  1e) (7) (8-4f) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Beginnii	742,840  694,255  1,350,302 2,787,397 7,006,152  ng of Year  56,496,307 1,313,997 55,182,310	1,856,63 3,396,74 -4,892,30 End of Year 58,634,63 3,530,40 55,104,23
13 14 15 16a b 17 18 19 20 21 22	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue  Total as Total lia Net ass  Signa  Under per and belief	and similar paid to o o o o o o o o o o o o o o o o o o	r amounts paid (Part IX, column (A), line of for members (Part IX, column (A), line of mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, lines Subtract line 18 from line 12 to X, line 16) art X, line 26) dibalances Subtract line 21 from line 20 ock	nes 1-3) (4, column (A), lines 5  1e) (7) (8-4f) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Beginnii	742,840  694,255  1,350,302 2,787,397 7,006,152  ng of Year  56,496,307 1,313,997 55,182,310	1,856,63 3,396,74 -4,892,30 End of Year 58,634,63 3,530,40 55,104,23
13 14 15 16a b 17 18 19 20 21 22	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue  Total as Total lia Net ass  Signa  Under per and belief	venue—ace and simila paid to o , other co conal fund draising exp xpenses— e less exp sets (Par ibilities (Par ibilities of fun ture Bio nalties of pe , it is true, o *	r amounts paid (Part IX, column (A), line of for members (Part IX, column (A), line of the mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 tenses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, line and lines 13 from line 12 to X, line 16) art X, line 26) to balances Subtract line 21 from line 20 to Ck  To gury, I declare that I have examined this return orrect, and complete Declaration of preparer (contract).	nes 1-3) (4, column (A), lines 5  1e) (7) (8-4f) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Beginnia schedules and st on all informati	742,840  694,255  1,350,302 2,787,397 7,006,152  ng of Year  56,496,307 1,313,997 55,182,310  tatements, and to the on of which prepare	1,856,63 3,396,74 -4,892,30 End of Year 58,634,63 3,530,40 55,104,23
13 14 15 16a b 17 18 19 20 21 22 21 22	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue  Total as Total lia Net ass  Signa  Under per and belief	and similar paid to o o o o o o o o o o o o o o o o o o	r amounts paid (Part IX, column (A), line of for members (Part IX, column (A), line of the mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 tenses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, line and lines 13 from line 12 to X, line 16) art X, line 26) to balances Subtract line 21 from line 20 to Ck  To gury, I declare that I have examined this return orrect, and complete Declaration of preparer (contract).	nes 1-3) (4, column (A), lines 5  1e) (7) (8-4f) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Beginnii schedules and st	742,840  694,255  1,350,302 2,787,397 7,006,152  ng of Year  56,496,307 1,313,997 55,182,310  tatements, and to the on of which prepare	1,856,6 3,396,7 -4,892,30 End of Year 58,634,6 3,530,40 55,104,2
13 14 15 16a b 17 18 19 20 21 22 21 22	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue  Total as Total lia Net ass  Signa  Under per and belief  ****** Signate DIANN	and similar paid to o o o o o o o o o o o o o o o o o o	r amounts paid (Part IX, column (A), line of for members (Part IX, column (A), line of for members (Part IX, column (A), line of formers ation, employee benefits (Part IX) arising fees (Part IX, column (A), line 15 131,436 Part IX, column (A), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, line of formers Subtract line 18 from line 12 to X, line 16) art X, line 26) distances Subtract line 21 from line 20 to K gury, I declare that I have examined this return for	nes 1-3) (4, column (A), lines 5  1e) (7) (8-4f) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Beginnia schedules and st on all informati	742,840  694,255  1,350,302 2,787,397 7,006,152  ng of Year  56,496,307 1,313,997 55,182,310  tatements, and to the on of which prepare	1,856,6 3,396,7 -4,892,30 End of Year 58,634,6 3,530,40 55,104,2
13 14 15 16a b 17 18 19 20 21 22 21 22	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue  Total as Total lia Net ass  Signa  Under per and belief  ****** Signate DIANN	and similar paid to o o o o o o o o o o o o o o o o o o	r amounts paid (Part IX, column (A), line of for members (Part IX, column (A), line of for members (Part IX, column (A), line of formers ation, employee benefits (Part IX) arising fees (Part IX, column (A), line 15 131,436 Part IX, column (A), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, line of formers Subtract line 18 from line 12 to X, line 16) art X, line 26) distances Subtract line 21 from line 20 to K gury, I declare that I have examined this return for	nes 1-3) (4, column (A), lines 5  1e) (7) (8-4f) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Beginnia schedules and st on all informati	742,840  694,255  1,350,302 2,787,397 7,006,152  ng of Year  56,496,307 1,313,997 55,182,310  tatements, and to the on of which prepare	1,856,6 3,396,7 -4,892,3 End of Year 58,634,6 3,530,4 55,104,2
13 14 15 16a b 17 18 19 20 21 22 21 22	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue  Total as Total lia Net ass  Signa  Under per and belief  ****** Signate DIANN	and similar paid to o o o, other commonal fund draising expenses (penses—e less expenses (Parabilities (Pets or fundalties of penses or print name	r amounts paid (Part IX, column (A), line r for members (Part IX, column (A), line mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, lineses Subtract line 18 from line 12 to X, line 16) art X, line 26) distances Subtract line 21 from line 20 to K gury, I declare that I have examined this return orrect, and complete Declaration of preparer (constitution of the constitution of the correct and title Date of the constitution of the constitution of the constitution of the correct and title Date of the constitution	nes 1–3) (c, column (A), lines 5  1e) (d) (f) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Beginnia schedules and ston all information Date	742,840  694,255  1,350,302 2,787,397 7,006,152  ng of Year  56,496,307 1,313,997 55,182,310  tatements, and to the on of which prepare	1,856,6: 3,396,74 -4,892,30 End of Year 58,634,6: 3,530,40 55,104,2: the best of my knowledge or has any knowledge
13 14 15 16a b 17 18 19 20 21 22 21 22 art III	Total re 12) Grants a Benefits Salaries 10) Profess (Total fun Other ex Revenue Total as Total lia Net ass  Signa Under per and belief  ****** DIANN Type of	and similar paid to o o o o o o o o o o o o o o o o o o	r amounts paid (Part IX, column (A), line r for members (Part IX, column (A), line mpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 1 enses, Part IX, column (D), line 25 131,436 Part IX, column (A), lines 11a-11d, 11 add lines 13-17 (must equal Part IX, lineses Subtract line 18 from line 12 to X, line 16) art X, line 26) distances Subtract line 21 from line 20 to K gury, I declare that I have examined this return orrect, and complete Declaration of preparer (constitution of the constitution of the correct and title Date of the constitution of the constitution of the constitution of the correct and title Date of the constitution	nes 1-3) (c, column (A), lines 5 (d) (d) (e) (e) (f-24f) (e) (f-24f) (	Beginnia schedules and st on all informati 2010- Date	742,840  694,255  1,350,302 2,787,397 7,006,152  ng of Year  56,496,307 1,313,997 55,182,310  tatements, and to thon of which prepare 06-29	1,856,63 3,396,74 -4,892,30 End of Year 58,634,63 3,530,40 55,104,23
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# Part III Statement of Program Service Accomplishments (See the instructions.)

<b>1</b> See A	Briefly describe the organizat dditional Data Table	ion's mission			
2	Did the organization unde the prior Form 990 or 990		gram services during the year	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	ew services on Schedule	0		
3	Did the organization ceas services?		gnificant changes in how it co	nducts any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule O			
4	Section 501(c)(3) and (4	) organizations and 4947	och of the organization's three '(a)(1) trusts are required to reach program service report	report the amount of grants a	
4a	A SPECIAL EMPHASIS ON HOS IN ADDITION TO OUR GRANT: HEALTH SERVICES ONE MAJO THAT ADDED 17 NEW PRIVAT	DWMENT DISTRIBUTIONS TO SIPICE, 2) TO SUPPORT EMPLOY SAND ENDOWMENT DISTRIBUTIONS ACCOMPLISHMENT IN 2009 E PATIENT ROOMS, A NEW TH	794,276 including grants of \$ JPPORT THREE MAIN AREAS 1) PA 'EE WELLNESS AND EDUCATION, AN TIONS, CAREPARTNERS FOUNDATIO WAS THE COMPLETION AND OPENII ERAPY PAVILION AND ADDITIONAL TI SINESSES, AND OTHER FOUNDATIO	D 3) TO SUPPORT THE HEALTH OF ON PROVIDES FUNDING FOR THE CA NG OF AN EXPANSION OF CAREPAR HERAPY SPACES CAREPARTNERS F	THE PEOPLE IN OUR COMMUNITY APITAL NEEDS OF CAREPARTNERS TNERS REHABILITATION HOSPITAL OUNDATION IS SUPPORTED EACH
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Expenses \$	(Describe in Schedule C	·	) (Revenue \$	)
4e	Total program service e	xpenses \$ 2,	794,276 Must equal Part IX	, Line 25, column (B).	

Part IV	Checklist of	Required	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i :				
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	0			
Ь	If at least one is reported in 2a, did the organization file all required federal employing.			2ь		
3a	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this Did the organization have unrelated business gross income of \$1,000 or more durin		ľ	-20		
Ja	return?		· · · · · ·	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si	ıgnatu	re or other authority			
	over, a financial account in a foreign country (such as a bank account, securities ac	count	, or other financial	4a		NI -
	account)?			70		N o
D	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Re Financial Accounts.	eport o	r Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	na the	tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited		· •			No
			ŀ	5b		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp  Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
	If "Yes," did the organization include with every solicitation an express statement th		ŀ			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?	1		7с		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, prem	iums on a personal			
_	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization for	ile a F	orm 1098-C as			
	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a section $\frac{1}{2}$					
	excess business holdings at any time during the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ormig organization, navo	8		
	year?		l I			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		ľ	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	ı	ı			
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	, , , ,	I				
а	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	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	<u>۱. (</u>	<u> 3overni</u>	ng	Body	and	<u>Management</u>	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty$ esses, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 25							
b	Enter the number of voting members that are independent 1b 24							
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		Νο				
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? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or 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	11		Νο				

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DIANN BOLICK PO BOX 5779 ASHEVILLE,NC 28813 (828) 274-2400

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

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

### Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							$\vdash$			
1b Total				Ш		<u> </u>	┝	186,015	5 0	29,189
2 Total number of individuals (including	those in 1	a) who r		v a d	mor	a thar	n <b>¢</b> 1	00 000 in reportabl	Δ	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►2

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 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		Νο
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	

#### **Section B. Independent Contractors**

from the organization .

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
H&M CONSTRUCTORS PO BOX 536767 ATLANTA, GA 30353	CONSTRUCTION	4,329,056
BOWERS ELLIS & WATSON ARCHITECTS 168 PATTON AVE ASHEVILLE, NC 28801	ARCHITECTS	167,063
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

# Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			Revenue		312, 313, 01 314
まま	ь		ues					
S 등			<b>1b</b>	50,987				
e Se	С	Fundraising ev	vents <b>1c</b>	·				
<u>≅</u> ,≅	d	Related organ	ızatıons1d					
π,ς E	e	Government grar	nts (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f	All other contribut similar amounts i	tions, gifts, grants, and not included above <b>1f</b>	512,982				
	g	Noncash cont	ributions included in					
a Co								
_	h	Total (Add lin	es 1a-1f)		563,969 —————			
				Business Code				
Ĕ	2a	RENTS FROM AFF	FILIATE	531,120	1,971,238			1,971,238
eke Ke	b							
ě.	c							
¥	d							
Σ,	e							
<u>ra</u>	f	All other prog	ram service revenue					
Program Service Revenue	g		es 2a-2f					
	3	► \$ 1,971,238	come (including divi	dends interest				
			amounts)	·	987,418			987,418
			estment of tax-exempt be	▶				
	4	income nom my	estiment of tax-exempt b	ona proceeds ▶				
	5	Royalties .						
	6-	Carre Death	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	23,853,000					
		assets other than inventory						
	ь	Less cost or	29,084,259					
		other basis and sales expenses						
	С	Gain or (loss)	-5,231,259		E 221 2E0			E 221 250
	d	Net gain or (lo	oss) 	. ▶	-5,231,259			-5,231,259
<u>ə</u>	8a	Gross income events (not in \$7	from fundraising					
Other Revenue		1c) See Part <i>Atta</i> ch <i>Schedul</i>	IV, line 18 le G if total exceeds					
Ę	_	\$15,000		50,987				
hei	ь		xpensesb	42,198	35,652	35,652		
ŏ	C	Net income or	(loss) from fundrais	ing events	33,032	33,032		
	9a	Gross income activities See Complete Schee exceeds \$15,00	e part IV , line 19 dule G if total 00					
	L.	1 1	a 					
	b c		xpensesb  (loss) from gaming a	activities				
	10a		fınventory, less	<u> </u>				
			а	176,711				
	ь		goods sold <b>b</b>					
	С		(loss) from sales of		176,711			176,711
		Miscellaneou		Business Code	74.0			74.0
	11a	MISCELLANE	OUSINCOME	900,099	713			713
	ь							
	С							
	d		nue					
	e	Total. Add line	es 11a-11d	 \$ 713				
	12		<b>a.</b> Add lines 1h, 2g, 3		-1,495,558	35,652	0	-2,095,179
		8c, 9c, 10c, and 1	11e	. ▶				

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re		plete columns	(B), (C), and (D)	
Do i	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	869,388	869,388		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	,		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	211,793		211,793	
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	368,644	303,613		53,248
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	90,291	74,363	2,886	13,042
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	2,761		2,761	
c	Accounting	9,166		9,166	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	12,428		12,215	213
g	Other	321,259	226,270	84,101	10,888
12	Advertising and promotion	49,087	48,587		500
13	Office expenses	108,809	30,094	43,593	35,122
14	Information technology	1,078		1,078	
15	Royalties				
16	Occupancy	68,742	41,447	27,295	
17	Travel	3,028		2,219	809
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	56,416		56,416	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,193,623	1,193,623		
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MISCELLA NEO US	30,235	6,891	5,730	17,614
b		30,233	3,331	3,733	27,014
c				+	
d				+	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,396,748	2,794,276	471,036	131,436
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint	3,390,748	2,734,276	4/1,030	131,436
	costs from a combined educational campaign and fundraising solicitation				000 (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			373,814	1	1,469,756
	2	Savings and temporary cash investments			690,749	2	457,534
	3	Pledges and grants receivable, net			420,902	3	165,402
	4	Accounts receivable, net				4	36,387
	5	Receivables from current and former officers, directors, trustees other related parties   Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of			6		
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use				8	5,934
ţ2	9	Prepaid expenses and deferred charges			30,711	9	5,710
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	30,288,423			
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	7,818,304	21,123,403	10c	22,470,119
	11	Investments—publicly traded securities			32,793,313	11	33,048,751
	12	Investments—other securities See Part IV, line 11 Complete Poschedule D	art VII	of		12	
	13	Investments—program-related See Part IV, line 11 $\it Complete F of Schedule D$ .	I	1,023,717	13	961,713	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	39,698	15	13,313		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			56,496,307	16	58,634,619
	17	Accounts payable and accrued expenses .			900,815	17	306,031
	18	Grants payable			18		
	19	Deferred revenue				19	
.6	20	Tax-exempt bond liabilities				20	
<u>ě</u> ,	21	Escrow account liability		•		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				<b>,</b>	
Ï		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	2,862,050
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		413,182	25	362,326	
	26	<b>Total liabilities.</b> Add lines 17 through 25			1,313,997	26	3,530,407
s e		Organizations that follow SFAS 117, check here ► $\overline{\checkmark}$ and comp through 29, and lines 33 and 34.	olet e li	nes 27			
Balance	27	Unrestricted net assets			52,317,560	27	52,337,226
- E	28	Temporarily restricted net assets			1,808,078	28	1,710,314
<u> </u>	29	Permanently restricted net assets	1,056,672	29	1,056,672		
r Fund		Organizations that do not follow SFAS 117, check here ► arlines 30 through 34.	nd com	plete			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
AS	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			55,182,310	33	55,104,212
_	34	Total liabilities and net assets/fund balances			56,496,307	34	58,634,619
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493180001000

OMB No 1545-0047

## **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

**SCHEDULE A** 

(Form 990 or 990EZ)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

The organization is not a private foundation because it is (Please check only **one** organization )

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

2008

Open to Public Inspection

Name of the organization
CAREPARTNERS FOUNDATION

Employer identification number

56-2110357

hospital's name, city, and state  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)(W). Complete Part II )  A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(V).  A community trust described in Section 170(b)(1)(A)(V) (Complete Part II )  A community trust described in Section 170(b)(1)(A)(V) (Complete Part II )  A community trust described in Section 170(b)(1)(A)(V) (Complete Part II )  An organization that normally receives (1) innor than 331/3% 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 331/3% 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 Ses Section 509(a)(2). (Complete Part II )  An organization organized and operated exclusively to test for public safety Ses Section 509(a)(4). (See instructions )  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 1:e through 11h  a Type II b Type II c Type III - Functionally Integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organization seecrobed in section 509(a)(2) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box  (ii) a person who directly or indirectly controls, either alone or together with persons des	3 4	Γ		•	e hospital service organizati zation operated in conjuncti			-				•	
A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).  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)  A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% 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 331/3% 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 599(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4), (See instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	5	Г	•			universit	y owned o	r operated	d by a gove	ernmental	unit desci	ribed in	
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)  An organization that normally receives (1) more than 331/3% 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 331/3% 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 331/3% 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 331/3% 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 331/3% 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 331/3% of its support from contributions, and (2) no more than 331/3% of its support from contributions, and (2) no more than 331/3% of its supported by each section 51/4. (See instructions)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions)  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. 509(a)(1) or section 509(a)(1). (See instructions)  By Cybecking this box, I certify that the organization in account of 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)(1) or section 509(a)(1) or section 509(a)(1). (See instructions 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or sec			Section 170	)(b)(1)(A)(iv).	(Complete Part II )								
described in Section 170(b)(1)(A)(vi) (Complete Part II)  A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)  A norganization that normally receives (1) more than 331/3% 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 331/3% 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)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ection 170	(b)(1)(A)	(v).			
A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)  A norganization that normally receives (1) more than 331/3% 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 331/3% 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)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 et through 11h  a	7	굣	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral public	2
An organization that normally receives (1) more than 331/3% 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 331/3% 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.)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.)  An organization organized and operated exclusively for the benefit of, to perform tefluctions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a Type II b Type III c Type III runctionally Integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organization section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) along persons) described in (i) above?  (ii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) above?  (iv) Is the organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organized in the U.S.?  Yes No Yes No Yes No			described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	8	Γ	A communi	ty trust describ	oed in <b>Section 170(b)(1)(A)</b>	<b>(vi)</b> (Com	plete Par	tII)					
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)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines it through 11h  a Type I b Type II c Type III - Functionally Integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) above?  (iv) Is the organization organization in col (i) of your organization in col (i) organization in the U S?  Yes No Yes No Yes No	9	$\Gamma$	An organiza	ation that norma	ally receives (1) more than	331/3% 0	f its supp	ort from c	ontribution	ns, membe	ership fees	, and gro	SS
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)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines it through 11h  a Type I b Type II c Type III - Functionally Integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) above?  (iv) Is the organization organization in col (i) of your organization in col (i) organization in the U S?  Yes No Yes No Yes No			receipts fro	m activities rel	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of	
acquired by the organization after June 30, 1975. See Section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a						_							
An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.)  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 and complete lines 11e through 11h  a				<del>-</del>				,			,		
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	10	Г									ee instruct	tions )	
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type III - Functionally Integrated d Type III - Other by Checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) or (ii) above?  (ii) a family member of a person described in (i) or (ii) above?  (iii) a family member of a person described in (i) or (ii) above?  (iv) Is the organization in coli (i) organization i		<u></u>	=	=		-		•				-	ses of
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) or (ii) above?  (iii) a 7 person described in (i) or (ii) above?  (iii) Name of Supported (iii) EIN (iiii) Type of organization (described on lines 1 - 9 above or IRC section (See Instructions))  (iv) Is the organization in col (i) flyour outly the organization in col (i) organization in col (i) organized in the U S?  Yes No Yes No Yes No		·	one or more the bo <u>x</u> tha	e publicly support programs the	orted organizations describe type of supporting organiza	d in section	on 509(a) omplete li	(1) or sec ines 11e t	tion 509(a hrough 11	a)(2) See h	Section 5	09(a)(3)	.Check
check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports  (i) Name of Supported Organization (See Instructions)  (iii) Type of organization organization (iv) Is the organization in col (i) listed in your governing document?  Yes No Yes No Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No	e	Γ	other than	foundation man									
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the organizations the organization supports  (i) Name of Supported Organization (described on lines 1-9 above or IRC section (See Instructions))  (See Instructions)  Yes No	f		-		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	g organi:	zatio <u>n,</u>
following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports  (i) Name of Supported Organization (described on lines 1 - 9 above or IRC section (See Instructions))  (iii) EIN (iii) Type of organization in col (i) listed in your governing support?  (See Instructions))  Yes No Yes No Yes No						J <b>c</b> t			6 4 1				ļ
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  (i) Name of Supported Organization about the organizations the organization supports  (ii) Name of Supported Organization (described on lines 1-9 organization in col (i) of your support?  (iii) EIN (iiii) Type of organization in col (i) listed in your governing document?  Yes No Yes No Yes No  Yes No	g		_		as the organization accepted	d any gift	or contrib	ution from	any or the	)			
and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports  (i) Name of Supported Organization  Organization  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))  (iv) Is the organization in col (i) of your support?  (iii) Interval (iiii) Type of organization in col (i) organization in col (i) organization in col (i) organization in the U S?  (vii) Amount of support?  Yes  No  Yes  No  Yes  No					rindirectly controls, either a	alone or to	gether wi	th persons	s describe	d in (ii)		Yes	No
(ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports  (i) Name of Supported Organization (described on lines 1-9 above or IRC section (See Instructions))  (ii) Name of Supported Organization (described on lines 1-9 above or IRC section (See Instructions))  (iii) EIN (iiii) Type of organization in col (i) Ist the organization in col (i) of your support?  (iv) Is the organization in col (i) of your support?  Yes No Yes No Yes No  Yes No Yes No				•	• •		-	•		, ,	11a(		<del>                                     </del>
(iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports  (i) Name of Supported Organization (described on lines 1-9 above or IRC section (See Instructions))  Yes No Yes No Yes No  Yes No Yes No													<del>                                     </del>
(i) Name of Supported Organization (described on lines 1-9 above or IRC section (See Instructions))  (See Instructions)  (ii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))  (iv) Is the organization in col (i) of your support?  (vi) Is the organization in col (i) of your support?  (vii) Is the organization in col (i) organization in the U S?  (vii) A mount of support?  Yes No Yes No Yes No							hove?						<del>                                     </del>
(ii) Name of Supported Organization (See Instructions)  (iii) EIN  (iii) Type of organization (described on lines 1 - 9 above or IRC section (See Instructions))  (iv) Is the organization in col (i) of your support?  (v) Did you notify the organization in col (i) organization in col (i) of your support?  (vi) Is the organization in col (i) organized in the U S?  (vii) A mount of support?  (viii) A mount of support?  (viii) A mount of support?	h		• •		, ,			sunnorts			119(	,	Ь
Supported Organization  (described on lines 1-9 above or IRC section (See Instructions))  (See Instructions)  (See Instruction			1 Tovide the	Tollowing Illion	nation about the organization	ins the org	jumzution	зарронся					
		Supp	upported (described on lines 1-9 above or IRC section			organız col (i) your go	organization in col (i) listed in your governing		the organization in col (i) of your		zation in organized	1	
Total						Yes	No	Yes	No	Yes	No		
Total													
Total													
Total													
Total													
otal													
	ota	1											

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box ol	11 IIIIe 5, 7, or	o oi Part I.)				
	ublic Support	,						
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	758,280	554,004	1,187,953	1,292,903		563,969	4,357,109
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 line 1-3	758,280	554,004	1,187,953	1,292,903		563,969	4,357,109
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							2,016,043
6	Public Support subtract line 5 from line							
ŭ	4							2,341,066
T	otal Support		•	•				
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	758,280	830,026	1,187,953	1,292,903		563,969	4,357,109
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	447,616	830,026	1,039,233	1,028,676		-4,243,841	-898,290
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss							
	from the sale of capital assets (Explain in Part IV )							
11	Total Support (Add lines 7 through 10)							3,458,819
12	Gross receipts from related activities, etc	(See instruction		I.		12		
							(2)	18,637,429
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here  omputation of Public Support Perce		st, second, third	a, rourtn, or fifth	tax year as a 50	U1(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		67.680 %
15	Public Support Percentage for 2007 Sched	` ,	·	71411111 (17)		15		53.710 %
16a	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as		·		3 1/3% or more,	check	this box	<b>▶</b>  ✓
	33 1/3% Test - 2007. If the organization did box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "fac	es as a publicly s If the organization	supported organ on did not check	ization a box on line 1:	3, 16a, or 16b a	ind lin	e 14 is 10	<b>▶</b> % or
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1: eck this box and	3, 16a, 16b, or :   <b>stop here.</b> Exp	17a aı laın ın	nd line 15 Part IV ho	w
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did							►□ ►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 56-2110357

Name: CAREPARTNERS FOUNDATION

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	<b>(C)</b> Position (check all that apply)								(E)	<b>(F)</b> Estimated
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
LARRY HARRIS , CHAIR	1 00	Х		Х				0	0	0
DENNIS KING EDD , CHAIR-ELECT	1 00	Х		Х				0	0	0
BRADY BLACKBURN , SECRETARY	1 00	Х		Х				0	0	0
JAMES H ROBISON , TREASURER	1 00	Х		Х				0	0	0
JOEL B ROSENBURG MD , IMMEDIATE PAST CHAIR	1 00	х		х				0	0	0
DEWEY ANDREW , DIRECTOR	1 00	Х						0	0	0
JOHN W CARROLL , DIRECTOR	1 00	Х						0	0	0
KATHRYN DAUGHTON , DIRECTOR	1 00	Х						0	0	0
JENNIE EBLEN , DIRECTOR	1 00	Х						0	0	0
HD CREWS MD , DIRECTOR	1 00	Х						0	0	0
JEFFREY S MCVAY , DIRECTOR	1 00	Х						0	0	0
CHARLES DOWEN JR , DIRECTOR	1 00	Х						0	0	0
ISAAC OWOLABI PHD , DIRECTOR	1 00	Х						0	0	0
CHARLES E REILEY , DIRECTOR	1 00	Х						0	0	0
CONSTANCE B RUSSELL M , DIRECTOR	1 00	х						0	0	0
BRETNEY SMITH , DIRECTOR	1 00	Х						0	0	0
JOE E YOUNG JR CLU , DIRECTOR	1 00	Х						0	0	0
CHARLES D NORVELL , PRESIDENT/EX-OFFICIO/CCP	10 00	Х		х				61,610	0	13,554
CECIL T DURHAM JR MD , DIRECTOR	1 00	Х						0	0	0
PATSY KEEVER , DIRECTOR	1 00	Х						0	0	0
CHARLES C CAMPBELL , DIRECTOR	1 00	Х						0	0	0
KERRY A FRIEDMAN , DIRECTOR	1 00	Х						0	0	0
THOMAS BIRWIN , DIRECTOR	1 00	Х						0	0	0
ANDREA STERRITT , DIRECTOR	1 00	Х						0	0	0
SCOTT W BUCHANAN , EXEC DIR /ASST SECRETA	40 00			х				124,405	0	15,635
DIANN BOLICK , ASSISTANT TREASURER	1 00			х				0	0	0

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE MISSION OF CAREPARTNERS FOUNDATION IS TO ENSURE THE AVAILABILITY OF FUNDS FOR THE BENEFIT OF PERSONS IN THE COMMUNITIES OF WESTERN NORTH CAROLINA WHO REQUIRE POST-ACUTE HEALTH CARE, PRIMARILY THOSE PERSONS SERVED BY CAREPARTNERS HEALTH SERVICES AND OTHER CLOSELY ALLIED AGENCIES. CAREPARTNERS FOUNDATION IS COMMITTED TO PRESERVING THE AVAILABILITY OF POST-ACUTE HEALTHCARE IN WESTERN NORTH CAROLINA. WE FOCUS ON HEALTHCARE NEEDS OF THOSE WHO RECEIVE CARE FROM CAREPARTNERS HEALTH SERVICES. WE ALSO MAKE GRANTS TO COMMUNITY AGENCIES WORKING TO IMPROVE HEALTH AND WELL-BEING OF PEOPLE IN WESTERN NORTH CAROLINA. WE ARE A 501(C)(3) NOT-FOR-PROFIT ORGANIZATION.

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

**Employer identification number** Name of the organization CAREPARTNERS FOUNDATION 56-2110357 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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,

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

**►** \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

provide, in Part XIV, the text of the footnote to its financial statements that describes these items

following amounts required to be reported under SFAS 116 relating to these items

If the organization elected, as permitted under SFAS 116, 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,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

3	Using the organization's accession and othe	•				•			ontinued)
-	items (check all that apply)	22.22, 222 311,	<b>-</b> ,	_	J	J			
а	Public exhibition		d	Γ	Loan or exc	hange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	n hov	v the	y further the	organization's ex	cempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							_ Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes" to	Form 9	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for c	ontributions	or other assets	not F	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е						
							A m	ount	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	•							
Pa	rt V Endowment Funds. Complete								
_		(a)Current Year	(b	<b>)</b> Prior	Year (c)T	wo Years Back (d)	Three Years Back	(e)Four \	Years Back
1a	Beginning of year balance	1,021,000							
b	Contributions	40.000							
С	Investment earnings or losses	-40,000							
d	Grants or scholarships								
e	Other expenditures for facilities and programs	22,000							
f	Administrative expenses								
g	End of year balance	959,000							
2	Provide the estimated percentage of the yea	r end balance held as	s						
а	Board designated or quasi-endowment 🕨								
ь	Permanent endowment 🕨 100 000 %								
С	Term endowment ▶								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that	are held and a	administered for	the		
	organization by							Yes	No
	(i) unrelated organizations			•			3a(i		+
_	(ii) related organizations						3a(i	<del>-  </del>	<del>                                     </del>
	If "Yes" to 3a(II), are the related organizatio						<u>3b</u>		
4	Describe in Part XIV the intended uses of th					aut V lua 10			
Par	t VI Investments—Land, Buildings	s, and Equipmen	Iτ. 5			·		1	
	Description of investment				Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ook value
<b>1a</b> l	Land					1,372,529	1		1,372,529
	Land		•			1,372,529 26,560,399	7,398,747		
b i									19,161,652
<b>b</b> 6	Buildings					26,560,399			19,161,652 1,798,008
<b>b</b> 6 <b>c</b> 1 <b>d</b> 6	Buildings					26,560,399 2,162,280	364,272		1,372,529 19,161,652 1,798,008 99,923 38,007

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	l		
(a) Descri			( <b>b)</b> Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO AFFILIATES, NET	362,262		
UNCLAIMED PROPERTY	64		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	362,326		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-1,495,558
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,396,748
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,892,306
4	Net unrealized gains (losses) on investments	4	4,837,925
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-23,717
9	Total adjustments (net) Add lines 4 - 8	9	4,814,208
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-78,098
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,384,565
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	4,837,925
3	Subtract line <b>2e</b> from line <b>1</b>	3	-1,453,360
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	-42,198
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-1,495,558
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1 2	Total expenses and losses per audited financial statements	1	3,462,663
	Donated services and use of facilities		
a b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	65,915
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,396,748
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	3,396,748
- B-	+ YIV Supplemental Information		

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

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE FOUNDATION'S MOUNTAIN AREA HOSPICE FOUNDATION FUND ENDOWMENT WAS ORGANIZED TO SUPPORT THE COSTS OF PROVIDING HOSPICE SERVICES TO INDIGENT PATIENTS THE FOUNDATION'S ENDOWMENT FUNDS INCLUDE BOTH DONOR-RESTRICTED ENDOWMENT FUNDS CLASSIFIED AS PERMANENTLY RESTRICTED, AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS CLASSIFIED AS PERMANENTLY RESTRICTED TO FUNCTION AS ENDOWMENTS
Part XI, Line 8 - Other Adjustments		UNREALIZED GAIN (LOSS) ON INTEREST SWAP -23717
Part XII, Line 4b - Other Adjustments		SPECIAL EVENT EXPENSES -42198
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES 42198 UNREALIZED LOSS IN INTEREST SWAP 23717

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7 H D NO 1343-004

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

N <b>tivities.</b> Complet				<b>Employer iden</b> 56-2110357	tification number	
	5.11			56-2110357		
tivities. Complet	C 11			1 56-211035/		
tivities. Complet						
·	e if the oi	<u>rganızat</u>	ion answered "Yes" t	to Form 990, Part IV	, line 17.	
nızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply		
			e Solicitation of r	on-government grants		
			f Solicitation of	jovernment grants		
			g   Special fundrais	sing events		
5						
		•		•	Г <sub>Yes</sub> Г	
•	•					
			(iv) Gross receipts		(vi) A mount paid to	
(ii) Activity	control of contributions?		from activity	fundraiser listed in col (i)	(or retained by) organization	
	Yes	No				
<u> </u>			1			
	n Form 990, Part VII st paid individuals oi st \$5,000 by the org	a written or oral agreement with a Form 990, Part VII) or entity st paid individuals or entities (fits \$5,000 by the organization of the fundrais custo contribute of the cont	a written or oral agreement with any indicate in Form 990, Part VII) or entity in connect st paid individuals or entities (fundraiserst \$5,000 by the organization Form 990  (iii) Did fundraiser have custody or control of contributions?	f Solicitation of g g Special fundrais  a written or oral agreement with any individual (including officer in Form 990, Part VII) or entity in connection with professional f st paid individuals or entities (fundraisers) pursuant to agreeme st \$5,000 by the organization Form 990-EZ filers are not requi  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity	a written or oral agreement with any individual (including officers, directors, trustees of Form 990, Part VII) or entity in connection with professional fundraising activities? st paid individuals or entities (fundraisers) pursuant to agreements under which the function of the fundraiser have custody or control of contributions?  (iii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity fundraiser listed in col (i)	

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1  FESTIVAL OF TREES	(b) Event #2  MUSTANG PONY RUN	(c) Other Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)			
Ξ	1	Gross receipts	109,240	11,597	8,000		128	8,837
Revenue	2	Less Charitable contributions	31,390	11,597	8,000		5(	0,987
	3	Gross revenue (line 1 minus line 2)	77,850				77	7,850
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	1,942		20			1,942
т Б	7	Other direct expenses	35,386	4,831	39			0,256
Direct	8	Direct expense summary Add line	_		🛌			2,198
	9	Net income summary Combine III						5,652
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e than	) 
Reveilue			<b>(a)</b> Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
စ္တ	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct DX	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u> </u>	┌────────────────────────────────────	┌ Yes <u>%</u> ┌ No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌			
							Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate	· · · · · · · · · · · · · · · · · · ·			. 9a		
b	If"	No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a		
_						_		
11		es the organization operate gaming a	activities with nonmembe	rs?				
12	Ist	he organization a grantor, beneficial	ry or trustee of a trust or	a member of a partnersh	ıp or other entity			
	тоrn	ned to administer charitable gaming	<i>.</i>			12		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493180001000

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

**Inspection** 

Name of the organization						Employer ident	ification number
CAREPARTNERS FOUNDATION	) N					56-2110357	
Part I General Inform	mation on Gran	nts and Assistance					
Form 990, Part I Part IV and Sch	d to award the grar rganization's proce <b>her Assistance</b> IV, line 21 for an edule I-1 if addit	nts or assistance? edures for monitoring the to Governments a ny recipient that receptional space is	e use of grant funds in the and Organizations	he United States  in the United State  00. Check this box		organization answere ceived more than \$5	ed "Yes" on
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
A-B Tech Foundation340 Victoria Rd Asheville, NC 28801	56-1993458	501(C)(3)	26,000		FMV		SCHOLARSHIP FUNDS
Asheville Chamber of CommercePO Box 1010 Asheville, NC 28802	56-1762978	501(C)(3)	5,050		FMV		COMMUNITY ECONOMIC DEVELOPMENT
CarePartners Health Services68 Sweeten Creek Rd Asheville, NC 28803	26-2005198	501(C)(3)	795,438		FMV		HEALTHCARE FUNDING
The Rathbun Center121 Sherwood Rd Asheville, NC 28803	56-1706625	501(C)(3)	30,200		FMV		COMMUNITY FUNDING
YMCA of WNC53 Asheland Ave Suite 105 Asheville, NC 28801	56-0530013	501(C)(3)	7,700		FMV		COMMUNITY HEALTH INITIATIVES
YWCA of Asheville185 S Frensch Broad Ave Asheville, NC 28801	56-0547471	501(C)(3)	5,000		FMV		COMMUNITY HEALTH INITIATIVES
2 Enter total number of seconganizations					·	I	6
3 Enter total number of other							<b>•</b> 6

Part III	Grants and Other Assistance to Individuals in the United States. Cor	mplete if the organization	answered "Yes" (	on Form 990,	Part IV, line 2	22.
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
					_

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

Dec madicional Baca Table		
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE FOUNDATION REQUIRES THAT POTENTIAL GRANT RECIPIENTS INDICATE HOW THE FUNDS WILL BE USED IN ORDER TO ENSURE THAT THE USE OF THE FUNDS WILL BE USED PROPERLY AND IN ACCORDANCE WITH THE FOUNDATION'S EXEMPT PURPOSE THE FOUNDATION ALSO TOURS THE FACILITIES OF A POTENTIAL RECIPIENT TO GAIN A THOROUGH UNDERSTANDING OF THEIR OPERATIONS AFTER A GRANT IS AWARDED, THE FOUNDATION MEETS WITH THE MANAGMENT OF THE RECIPIENT ORGANIZATION TO REVIEW HOW THE FUNDS ARE BEING USED A REPORT IS GIVEN TO THE BOARD OF DIRECTORS RELATED TO THESE FINDINGS ON OCCASIONS THE GRANT RECIPIENT WILL ALSO PRESENT THEIR OUTCOMES DIRECTLY TO THE BOARD OF DIRECTORS

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DLN: 93493180001000

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **Employer identification number** CAREPARTNERS FOUNDATION 56-2110357 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments			1
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
				1
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

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#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(i)							
(ii)							
(i)							
(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990)

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization CAREPARTNERS FOUNDATION

Employer identification number

56-2110357

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE CORPORATION PROVIDED A COPY OF THE 2008 990 TO EVERY MEMBER OF THE GOVERNING BOARD THE 990 WAS PRESENTED WITH AN OPPORTUNITY TO ASK QUESTIONS PRIOR TO FILING THE RETURN

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		A CONFLICT OF INTEREST DISCLOSURE IS SENT TO EACH NEW BOARD AND/OR GOVERNANCE COMMITTEE MEMBER AND TO ALL BOARD MEMBERS ON AN ANNUAL BASIS THIS INFORMATION IS SUPPLIED BY EACH BOARD AND/OR GOVERNANCE COMMITTEE MEMBER, SIGNED AND DATED, AND RETURNED TO THE PRESIDENT'S OFFICE FOR THE CORPORATION'S PERMANENT FILES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15		THE CAREPARTNERS COMPENSATION PROGRAM IS DESIGNED TO ENSURE THAT ALL STAFF ARE PAID EQUITABLY THE PLAN HAS THREE COMPONENTS BASE COMPENSATION, PERFORMANCE BONUS (PAY FOR PERFORMANCE), AND ORGANIZATIONAL AWARD BASE COMPENSATION IS DETERMINED BY THE MARKET VALUE OF THE POSITION WHILE THE PERFORMANCE BONUS (PFP) IS BASED ON ACHIEVEMENT GOALS THE THIRD COMPONENT, ORGANIZATIONAL AWARD, IS BASED ON CAREPARTNERS' OVERALL FINANCIAL PERFORMANCE FOR THE OFFICERS, A REBUTTABLE PRESUMPTION OF REASONABLENESS CHECK LIST IS PREPARED AND COMPLETED BASED ON COMPARABILITY DATA AND REVIEWED AND APPROVED BY THE BOARD OR DESIGNEE FOR COMPARABILITY, DATA FROM THE STATE AND INTERNAL FACTORS ARE CONSIDERED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST