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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 10245

City or town, state or country, and ZIP + 4
RALEIGH, NC 27605

D Employer identification number
58-1461316

E Telephone number
919-821-0485

G Gross receipts $ 7,336,098.

F Name and address of principal officer. SUSAN D. YAGGY
417 N. BOYLAN AVENUE, RALEIGH, NC 27603

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.NCFAHP.ORG

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

L Year of formation: 1982 M State of legal domicile: NC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: COMMITTED TO FINDING WAYS TO MAKE AFFORDABLE, QUALITY HEATLH CARE AVAILABLE TO ALL NC.	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of employees (Part V, line 2a)	11
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,481,359.	1,243,572.
	9	Program service revenue (Part VIII, line 2g)		570,067.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-66,535.	706,027.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,453.	-1,028.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,418,277.	2,518,638.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	814,511.	612,501.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	937,921.	768,289.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,176.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 62,800.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,987,312.	1,278,344.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,749,920.	2,659,134.
	19	Revenue less expenses. Subtract line 18 from line 12	-331,643.	-140,496.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,124,841.	6,402,829.
	21	Total liabilities (Part X, line 26)	264,368.	372,871.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,860,473.	6,029,958.

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Part II Signature Block

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

Sign Here

Signature of officer — Date: 11/12/10

SUSAN D. YAGGY, PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date: 11/11/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4:
THOMAS, KNIGHT, TRENT, KING AND COMPANY
3400 CROASDAILE DRIVE, SUITE 301
DURHAM, NC 27705

EIN ▶

Phone no. ▶ (919)383-8585

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

SCANNED DEC 03 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE FOUNDATION LEVERAGES PRIVATE AND PUBLIC RESOURCES TO EXPAND HEALTH CARE ACCESS AND IMPROVE HEALTH STATUS FOR ALL NORTH CAROLINIANS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 504,830. including grants of $ 382,622.) (Revenue $)
ICARE HAS BEEN CREATED TO IMPROVE ACCESS TO QUALITY HEALTH CARE SERVICES FOR NORTH CAROLINIANS BY INTEGRATING HEALTHCARE SETTINGS TO ADDRESS BOTH PHYSICAL AND MENTAL HEALTH NEEDS. IN OPERATION SINCE 2006, ICARE HAS PROVIDED TRAINING AND TECHNICAL ASSISTANCE AND PATIENT TOOLS FOR PRIMARY CARE PROVIDERS, INCLUDING EVIDENCE-BASED PROTOCOLS AND ALGORITHMS, RESEARCH ON BEST PRACTICE IN INTEGRATED CARE AND POLICY ISSUES, AND AN INTERACTIVE STATE MAP THAT WHICH LISTS MENTAL HEALTH AND ASSOCIATED RESOURCES BY COUNTY. THE ICARE WEBSITE IS THE CENTRAL REPOSITORY FOR PROVIDER TOOLS AND RESOURCES (WWW.ICARENC.ORG.) BETWEEN 2006-9, WORKING WITH OVER 2 DOZEN STATEWIDE PARTNER ORGANIZATIONS, ICARE HAS PROVIDED LIVE WEBINAR TRAINING TO OVER 1,100 PARTICIPANTS, AND OVER 1,500 PARTICIPANTS HAVE TAKEN THE ONLINE INTEGRATED CARE

4b (Code:) (Expenses $ 274,839. including grants of $) (Revenue $)
COMMUNITY CARE OF NORTH CAROLINA(CCNC): CCNC IS A STATE SPONSORED CARE MANAGEMENT SYSTEM THAT IS ORGANIZED AND OPERATED BY COMMUNITY-BASED PRIMARY CARE PROVIDERS, WORKING IN PARTNERSHIP WITH LOCAL HOSPITALS, AND WITH COUNTY HEALTH, SOCIAL SERVICE AND MENTAL HEALTH AREA AGENCIES. CCNC IS ORGANIZED THROUGH 14 REGIONAL CCNC NETWORKS SERVING ALL 100 NC COUNTIES. OVER 1,300 PRIMARY CARE PRACTICES ENROLLED IN CCNC HAVE MORE THAN 1 MILLION MEDICAID PATIENTS ENROLLED IN THEIR PRACTICES. CCNC IMPROVES CLINICAL PERFORMANCE THROUGH TWO VEHICLES: EDUCATING AND SUPPORTING PATIENTS, PRIMARILY THOSE WITH CHRONIC DISEASE, IN THEIR HOMES AND COMMUNITIES, AND CLINICAL PERFORMANCE QUALITY IMPROVEMENT, TO ASSURE PATIENTS RECEIVE ALL THE ELEMENTS OF TIMELY CLINICAL CARE FOR THEIR CONDITIONS.

4c (Code.) (Expenses $ 286,558. including grants of $ 42,000.) (Revenue $)
GOVERNOR'S QUALITY INITIATIVE (NOW THE NC HEALTHCARE QUALITY ALLIANCE): NCFAHP SERVED AS THE FISCAL AGENT FOR NC GQI, WHICH WORKS TO IMPROVE THE QUALITY OF CARE IN PRIMARY CARE SETTINGS THROUGHOUT NORTH CAROLINA. TO ACCOMPLISH THAT GOAL, GQI DEVELOPS NATIONALLY RECOGNIZED QUALITY MEASURES FOR THE TREATMENT OF CHRONIC DISEASES, ENSURES THAT THOSE MEASURES ARE SUPPORTED BY ALL INSURERS, RECRUITS PRIMARY CARE PRACTICES WILLING TO ADOPT THOSE MEASURES AND IMPROVES THEIR DELIVERY OF CHRONIC DISEASE CARE, PROVIDES TRAINING, SUPPORT AND TOOLS TO ASSIST THOSE PRACTICES IN IMPROVING THE QUALITY OF CARE, AND PROVIDES FEEDBACK TO PRACTICES REGARDING THEIR PERFORMANCE IN MEETING QUALITY STANDARDS.

4d Other program services. (Describe in Schedule O)
(Expenses $ 1,097,149. including grants of $) (Revenue $ 574,208.)

4e Total program service expenses ▶ $ 2,163,376.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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 similar funds or 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12A — No: X)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	12		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 14		
b	Enter the number of voting members that are independent	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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 ▶ NONE

18 Section 6104 requires an organization to make its Forms 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 ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

DARREN HUNICUTT - 919-821-0485
417 N. BOYLAN AVENUE, RALEIGH, NC 27603

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS J. BACON, DR. PH CHAIRPERSON	0.50	X						0.	0.	0.
SANDRA B. GREENE, DR. PH VICE CHAIRPERSON	0.50	X						0.	0.	0.
ROBERT NEWTON, CMPA SECRETARY/TREASURER	0.50	X						0.	0.	0.
VALERIA LEE, MED, MA BOARD MEMBER	0.50	X						0.	0.	0.
JOHN S. STEVENS, JD BOARD MEMBER	0.50	X						0.	0.	0.
EVA CLAYTON, MS BOARD MEMBER	0.50	X						0.	0.	0.
LEAH DEVLIN, DDS, MPH BOARD MEMBER	0.50	X						0.	0.	0.
ALLEN DOBSON, JR., MD BOARD MEMBER	0.50	X						0.	0.	0.
JANE H. MCCALEB, MD BOARD MEMBER	0.50	X						0.	0.	0.
OLSON HUFF, MD BOARD MEMBER	0.50	X						0.	0.	0.
THOMAS W. LAMBETH, AB BOARD MEMBER	0.50	X						0.	0.	0.
WILLIAM LAWRENCE, MD BOARD MEMBER	0.50	X						0.	0.	0.
JAMES G. JONES, MD BOARD MEMBER	0.50	X						0.	0.	0.
TOM IRONS, MD BOARD MEMBER	0.50	X						0.	0.	0.
SUSAN YAGGY, MPA PRESIDENT	30.00			X				85,039.	0.	7,653.
JUDY HOWELL VICE PRESIDENT	40.00			X				64,131.	0.	16,052.
LAURA I. GERALD, MD PROGRAM DIRECTOR	27.00					X		105,113.	0.	10,022.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								254,283.	0.	33,727.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	44,387.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,199,185.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		1,243,572.			
Program Service Revenue		Business Code				
	2a COMMUNITY MANAGEMENT I	900099	326,402.	326,402.		
	b NCCCN & MPS TRAINING I	900099	243,665.	243,665.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		570,067.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		134,351.			134,351.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5373767.				
	b Less: cost or other basis and sales expenses	4801344.	747.			
	c Gain or (loss)	572,423.	-747.			
	d Net gain or (loss)		571,676.			571,676.
	8a Gross income from fundraising events (not including $ 44,387. of contributions reported on line 1c). See Part IV, line 18	a 10,200.				
	b Less: direct expenses	b 15,369.				
	c Net income or (loss) from fundraising events		-5,169.			-5,169.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a OTHER	900099	2,360.	2,360.		
	b INSURANCE ADMIN FEE	900099	1,781.	1,781.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		4,141.			
	12 Total revenue. See instructions.		2,518,638.	574,208.	0.	700,858.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	598,946.	598,946.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	13,555.	13,555.		
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	208,580.	49,723.	127,927.	30,930.
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	444,116.	332,953.	105,095.	6,068.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	41,425.	28,284.	12,331.	810.
9 Other employee benefits	27,516.	10,614.	15,443.	1,459.
10 Payroll taxes	46,652.	26,687.	17,564.	2,401.
11 Fees for services (non-employees):				
a Management				
b Legal	7,554.	2,343.	4,584.	627.
c Accounting	27,755.	8,610.	16,843.	2,302.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,873.	9,357.	19,808.	2,708.
g Other	771,381.	766,269.	4,497.	615.
12 Advertising and promotion				
13 Office expenses	72,058.	53,123.	16,658.	2,277.
14 Information technology				
15 Royalties				
16 Occupancy	44,882.	14,811.	26,455.	3,616.
17 Travel	31,566.	27,392.	3,672.	502.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,639.	37,597.	5,315.	727.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	221,394.	170,293.	44,956.	6,145.
23 Insurance	5,394.	1,584.	3,352.	458.
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.)				
a EQUIPMENT REPAIRS	15,610.	8,195.	6,524.	891.
b MISCELLANEOUS	5,238.	3,040.	1,934.	264.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,659,134.	2,163,376.	432,958.	62,800.
26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		3,400,053.	1	1,040,812.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		173,057.	4	473,343.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,994.	9	12,091.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 1,493,336.			
	b	Less: accumulated depreciation	10b 872,240.	524,598.	10c	621,096.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		4,003,495.	12	4,243,577.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		9,644.	15	11,910.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,124,841.	16	6,402,829.
Liabilities	17	Accounts payable and accrued expenses		264,368.	17	133,836.
	18	Grants payable			18	
	19	Deferred revenue			19	239,035.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		264,368.	26	372,871.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,360,948.	27	3,346,527.
	28	Temporarily restricted net assets		4,499,525.	28	2,683,431.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,860,473.	33	6,029,958.
	34	Total liabilities and net assets/fund balances		8,124,841.	34	6,402,829.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS, INC.	58-1461316

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1793432.	2803424.	1596558.	2284638.	1243572.	9721624.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1793432.	2803424.	1596558.	2284638.	1243572.	9721624.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4646800.
6 **Public support.** Subtract line 5 from line 4						5074824.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1793432.	2803424.	1596558.	2284638.	1243572.	9721624.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	187,119.	207,822.	190,595.	173,797.	134,351.	893,684.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		4,329.	27,343.	3,453.	4,141.	39,266.
11 **Total support.** Add lines 7 through 10						10654574.

12 Gross receipts from related activities, etc. (see instructions)	12	4,015,180.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	47.63 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.94 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS, INC.

Employer identification number: 58-1461316

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as.

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

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements		2,502.	2,502.	0.
d	Equipment		264,113.	209,483.	54,630.
e	Other		1,226,721.	660,255.	566,466.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶					621,096.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
INVESTMENTS	4,243,577.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	4,243,577.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,518,638.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,659,134.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-140,496.
4	Net unrealized gains (losses) on investments	4	-293,151.
5	Donated services and use of facilities	5	2,574.
6	Investment expenses	6	
7	Prior period adjustments	7	-1,399,443.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	-1,690,020.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-1,830,516.

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

1	Total revenue, gains, and other support per audited financial statements			1	2,244,177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	-293,151.		
b	Donated services and use of facilities	2b	2,574.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	-290,577.
3	Subtract line 2e from line 1			3	2,534,754.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-16,116.		
c	Add lines 4a and 4b			4c	-16,116.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	2,518,638.

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

1	Total expenses and losses per audited financial statements			1	2,675,249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	16,115.		
e	Add lines 2a through 2d			2e	16,115.
3	Subtract line 2e from line 1			3	2,659,134.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,659,134.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSET REPORTED ON PART VIII ($747)

DIRECT FUNDRAISING EXPENSES ARE NETTED WITH FUNDRAISING REVENUES

($15,369)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES REPORTED NET OF REVENUES ON PART

932054
02-01-10

Part XIV Supplemental Information *(continued)*

VIII ($15,368)

LOSS ON DISPOSAL OF ASSET REPORTED ON PART VIII ($747)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS, INC.

Employer identification number: 58-1461316

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 DINNER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	54,587.			54,587.
	2 Less: Charitable contributions	44,387.			44,387.
	3 Gross income (line 1 minus line 2)	10,200.			10,200.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,375.			1,375.
	7 Food and beverages	10,167.			10,167.
	8 Entertainment				
	9 Other direct expenses	3,827.			3,827.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(15,369.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	-5,169.

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in.				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS, INC.

Employer identification number 58-1461316

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC OFFICE OF RURAL HEALTH AND COMMUNITY CARE - 2900 MAIL SERVICE CENTER - RALEIGH, NC 27699	56-6023166		124,325.	0.			HEART FAILURE TELEHEALTH PROGRAM GRANT - TO USE TELEMONITORING TECHNOLOGY TO IMPROVE HEALTH
NC OFFICE OF RURAL HEALTH AND COMMUNITY CARE - 2900 MAIL SERVICE CENTER - RALEIGH, NC 27699	56-6023166		50,000.	0.			REDUCING DISPARITIES PRACTICE SITE PROGRAM GRANT - TO PROVIDE AN OPPORTUNITY TO CREATE,
EASTERN AHEC PO BOX 7224 GREENVILLE, NC 27835	51-0138282	501(C)(3)	5,500.	0.			INCENTIVE PAYMENT
GREENSBORO AHEC 1200 N. ELM ST. GREENSBORO, NC 27401	58-1588823	501(C)(3)	6,500.	0.			INCENTIVE PAYMENT
SOUTHEAST AHEC 2511 DELANEY AVENUE WILMINGTON, NC 28403	23-7263971	501(C)(3)	12,000.	0.			INCENTIVE PAYMENT
WAKE AHEC 3261 ATLANTIC AVENUE RALEIGH, NC 27604	56-6017737	501(C)(3)	8,000.	0.			INCENTIVE PAYMENT

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

932101 02-02-10

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ACADEMIC FELLOWSHIP	3	6,555.	0.		
ACADEMIC SCHOLARSHIP	5	7,000.	0.		

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

SCHEDULE I, PART I, LINE 2: ALL GRANT RECIPIENTS ARE REQUIRED TO FILE BOTH PROGRESS AND FINANCIAL REPORTS WITH THE FOUNDATION. GRANT RECIPIENTS WORK UNDER THE SUPERVISION OF A FOUNDATION PROGRAM MANAGER OR CONTRACTED PROGRAM MANAGER WHO REPORTS DIRECTLY TO THE PRESIDENT. FOUNDATION PROGRAM MANAGERS MEET REGULARLY WITH THEIR ASSIGNED GRANT RECIPIENTS TO REVIEW PROGRESS, ADDRESS PROBLEMS NEEDING RESOLUTION, AND CHECK RELEVANT PROGRAM DATA AND PROCEDURES. THE PRESIDENT PROVIDES DIRECT PROGRAM MANAGEMENT ON SOME GRANTS. THE VICE PRESIDENT FOR ADMINISTRATION REVIEWS PROGRESS REPORTS AND FINANCIAL REPORTS FROM GRANT RECIPIENTS TO ENSURE THAT THE SCOPE OF WORK IN

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS, INC.

Employer identification number 58-1461316

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE AREA COUNSELING 134 SOUTH GARNETT STREET HENDERSON, NC 27536	20-5385045	501(C)(3)	31,000.	0.			ICARE PROGRAM GRANT FOCUSING ON INTEGRATING MENTAL HEALTH SERVICES AND PRIMARY CARE SERVICES
ROANOAKE CHOWAN COMMUNITY HEALTH PO BOX 669 AHOSKIE , NC 27910	42-1638714	501(C)(3)	47,415.	0.			ICARE EASTERN PILOTS PROGRAM GRANT
EAST CAROLINA UNIVERSITY 150 RIVERS BUILDING GREENVILLE, NC 27858	56-6000403	501(C)(3)	95,370.	0.			ICARE EASTERN PILOTS PROGRAM GRANT
NC ACADEMY OF FAMILY PHYSICIANS FOUNDATION - PO BOX 10278 - RALEIGH, NC 27605	56-1686052	501(C)(3)	71,608.	0.			ICARE PROGRAM GRANT - TO MANAGE IMPLENTATION OF THE PROVIDER TRAINING AND TECHNICAL ASSISTANCE
SOUTHERN REGIONAL AHEC 1601 OWEN DRIVE FAYETTEVILLE, NC 28304	56-1082675	501(C)(3)	107,897.	0.			ICARE PROGRAM GRANT - TO MANAGE IMPLENTATION OF THE CURRICULUM DEVELOPMENT AND WEBSITE
NC PSYCHIATRIC ASSOCIATION 4917 WATERS EDGE DRIVE; STE 250 RALEIGH, NC 27606	56-0746063	501(C)(3)	29,332.	0.			ICARE PROGRAM GRANT - TO MANAGE IMPLENTATION OF THE CLINICAL CONSULTATION SERVICE DOMAIN AS A

Part IV Supplemental Information

THE GRANT IS AS DESCRIBED IN THE GRANT, AND THE EXPENDITURE OF GRANT FUNDS IS CONSISTENT WITH THE TERMS OF THE GRANT AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

NC OFFICE OF RURAL HEALTH AND COMMUNITY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: HEART FAILURE TELEHEALTH PROGRAM GRANT - TO USE TELEMONITORING TECHNOLOGY TO IMPROVE HEALTH OUTCOMES IN HIGH-RISK MEDICAID RECIPIENTS WITH HEART FAILURE.

NAME OF ORGANIZATION OR GOVERNMENT:

NC OFFICE OF RURAL HEALTH AND COMMUNITY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: REDUCING DISPARITIES PRACTICE SITE PROGRAM GRANT - TO PROVIDE AN OPPORTUNITY TO CREATE, REPLICATE AND SPREAD A DISPARITIES INITIATIVE TARGETING CHRONIC ILLNESS IN THE MOST VULNERABLE POPULATIONS IN NORTH CAROLINA.

NAME OF ORGANIZATION OR GOVERNMENT: LAKE AREA COUNSELING

(H) PURPOSE OF GRANT OR ASSISTANCE: ICARE PROGRAM GRANT FOCUSING ON INTEGRATING MENTAL HEALTH SERVICES AND PRIMARY CARE SERVICES WITH AN EMPHASIS ON SUBSTANCE ABUSE AND THE RURAL PRACTICE ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

NC ACADEMY OF FAMILY PHYSICIANS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ICARE PROGRAM GRANT - TO MANAGE IMPLENTATION OF THE PROVIDER TRAINING AND TECHNICAL ASSISTANCE SERVICE DOMAIN AS A PARTNER IN THE ICARE INITIATIVE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN REGIONAL AHEC

(H) PURPOSE OF GRANT OR ASSISTANCE: ICARE PROGRAM GRANT - TO MANAGE IMPLENTATION OF THE CURRICULUM DEVELOPMENT AND WEBSITE DEPLOYMENT DOMAINS AS A PARTNER IN THE ICARE INITIATIVE.

NAME OF ORGANIZATION OR GOVERNMENT: NC PSYCHIATRIC ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ICARE PROGRAM GRANT - TO MANAGE IMPLENTATION OF THE CLINICAL CONSULTATION SERVICE DOMAIN AS A PARTNER IN THE ICARE INITIATIVE.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS, INC.

Employer identification number: 58-1461316

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TRAINING MODULES CREATED BY ICARE. THERE HAVE BEEN OVER 2 MILLION HITS TO THE SITE, WITH OVER 97,000 DOWNLOADS OF PRACTICE-SPECIFIC MATERIALS. OVER 7,000 PARTICIPANTS HAVE ATTENDED ICARE IN-PERSON TRAINING SESSIONS, WITH OVER 900 PROVIDERS RECEIVING APPROVED EDUCATION ON INTEGRATED AREA TOOLS AND TECHNIQUES. ICARE HAS HELD OVER 115 TRAININGS FOR PRIMARY CARE PROVIDERS AND BEHAVIORAL HEALTH SPECIALISTS AND DELIVERED TECHNICAL ASSISTANCE ON INTEGRATED CARE TO 54 PRACTICES. IN ADDITION, THE FOUNDATION FUNDED INTEGRATED CARE PILOT SITES AT PRACTICES ACROSS THE STATE DURING THESE FIRST YEARS OF OPERATION, TESTING HOW WELL PRACTICES COULD INTEGRATE PHYSICAL AND MENTAL HEALTH SERVICES AND ILLUMINATING BARRIERS TO BE ADDRESSED TO IMPROVE PATIENT WELL-BEING. THESE PILOT SITES WERE DIRECTED TO DIFFERENT PATIENT POPULATIONS, INCLUDING THE SEVERE AND PERSISTENT MENTALLY ILL, CHILDREN, ADULTS, AND PATIENTS WITH SUBSTANCE ABUSE PROBLEMS, AND WERE BASED IN THE EAST, WEST, NORTH CENTRAL AND SOUTHEASTERN PARTS OF THE STATE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS INCLUDE PRACTICE SITES, REDUCING DISPARITIES, TELEHEALTH, BETTER JOBS/BETTER CARE, PREVENTION, MEDICAL ACCESS AND REVIEW PROGRAM, AND MEDICAL HOMES.

EXPENSES $ 1097149. INCLUDING GRANTS OF $ 0. REVENUE $ 574208.

FORM 990, PART VI, SECTION A, LINE 4: THE GENERAL POWERS OF THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS WERE REVISED. THE REVISED GENERAL

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS, INC.

Employer identification number: 58-1461316

POWERS STATE THAT THE FINANCE COMMITTEE SHALL ACT AS AN AUDIT COMMITTEE TO ENSURE THAT AN ANNUAL FINANCIAL AUDIT IS CONDUCTED BY AN INDEPENDENT PROFESSIONAL ACCOUNTING FIRM IN ACCORDANCE WITH FEDERAL AND STATE GUIDELINES AND MEET IN EXECUTIVE SESSION WITH SUCH AUDITOR TO REVIEW THE AUDITED FINANCIAL STATEMENTS AND REPORT TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE FINANCE MANAGER AND THE PRESIDENT OF THE FOUNDATION. ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A COPY OF THE FORM 990 BEFORE IT IS ISSUED.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REQUIRES ANNUAL FULL DISCLOSURE OF ANY CONFLICTS OF INTEREST. DISCLOSURE IS MADE IN WRITING BY THE INTERESTED PARTIES TO THE FULL BOARD OF DIRECTORS IN ALL POSSIBLE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR KEY EMPLOYEES OTHER THAN THE PRESIDENT IS DETERMINED BY THE PRESIDENT, WHO COMPARES THE POSITION TO THE GENERAL MARKET AND TO OTHER ORGANIZATIONS WHO PERFORM SIMILAR TYPES OF WORK. COMPENSATION FOR THE PRESIDENT IS DETERMINED BY THE BOARD AND IS ALSO DETERMINED BY THE GENERAL MARKET AND SIMILAR ORGANIZATIONS. EDUCATION, TRAINING AND EXPERIENCE ALSO WEIGH HEAVILY FOR A GIVEN ROLE.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE UPON WRITTEN REQUEST AT THE OFFICE OF THE FOUNDATION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS, INC.

Employer identification number: 58-1461316

FORM 990; PART XI; LINE 2C

OVERSIGHT OF AUDIT

THE GENERAL POWERS OF THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS WERE REVISED. THE REVISED GENERAL POWERS STATE THAT THE FINANCE COMMITTEE SHALL ACT AS AN AUDIT COMMITTEE TO ENSURE THAT AN ANNUAL FINANCIAL AUDIT IS CONDUCTED BY AN INDEPENDENT PROFESSIONAL ACCOUNTING FIRM IN ACCORDANCE WITH FEDERAL AND STATE GUIDELINES AND MEET IN EXECUTIVE SESSION WITH SUCH AUDITOR TO REVIEW THE AUDITED FINANCIAL STATEMENTS AND REPORT TO THE BOARD OF DIRECTORS.