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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- 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: CAROMONT HEALTH; Doing Business As; Number and street (or P.O. box if mail is not delivered to street address): 2525 COURT DRIVE PO BOX 1747; Room/suite; City or town, state or country, and ZIP + 4: GASTONIA, NC 280531747

D Employer identification number: 58-1636959; E Telephone number: (704) 834-2000; G Gross receipts \$ 82,324,776

F Name and address of principal officer: DAVID O'CONNOR, 2525 COURT DRIVE PO BOX 1747, GASTONIA, NC 280531747

H(a) Is this a group return for affiliates? Yes No; H(b) Are all affiliates included? Yes No; H(c) Group exemption number

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

J Website: WWW.CAROMONT.ORG

K Form of organization: Corporation; L Year of formation: 1984; M State of legal domicile: NC

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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 (DAVID O'CONNOR CFO) and Date (2011-03-29)

Paid Preparer's Use Only: Preparer's signature (Amy Bibby), Date, Check if self-employed, Preparer's identifying number, Firm's name (DIXON HUGHES PLLC), address, and ZIP + 4 (Asheville, NC 28806), EIN, Phone no.

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

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

To provide exceptional healthcare to the communities we serve

**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

**4a** (Code ) (Expenses \$ 767,171 including grants of \$ 2,141 ) (Revenue \$ 690,673 )

CAROMONT HEALTH PROVIDES INPATIENT, OUTPATIENT, EMERGENCY, AND SURGICAL SERVICES TO THE RESIDENTS OF GASTON COUNTY AND SURROUNDING AREAS AT ITS 435-LICENSED BED HOSPITAL, GASTON MEMORIAL HOSPITAL PLEASE SEE SCHEDULE O FOR A CONTINUATION OF OUR PROGRAM SERVICE ACCOMPLISHMENTS

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses \$ 767,171

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	Yes	
<b>24a</b> 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b> 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)			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b> 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 owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	Yes	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35</b>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 6		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 4,112		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
	<b>3b</b>		
<b>4a</b>	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)? . . . . .		No
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	<b>5b</b>		
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
	<b>5c</b>		
<b>6a</b>	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? . . . . .		No
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		No
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (14); 1b Enter the number of voting members that are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NC); 18 Section 6104 requires an organization to make its 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, 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. 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 (DAVID O'CONNOR, 2525 COURT DRIVE, GASTONIA, NC 28054, (704) 834-2000).



<b>1b Total</b>	159,201	3,448,337	1,083,640
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**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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

(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		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>						
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>						
<b>Program Service Revenue</b>	<b>2a</b>	PATIENT SERVICE REVENUE	621,110	690,673	690,673			
	<b>b</b>	LOSS ON INV IN MRISC	900,099	-35,819	-35,819			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>		654,854				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>		7,130,368		7,130,368		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>						
	<b>5</b>	Royalties . . . . . <b>▶</b>						
	<b>6a</b>	Gross Rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . <b>▶</b>						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	74,513,924				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	76,258,774			
			<b>c</b>	Gain or (loss)	-1,744,850			
<b>d</b>	<b>Net gain or (loss)</b> . . . . . <b>▶</b>		-1,744,850		-1,744,850			
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . . <b>▶</b>							
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . . <b>▶</b>							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>							
<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . . . <b>▶</b>							
	Miscellaneous Revenue	Business Code						
<b>11a</b>	SETTLEMENT REVENUE	900,099	25,630		25,630			
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		25,630					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>		6,066,002	654,854	0	5,411,148		

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	2,141	2,141		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	461,915	461,915		
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	8,208	8,208		
<b>9</b>	Other employee benefits . . . . .	67,165	67,165		
<b>10</b>	Payroll taxes . . . . .	35,334	35,334		
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	23,785		23,785	
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .				
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	125,517		125,517	
<b>g</b>	Other . . . . .	61,780	61,780		
<b>12</b>	Advertising and promotion . . . . .	203	203		
<b>13</b>	Office expenses . . . . .	106,719	106,719		
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .	1,800	1,800		
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	9,663	9,663		
<b>23</b>	Insurance . . . . .	12,243	12,243		
<b>24</b>	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 )				
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	916,473	767,171	149,302	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	16,375,262	<b>2</b>	15,749,906
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	70,487	<b>4</b>	89,332
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	8,568	<b>8</b>	9,755
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,472	<b>9</b>	4,472
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	212,985		
	<b>b</b> Less accumulated depreciation . . . . .	185,514		
		37,134	<b>10c</b>	27,471
	<b>11</b> Investments—publicly traded securities . . . . .	251,664,876	<b>11</b>	307,840,077
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	5,918,454	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	1,229,490	<b>13</b>	910,811
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	20,497	<b>15</b>	79,048	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	275,329,240	<b>16</b>	324,710,872	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,570,491	<b>17</b>	6,453,432
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,570,491	<b>26</b>	6,453,432
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	269,445,877	<b>27</b>	317,880,768
	<b>28</b> Temporarily restricted net assets . . . . .	312,872	<b>28</b>	376,672
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	269,758,749	<b>33</b>	318,257,440	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	275,329,240	<b>34</b>	324,710,872	

**Part XI Financial Statements and Reporting**

**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? . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 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 . . . .

**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 separated 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? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization CAROMONT HEALTH

Employer identification number 58-1636959

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 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?

- (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?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

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

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S ?, (vii) Amount of support? Rows include GASTON MEMORIAL HOSPITAL INC and gASTON MEMORIAL HOSPITAL FOUNDATION INC.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions ) 12

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**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 the 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 IRC 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**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

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

**Explanation**

Schedule A, Part IV, Supplemental Information CAROMONT HEALTH SERVES AS THE CORPORATE PARENT TO GASTON MEMORIAL HOSPITAL, GASTON MEMORIAL HOSPITAL FOUNDATION, AND OTHER RELATED ORGANIZATIONS BY ADMINISTRATING CERTAIN ACCOUNTING FUNCTIONS AMOUNTS PRESENTED IN SCHEDULE A, PART I, LINE 11(H) ARE PAYROLL TOTALS FOR WHICH CAROMONT HEALTH ACTED AS COMMON PAYMASTER

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization CAROMONT HEALTH

Employer identification number 58-1636959

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 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 for any other purpose conferring impermissible private benefit?

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, 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-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
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 170(h)(4)(B)(ii)?
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 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance . . . . .	311,583	359,814			
<b>b</b> Contributions . . . . .	1,259	7,141			
<b>c</b> Investment earnings or losses . . . . .	39,320	-30,872			
<b>d</b> Grants or scholarships . . . . .	4,250	24,500			
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	347,912	311,583			

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

- a** Board designated or quasi-endowment ▶ 100.000 % %
- 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
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		10,519	10,497	22
<b>d</b> Equipment . . . . .		202,466	175,017	27,449
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				27,471



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	6,066,002
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	916,473
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	5,149,529
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	26,521,284
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	16,827,878
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	43,349,162
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	48,498,691

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	49,287,506
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	26,521,284
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	16,700,220
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	43,221,504
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	6,066,002
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	6,066,002

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	788,815
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	788,815
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	127,658
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	127,658
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	916,473

**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, 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.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ENDOWMENT FUNDS ARE USED FOR NURSING SCHOLARSHIPS
Part XI, Line 8 - Other Adjustments		TRANSFERS FROM RELATED ORGANIZATIONS 16827878
Part XII, Line 2d - Other Adjustments		TRANSFERS FROM RELATED ORGANIZATIONS 16827878 EXPENSES NET W/ REVENUES -127658
Part XIII, Line 4b - Other Adjustments		EXPENSES NET W/ REVENUES 127658

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
CAROMONT HEALTH

**Employer identification number**

58-1636959

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate 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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are 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</p>	Yes									
<p><b>2</b> 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?</p>	Yes									
<p><b>3</b> 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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>		No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> 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</p>										
<p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p><b>6</b> 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</p>										
<p><b>a</b> The organization?</p>	Yes									
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>	Yes									
<p><b>7</b> 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</p>		No								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued 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</p>		No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										

**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)(i)-(iii) 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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KELVIN C HARRIS MD	(i)	0	0	0	0	0	0	0
	(ii)	161,539	61,856	2,050	0	18,524	243,969	0
WAYNE F SHOVELIN	(i)	0	0	0	0	0	0	0
	(ii)	642,828	394,994	934,230	577,417	135,236	2,684,705	922,287
VALINDA L RUTLEDGE	(i)	0	0	0	0	0	0	0
	(ii)	257,892	0	0	31,876	11,624	301,392	0
DAVID O'CONNOR	(i)	0	0	0	0	0	0	0
	(ii)	311,111	121,980	146,192	135,558	39,303	754,144	132,040
MARIA LONG	(i)	0	0	0	0	0	0	0
	(ii)	204,730	71,010	80,025	91,791	29,888	477,444	78,135
CHARLTON N OWENSBY	(i)	159,201	0	0	0	12,423	171,624	0
	(ii)	0	0	0	0	0	0	0

**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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - REIMBURSEMENT FOR CERTAIN TAXABLE BENEFIT COSTS (I E CELL PHONES) WILL BE GROSSED UP FOR ANY TAX OBLIGATIONS
	Part I, Line 4a	Wayne F Shovelin, CEO participates in a Supplemental Salary Continuation Retirement Plan. Gross payments for 2010 were \$5,914,998. Please refer to the Schedule O disclosure for Part VI, Section B, Line 15 for more detail.
	Part I, Line 6	Certain CaroMont Medical Group Inc. Physician's Compensation packages are based on the individual physician's net results from operations as calculated based solely on his/her net charges less his/her allocable share of clinic overhead costs. Executive Incentive Compensation Plan for all key employees based on the achievement of annual Business Objectives and Financial Performance of the consolidated system. Manager Incentive Plan based on consolidated corporate and individual performance goals.

**Software ID:**  
**Software Version:**  
**EIN:** 58-1636959  
**Name:** CAROMONT HEALTH

**SCHEDULE O**  
**(Form 990)**  
**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**  
 CAROMONT HEALTH

**Employer identification number**  
 58-1636959

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE BOARD OF DIRECTORS SHALL CONSIST OF FOURTEEN MEMBERS, THIRTEEN OF WHOM SHALL BE APPOINTED BY THE BOARD OF COUNTY COMMISSIONERS OF GASTON COUNTY, NORTH CAROLINA, FROM NOMINATIONS RECOMMENDED TO IT BY THE BOARD OF DIRECTORS OR MADE BY MEMBERS OF SAID BOARD OF COUNTY COMMISSIONERS ON THEIR OWN MOTION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The organization's Form 990 is reviewed by the Audit Finance Investment committee of the Board of Directors prior to presentation to the full Board before the Form is filed with the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		EACH APPLICABLE EMPLOYEE AND DIRECTOR SHALL FULLY AND TRUTHFULLY COMPLETE A QUESTIONNAIRE CONCERNING POTENTIAL AND ACTUAL CONFLICTS OF INTEREST ANNUALLY SUCH QUESTIONNAIRE SHALL IDENTIFY THE EMPLOYEE'S OBLIGATION TO IMMEDIATELY MAKE THE PRESIDENT AWARE, IN WRITING, OF ANY POTENTIAL OR ACTUAL CONFLICTS ON INTEREST AS THEY MAY ARISE AND WILL CONTAIN SAID EMPLOYEE'S AGREEMENT TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS POLICY AS A CONDITION OF RETAINING THEIR POSITION SUCH QUESTIONNAIRES SHALL BE REVIEWED ANNUALLY BY THE VICE PRESIDENT/GENERAL COUNSEL AND THE CORPORATE COMPLIANCE OFFICER THE PRESIDENT SHALL MAKE THE BOARD OF DIRECTORS AWARE OF ANY ACTUAL CONFLICTS OF INTEREST

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The CEO, CFO/Assistant Treasurer and General Counsel/Assistant Secretary are compensated for their services by CaroMont Health, Inc. The compensation of all CaroMont executives for each year is established by the Compensation Committee of the CaroMont Health Board of Directors, based on guidance and opinions provided by an independent, third-party compensation consultant. Board members who serve on the Compensation Committee are independent and free of any conflict of interest. Any Compensation Committee member who develops a conflict of interest during his/her term with respect to the discussion of any executive's compensation leaves the meeting and does not participate in the discussion or decision-making by the remaining independent members of the Compensation Committee. The Compensation Committee retains jurisdiction over the total compensation package for executives and reviews executive benefits and perquisites as well as total cash compensation. Compensation for the CEO is established through a process of dialogue with the CEO, comparison with comparable market data and determination by the Compensation Committee of acceptable salary range and percentile ranking. All compensation decisions for the CEO are recommended by the Compensation Committee and approved by the Board of Directors. Compensation for all other executives is established through a process of dialogue between the CEO and the executive, comparison with comparable market data and determination by the CEO of acceptable salary range and percentile ranking. All compensation decisions for executives are recommended by the CEO and approved by the Compensation Committee. Full collected compensation information and any compensation opinions provided during these processes will be kept with the Compensation Committee or Board minutes, as applicable. In 2009, the Board of Directors, by and through the Compensation Committee, conducted two detailed reviews of the retirement benefit to be paid to its retiring CEO. In conducting these reviews, the Compensation Committee worked through an evaluation of the retiring CEO's performance during his 33-year tenure with the organization. The Compensation Committee concluded that in the areas of finance and quality measures, the retiring CEO's performance consistently exceeded expectations and has positioned CaroMont Health as a leader in the region. His performance in the area of patient satisfaction has, in the mission-critical area of emergency services, exceeded the Board of Directors' expectations. Overall, and over the arc of his career at CaroMont, the retiring CEO's leadership has led CaroMont Health from a mere community hospital into a regional healthcare powerhouse. The Committee concluded that his leadership had outperformed the region and fulfilled the community's desire to keep its healthcare system under local control, thereby justifying his retirement payment as fair and reasonable compensation for outstanding performance.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		AT THIS TIME, THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	The vision of CaroMont Health is to be a nationally recognized leader and valued partner in promoting individual health and vibrant communities. STRATEGY AND OBJECTIVES CaroMont Health undertakes a comprehensive assessment of its services every three to five years to determine strategic changes required to address the changing healthcare environment, and thus the overall program directions that need to be pursued. On an annual basis, goals and objectives are established that will allow progress towards the desired direction. Many of CaroMont Health's Fiscal Year 2010 objectives related to activities to improve the health of the community, including: 1. Develop an aggressive growth strategy to include - Leverage existing vertical and horizontal integration - Identify and establish partnerships to create compelling value proposition 2. The Focus of CaroMont Health's Growth Strategy - Enhance brand presence in key secondary market locations - Expand access points for care - Portals for new referrals - Emphasize urgent and primary care (right care, right place, right time) - Design to provide coordinated and accountable care - Link cross-referrals, interventions, health management and wellness - Utilize e-technology, 24/7 connectivity and relationship-building - Create a 'personally remarkable' individualized care experience. In addition, several of CaroMont Health's business objectives focused on improving the quality of care provided to our patients. Examples are: - Support continued development of a "safety net" program to provide "medical home" and medical services to qualified uninsured residents of Gaston County - Complete requirements for JCAHO Certification for Disease-Specific Care Certification Program for Joint, Stroke, Heart Failure, Inpatient Diabetes, and Hip and Knee Replacement - Participating in, and/or sponsoring/cosponsoring 10 or more healthcare related community events or programs that contribute to improving the health and wellness status of the communities we serve - Participating in at least 48 speaking engagements or promotions regarding various CaroMont Health services and programs - Conduct or participate in wellness health screenings within the community and/or places of physician - Assess the benefit of establishing a Level III Trauma Program based on community need and physician input - Enhance/expand the scope of our cardiovascular service - Develop a multi-disciplinary representation of physician councils to facilitate physician leadership development, provide a forum for evaluating and aligning new services, enhance care coordination, sharpen our focus and streamline the health care operating system. HEALTHNET GASTON HealthNet Gaston (HNG) is a program designed to provide comprehensive health care services to low-income, uninsured residents of Gaston County. Its services include a medical home/primary care physician services, specialty physician services, medication assistance, case management/health coaching activities, and hospital services. HNG operates through the leadership and collaboration of its four founding strategic partners, including Gaston Memorial Hospital, Gaston Family Health Services, Community Health Partners, Gaston Community Health Care Commission. Other strategic partners involved with this initiative include community several physicians, Gaston County Department of Social Services, Gaston County Health Department, and other local leaders. During fiscal year 2010, the hospital provided \$8,761,805 and the employed physicians provided \$680,715 of uncompensated care to the HNG patients. UNITED WAY CaroMont Health is a pace setter organization for United Way and in fiscal year 2010, employees pledged \$157,877 to United Way. Since 1990, CaroMont Health has donated a 10% match of the United Way employee pledges to the employee hardship fund on an annual basis. Funds are distributed to CaroMont Health employees who experience an unforeseen catastrophic event (for example, fire, serious accident, etc.) during the year. GASTON COMMUNITY HEALTHCARE COMMISSION In 1992 the Gaston Community Healthcare Commission (GCHC) was established with Gaston Memorial Hospital as a sponsoring organization. The GCHC has been a certified Healthy Carolinian Partnership since 1994. The purpose of this organization is to develop a workable community-wide agenda through a problem-solving network of organizations and individuals to improve health status of Gaston County residents. As a certified Healthy Carolinian Partnership, initiatives are based on the most recent Community Health Assessment, coordinated by Board that is representative of the community, and document the impact that these initiatives have on health status. Since 1998, the following organizations have had a permanent position on the GCHC: Gaston Memorial Hospital, Gaston County Health Department, Pathways, Gaston Family Health Services, Gaston County Department of Social Services, Gaston County School System, Gaston College, United Way, Gaston Regional Chamber, Medical Society, and Gaston Emergency Medical Services. The 25 member GCHC Board directed the activities of seven initiatives that are undertaken to improve health status. These efforts focus on improving the health of children, assisting residents of all ages to make healthier life styles choices, improving access to medical care, and decreasing the cost of medical services. During 2003 the administration of the GCHC was transferred to Gaston Together. Gaston Together allows the GCHC to have broader exposure in the community, build greater volunteer participation, and greater ability to seek grants to assist with the implementation of their numerous initiatives, while taking a broader advocacy position for addressing local health issues. The GCHC has been identified as the point organization for addressing health issues as a part of Gaston County's Vision 2020. Facilitated by Gaston Together, Vision 2020 is a collaborative community effort to implement initiatives addressing economic development, infrastructure development, housing, safety, social/arts, and health issues to position Gaston County for the future. All of these actions have resulted in a stronger Board and community involvement for GCHC in order to continue to improve the health status of the residents of Gaston County. CaroMont Health has significantly impacted its community in providing many different health improvement projects, groups, events, education programs, etc.

Identifier	Return Reference	Explanation
		HEALTH INSURANCE ENROLLMENT PROGRAMS Gaston Memorial Hospital has developed a program to assist uninsured and underinsured community members with enrollment in public programs. Seven employees assist individuals with enrollment in Medicaid, NC Health Choice, Medicare, Crime Victims program, food stamps, vocational rehab, public housing, Wal-Mart prescription program, meals on wheels and adult services at DSS at an annual cost of \$403,387. The primary service area of CaroMont Health is Gaston County in North Carolina. However, because of the regional nature of multiple services and/or programs that are provided through the organization, we provide a substantial amount of health care services to residents outside Gaston County. These out of county residents primarily come from Cleveland and Lincoln Counties in North Carolina, as well as York and Cherokee Counties in South Carolina. In fiscal year 2010, Gaston Memorial Hospital provided over \$72 million of uncompensated care services to patients who had no insurance representing 7.8% of total services provided. In addition, the hospital provided over \$159 million in services to Medicaid patients, representing 17.2% of the total services provided. No funding is received by CaroMont Health from Gaston County to provide this uncompensated care. Services are provided to all Gaston County residents, regardless of their ability to pay. All programs are funded from excess working capital. On occasion grants are received from The Duke Endowment, local foundations, federal or state agencies for specific programs, such as assistance with the start-up of parish nurse ministries, assistance with bioterrorism readiness, and the Breast Health Navigator position. Community priorities are established through a number of mechanisms - Leadership opinions are sought to help identify needed services in the community - Telephone surveys are conducted on a periodic basis to gather opinions from residents in the service area - Patient satisfaction data is analyzed to determine where and/or how services need to be improved - Service area data (vital statistics, demographics and utilization) are analyzed for trends. This information is coordinated with public health data to determine voids and service area health problems - Findings from community surveys/reports published by other organizations (United Way, Chamber of Commerce, Partnership for Children, Gaston County, etc.) are gathered and reviewed for pertinence to community health problems - Gaston Memorial Hospital through the GCHC in conjunction with the Gaston County Health Department conducts a Community Assessment every four years. This assessment gathers opinions and is combined with public health data to determine the top four community-wide health issues - Service area strengths, weaknesses and opportunities are used as a basis for establishing community priorities. All this information is used to establish organizational priorities, identify agencies and organizations to be involved in resolving community issues, and implement programs to resolve identified issues. Goals, objectives and strategies are established and the progress is evaluated on an annual basis - Board members, senior management and department directors are involved in numerous organizations. Through this network of relationships, further information about the community and the needs of area residents and organizations are used in the development of programs and services available through CaroMont Health. Health Professionals Education CaroMont Health provides over \$925,113 for the following educational activities: Preceptor - UNCC, GWU, (Pharmacy AD, PCC, Kaplan, CUSP (Admin Support) CUSP (Administrative Support) Pharmacy Practice Residency (Queens) Preceptor - GC Dietary (Administrative Support) Preceptor - California College of Health Sciences (Admin Support) Preceptor - ASU (Administrative Support) Preceptor MOC - UNCC (Administrative Support) Preceptor/Mentor (Pharmacy) Preceptor - Pharmacy -Wingate College Student (Pharmacy) Preceptor - Gardner Webb University (Administrative Support) Coordinated Nursing Assistant Instructor Orientation (Education Svcs) Precepting - Wingate College Student (Pharmacy - March - April 2010) Pharmacy Student #2 Mentoring - Wingate (Pharmacy) Pharmacy Student Mentoring-UNC Student #2 (Pharmacy) Pharmacy Student Mentoring-UNC Student #1 (Pharmacy) New Graduate Welcome Receptions (Administrative Support) Preceptor - Queens (Administrative Support) Pharmacy Student #1 Mentoring - Wingate (Pharmacy) Preceptor - Certified Clinical Medical Asst (Administrative Support) Lincoln-Cleveland Nurses Celebration (Executive Offices) Coordinated Gaston City Schools Allied Science Education Program (Education Services) Gaston Co Education Foundation BOD (Executive Offices) IC Training (Administrative Support) Financial contributions and in-kind contributions totaling \$742,201 cover a wide array of community events and activities such as: Gaston Regional Chamber Economic Development Dept Dues (Exec Offices) Daniel Stow e Botanical Gardens Holiday Lights (Executive Offices) Gaston County Family YMCA (Marketing) Gaston Regional Chamber Annual Dues (Executive Offices) Community Foundation Sponsorship for Simms Award (Exec Offices) Boys Scouts of America (Marketing) NC Chamber Annual Membership (Executive Offices) Mt. Holly Springfest (Marketing) Gaston Regional Chamber (Marketing) Gaston Literacy Council Inc (Marketing) Gaston Chamber Salute to Manufacturing (Marketing) First Friday Focus-Gaston Regional Chamber (Marketing) March of Dimes Ambassador Avenue Sponsor (Marketing) Heart Society's 2010 Heart Ball Patron Level Donation (Marketing) Bessemer City Chamber Annual membership (Executive Offices) Heart Society 2010 Golden Heart Award Sponsor (Marketing) Gaston Chamber 2009 Economic Forecast Luncheon (Marketing) Gaston Regional Chamber 2010 Planning Retreat (Marketing) Gastonia Jaycees (Marketing) Advanced Home Care Infusion Services (Patient Care) Gastonia Civitan Club Dues (Executive Offices) Advanced Home Care Annual Charity Golf (GMH) Belmont Abbey Corporate Annual membership (Executive Offices) Montcross Area Chamber of Commerce (Marketing) Catawba River Womens Group (Marketing - FY2010) United Way Women's Luncheon Table Sponsor (Marketing) South Point High School Baseball Tournament Sponsor Gastonia Grizzlies Annual Baseball Camp Sponsorship Gastonia Grizzlies HMI Sponsored Grizzly Baseball Camp Classroomspace for Community Groups (Education Services) Samaritan's Purse - donation of medical supplies (Housekeeping) Framed Artwork to Junior League of Gaston County (Housekeeping) Giveaway for Cleveland County Fair (Marketing) Hand sanitizers to Taste of Gaston Event (Marketing) Refreshments for Cancer Center holiday concert (Marketing) Ink pens to Living Well after Lung Cancer program (Marketing) Personal Computer to Gaston County YMCA (Information Systems) Community Building Activities - Staff provide time and expertise to Workforce Development - Physician Recruitment

Identifier	Return Reference	Explanation
FORM 990, PART V AND PART VII	COMMON PAYMASTER	CAROMONT HEALTH IS A COMMON PAYMASTER AS DEFINED IN REGULATIONS SECTION 31.3121(S)-(1) (B) FOR SEVERAL ORGANIZATIONS. ALL W-2S ARE FILED BY THE COMMON PAYMASTER. HOWEVER, AMOUNTS PAID BY THE COMMON PAYMASTER ARE TREATED AS IF PAID DIRECTLY BY THE ORGANIZATION FOR WHICH SERVICES ARE PERFORMED.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
CAROMONT HEALTH

**Employer identification number**

58-1636959

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CAROMONT OCCUPATIONAL MEDICINE LLC 2525 COURT DRIVE GASTONIA, NC 28054 51-0522690	OCCUPATIONAL MEDICINE	NC	690,670	133,523	N/A
CAROMONT AMBULATORY SERVICES LLC 2525 COURT DRIVE GASTONIA, NC 28054 51-0522692	AMBULATORY SERVICES	NC	0	0	N/A
CAROMONT COMMUNITY IMAGING LLC 2525 COURT DRIVE GASTONIA, NC 28054 56-2255954	IMAGING SERVICES	NC	0	0	N/A

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CaroMont Health Services 2526 Court Drive Gastonia, NC 28054 56-1455630	OUTPATIENT SERVICES	NC	501(c)(3)	Line 3	N/A
Gaston Memorial Hospital Foundation Inc 2527 Court Drive Gastonia, NC 28054 56-1479699	FOUNDATION	NC	501(c)(3)	Line 9	N/A
CaroMont Medical Group Inc 2528 Court Drive Gastonia, NC 28054 56-1479712	MEDICAL GROUP	NC	501(c)(3)	Line 9	N/A
Hospice of Gaston County Inc 2529 Court Drive Gastonia, NC 28054 58-1341530	HOSPICE CARE	NC	501(c)(3)	Line 7	N/A
Gaston Memorial Hospital Inc 2530 Court Drive Gastonia, NC 28054 56-0619359	HOSPITAL	NC	501(c)(3)	Line 3	N/A
Gaston Emergency Physicians Inc 2531 Court Drive Gastonia, NC 28054 56-2209423	Supporting Organization	NC	501(c)(3)	Line 11a, I	N/A

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
<b>(1)</b> See Additional Data Table		
<b>(2)</b>		
<b>(3)</b>		
<b>(4)</b>		
<b>(5)</b>		
<b>(6)</b>		



**Software ID:**  
**Software Version:**  
**EIN:** 58-1636959  
**Name:** CAROMONT HEALTH

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
CaroMont Health Services  2526 Court Drive Gastonia, NC28054 56-1455630	OUTPATIENT SERVICES	NC	501(c)(3)	Line 3	N/A
Gaston Memorial Hospital Foundation Inc  2527 Court Drive Gastonia, NC28054 56-1479699	FOUNDATION	NC	501(c)(3)	Line 9	N/A
CaroMont Medical Group Inc  2528 Court Drive Gastonia, NC28054 56-1479712	MEDICAL GROUP	NC	501(c)(3)	Line 9	N/A
Hospice of Gaston County Inc  2529 Court Drive Gastonia, NC28054 58-1341530	HOSPICE CARE	NC	501(c)(3)	Line 7	N/A
Gaston Memorial Hospital Inc  2530 Court Drive Gastonia, NC28054 56-0619359	HOSPITAL	NC	501(c)(3)	Line 3	N/A
Gaston Emergency Physicians Inc  2531 Court Drive Gastonia, NC28054 56-2209423	Supporting Organization	NC	501(c)(3)	Line 11a, I	N/A

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)
<b>(1)</b>	GASTON MEMORIAL HOSPITAL INC	R	565,657
<b>(2)</b>	GASTON MEMORIAL HOSPITAL INC	P	7,507,048
<b>(3)</b>	CAROMONT HEALTH SERVICES INC	P	5,089,741
<b>(4)</b>	CAROMONT HEALTH SERVICES INC	R	360,262
<b>(5)</b>	GASTON MEMORIAL HOSPITAL INC	B	14,851,693
<b>(6)</b>	CAROMONT HEALTH SERVICES INC	B	1,926,185
<b>(7)</b>	CAROMONT MEDICAL GROUP INC	B	50,000

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1636959  
**Name:** CAROMONT HEALTH

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
ROBERT H BLALOCK JR Past Chairman	1 00	X		X				0	0	0
KATHY DRUM Director	1 00	X						0	0	0
H SPURGEON MACKIE JR Chairman	1 00	X		X				0	0	0
BARRY M POMEROY Past Treasurer	1 00	X		X				0	0	0
SHEILA S REILLY PHD Vice Chairman	1 00	X		X				0	0	0
M VINCENT QUINN Director	1 00	X						0	0	0
H CLAYTON THOMASON III CHIEF-OF-STAFF	1 00	X						0	27,900	0
JOHNATHAN D WILLIAMS PAST CHIEF-OF-STAFF	1 00	X						0	30,000	0
JAMES R BEAM DIRECTOR	1 00	X						0	0	0
ROBERT D CROUCH Secretary	1 00	X		X				0	0	0
RICHARD K CRAIG DIRECTOR	1 00	X						0	0	0
MARY FRANCES FORRESTER DIRECTOR	1 00	X						0	0	0
KELVIN C HARRIS MD DIRECTOR	1 00	X						0	225,445	18,524
WILLIAM K GARY SR DIRECTOR	1 00	X						0	0	0
JAMES H HOWARD JR Treasurer	1 00	X		X				0	0	0
MICKEY PRICE DIRECTOR	1 00	X						0	0	0
DAVID ALLEN SMITH DIRECTOR	1 00	X						0	0	0
WAYNE F SHOVELIN CEO THROUGH SEPT	1 00			X				0	1,972,052	712,653
VALINDA L RUTLEDGE CEO AS OF OCT	1 00			X				0	257,892	43,500
DAVID O'CONNOR CFO/ASST TREASURER	1 00			X				0	579,283	174,861
MARIA LONG VP GEN CNSL/ASST SEC	1 00			X				0	355,765	121,679
CHARLTON N OWENSBY PHYSICIAN	40 00					X		159,201	0	12,423