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Form 990

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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 08-01-2009 and ending 07-31-2010

B Check if applicable	C Name of organization MEDICAL REVIEW OF NORTH CAROLINA INC		D Employer identification number 58-1567854
<input type="checkbox"/> Address change	Doing Business As the carolinas center for medical exc		E Telephone number (919) 380-9860
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 100 REGENCY FOREST DRIVE SUITE 200	Room/suite	G Gross receipts \$ 19,783,486
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4 CARY, NC 275188598		

F Name and address of principal officer
CHARLES J RIDDICK
100 REGENCY FOREST DRIVE SUITE 200
CARY, NC 275188598H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► WWW.THECAROLINASCENTER.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1983 M State of legal domicile NC

Part I Summary

1	Briefly describe the organization's mission or most significant activities MEDICAL REVIEW OF NORTH CAROLINA, INC , DOING BUSINESS AS THE CAROLINAS CENTER FOR MEDICAL EXCELLENCE ("CCME") WILL PROVIDE LEADERSHIP, EDUCATION AND SERVICES TO PROMOTE IMPROVEMENT IN THE QUALITY AND COST EFFECTIVENESS OF HEALTH CARE		
2	Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	178
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,590,623	14,701,988
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	177,822	228,837
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,100	0
		10,789,545	14,930,825

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	67,450	27,050
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,972,363	10,892,578
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,013,029	5,493,720
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,052,842	16,413,348
19	Revenue less expenses Subtract line 18 from line 12	-3,263,297	-1,482,523

20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	19,340,450	20,252,459
22	Net assets or fund balances Subtract line 21 from line 20	1,672,251	2,445,203
		17,668,199	17,807,256

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 CHARLES J RIDDICK CHIEF EXECUTIVE OFFICER Type or print name and title	2010-11-23 Date	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Cherry Bekaert & Holland LLP 1111 Metropolitan Avenue Suite 1000 Charlotte, NC 28204			EIN ►
				Phone no ► (704) 377-1678

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

CCME is a physician-sponsored, non-profit organization that has built its solid reputation on advancing the quality of health care for the Medicare consumers in North and South Carolina. With our strong ties to every provider setting in the health care system, our staff of highly skilled and experienced medical and clinical personnel work to ensure the quality, cost effectiveness, and accessibility of health care. Our ultimate goal is to empower our clients with data and knowledge to improve the quality of their health care services. At CCME, we believe that to transform health care, we must continuously aspire to be the best in everything we do. To achieve this goal, we remain dedicated to upholding our corporate values EXCELLENCE, LEARNING ORGANIZATION, INNOVATION, TEAMWORK/COLLABORATION, CAN DO, TRUST/INTEGRITY & ALTRUISM. PLEASE SEE SCHEDULE O FOR MORE DETAILS REGARDING THESE VALUES.

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 \$ 15,048,206 including grants of \$ 27,050) (Revenue \$ 14,701,988)
 PEER REVIEW AND QUALITY IMPROVEMENT FOR MEDICARE, MEDICAID AND PRIVATE MEDICAL CONTRACTS

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 \$ 15,048,206

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
 - Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
 - Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
 - Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.
- 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No
- If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III
- 17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2		No
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20		No

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23 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? If "Yes," complete Schedule J	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34		No
35 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		No
36 Section 501(c)(3) organizations. Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	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	1a	96
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	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	2a	178
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
4b	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body . . .	1a	14	
b Enter the number of voting members that are independent . . .	1b	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6 Does the organization have members or stockholders?	6	Yes	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		No

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

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	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	12a	Yes	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13 Does the organization have a written whistleblower policy?	13	Yes	
14 Does the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed ► 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 ►
 CHARLES RIDDICK
 100 REGENCY FOREST DRIVE SUITE 200
 CARY, NC 275188598
 (919) 380-9860

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

1b Total	1,228,561	0	248,800
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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 **►8**

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		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
CLINICAL INSIGHTS LLC 100 REGENCY FOREST DRIVE CARY, NC 27518	CONSULTING SERVICES	258,327
UNC DEPT OF MEDICINE CB 7005 3034 OLD CLINIC BUILDING CHAPEL HILL, NC 27599	Clinical Coordinator and Research Consul	173,040
FUQUAY SOLUTIONS PO BOX 31341 RALEIGH, NC 27622	see schedule o	117,845
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 ►3		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ►					
Program Service Revenue	2a FEES AND CONTRACTS FRO _____ b research services _____ c education services _____ d _____ e _____ f All other program service revenue _____		Business Code			
			900,099	14,111,229	14,111,229	
			900,099	403,333	403,333	
			900,099	187,426	187,426	
	g Total. Add lines 2a-2f ►	14,701,988				
	3 Investment income (including dividends, interest and other similar amounts) ►		376,146		376,146	
4 Income from investment of tax-exempt bond proceeds . . . ►						
5 Royalties ►						
6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ►	(I) Real	(II) Personal				
7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ►	(I) Securities	(II) Other				
	4,705,352					
	4,852,661					
	-147,309					
	Net gain or (loss) ►	-147,309		-147,309		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events . . . ►						
9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities . . . ►						
10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory . . . ►						
Miscellaneous Revenue	Business Code					
11a _____ b _____ c _____ d All other revenue e Total. Add lines 11a-11d ►						
12 Total revenue. See Instructions ►	14,930,825	14,701,988	0	228,837		

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	27,050	27,050		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	869,053	817,989	51,064	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,534,461	7,082,659	451,802	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	841,092	790,263	50,829	
9 Other employee benefits	1,026,833	964,780	62,053	
10 Payroll taxes	621,139	583,603	37,536	
11 Fees for services (non-employees)				
a Management				
b Legal	76,696	55,947	20,749	
c Accounting				
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	1,988,285	1,835,769	152,516	
12 Advertising and promotion	357,055	356,675	380	
13 Office expenses	790,127	744,167	45,960	
14 Information technology	353,125	248,941	104,184	
15 Royalties				
16 Occupancy	593,490	504,875	88,615	
17 Travel	448,779	407,477	41,302	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	60,694	58,727	1,967	
20 Interest	2,692		2,692	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	221,716	105,061	116,655	
23 Insurance	23,416	22,001	1,415	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FURNITURE & EQUIPMENT	131,446	131,446		
b UNALLOWABLE CONTRACT CO	118,851	6,572	112,279	
c DUES & SUBSCRIPTIONS	55,952	52,218	3,734	
d RECRUITMENT	41,741	39,230	2,511	
e CONTINUING EDUCATION &	39,454	37,881	1,573	
f All other expenses	190,201	174,875	15,326	
25 Total functional expenses. Add lines 1 through 24f	16,413,348	15,048,206	1,365,142	0
26 Joint costs. Check here <input checked="" 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) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1,000	1 1,000
	2 Savings and temporary cash investments	670,104	2 450,479
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	2,425,651	4 3,750,808
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		
	7 Notes and loans receivable, net	157,323	7 152,121
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	253,749	9 281,987
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,737,667	
	10a		
	b Less accumulated depreciation	1,254,392	
	10b	656,002	
		10c	483,275
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	15,176,621	12 15,132,789
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	19,340,450	16 20,252,459
Liabilities	17 Accounts payable and accrued expenses	1,543,239	17 1,960,321
	18 Grants payable	18	
	19 Deferred revenue	1,131	19 134,454
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities Complete Part X of Schedule D	127,881	25 350,428
	26 Total liabilities. Add lines 17 through 25	1,672,251	26 2,445,203
Net Assets or Fund Balances	27 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	17,526,909	27 17,727,685
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	141,290	29 79,571
	30 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	17,668,199	33 17,807,256
	34 Total liabilities and net assets/fund balances	19,340,450	34 20,252,459

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

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or
990EZ)**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue ServiceName of the organization
MEDICAL REVIEW OF NORTH CAROLINA INC

Employer identification number

58-1567854

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
- e 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?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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?
			Yes	No	Yes	No	Yes	No	
Total									

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. 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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	17,222,340	17,343,079	14,057,287	10,590,623	14,701,988	73,915,317
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	17,222,340	17,343,079	14,057,287	10,590,623	14,701,988	73,915,317
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						73,915,317

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	17,222,340	17,343,079	14,057,287	10,590,623	14,701,988	73,915,317
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	883,967	3,024,971	1,553,586	753,373	376,146	6,592,043
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	883,967	3,024,971	1,553,586	753,373	376,146	6,592,043
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	432			21,100		21,532
13 Total support (Add lines 9, 10c, 11 and 12)	18,106,739	20,368,050	15,610,873	11,365,096	15,078,134	80,528,892
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

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	91 790 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	91 840 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	8 190 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	8 130 %
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 II, Line 12, Explanation of Other Income MISCELLANEOUS

SCHEDULE D

(Form 990)

Supplemental Financial Statements**2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization

MEDICAL REVIEW OF NORTH CAROLINA INC

Employer identification number

58-1567854

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

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

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

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

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

- 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

	Held at the End of the Year
2a	
2b	
2c	
2d	

- 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? Yes No

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

- 3 Using the organization's 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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations
- 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 |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
1b Contributions					
1c Investment earnings or losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

(i) unrelated organizations	Yes	No
(ii) related organizations		

||
||
||

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
US GOVERNMENT & AGENCIES	833,679	F
CORPORATE BONDS - NONCONVERTIBLE	107,520	F
MUTUAL FUNDS	13,995,742	F
REAL ASSET FUNDS	195,848	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	15,132,789	

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) **►** **15,132,789**

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

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

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

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

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

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ► **350,428**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,930,825
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,413,348
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,482,523
4	Net unrealized gains (losses) on investments	4	1,648,012
5	Donated services and use of facilities	5	
6	Investment expenses	6	-43,893
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	17,461
9	Total adjustments (net) Add lines 4 - 8	9	1,621,580
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	139,057

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

1	Total revenue, gains, and other support per audited financial statements	1	16,666,390
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,648,012
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	131,446
e	Add lines 2a through 2d	2e	1,779,458
3	Subtract line 2e from line 1	3	14,886,932
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,893
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	43,893
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,930,825

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

1	Total expenses and losses per audited financial statements	1	16,527,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	113,985
e	Add lines 2a through 2d	2e	113,985
3	Subtract line 2e from line 1	3	16,413,348
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,413,348

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 X	Description of Uncertain Tax Positions Under FIN 48	MANAGEMENT HAS EVALUATED THE EFFECT OF THE GUIDANCE PROVIDED BY THE PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT BELIEVES THAT THE ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT JULY 31, 2010. MANAGEMENT HAS EVALUATED ALL TAX POSITIONS THAT COULD HAVE A SIGNIFICANT AFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE ORGANIZATION HAD NO UNCERTAIN INCOME TAX POSITIONS AT JULY 31, 2010.
Part XI, Line 8 - Other Adjustments		depreciation -113197 CAPITALIZED EQUIPMENT ADDITIONS PROVIDED BY REVIEW CONTRACTS 131446 EQUIPMENT DISPOSITIONS -788
Part XII, Line 2d - Other Adjustments		CAPITALIZED EQUIPMENT ADDITIONS PROVIDED BY REVIEW CONTRACTS 131446
Part XIII, Line 2d - Other Adjustments		EQUIPMENT DISPOSAL shown as expense on financials 788 depreciation 113197

Schedule I
(Form 990)

OMB No 1545-0047

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

2009

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

► Attach to Form 990

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

MEDICAL REVIEW OF NORTH CAROLINA INC

Employer identification number

58-1567854

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC PREVENTION PARTNERS88 vilcom circle ste 110 chapel HILL, NC 27517	311722051	501c3	5,000				GENERAL OPERATING SUPPORT
musc diabetes initiative96 jonATHAN LUCAS ST ste 816b msc 624 charLESTON, SC 29425	576000072	501c3	5,000				GENERAL OPERATING SUPPORT

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

► _____ 2

3 Enter total number of other organizations .

► _____ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grants are given only to organizations with compatible missions and to collaborative organizations previously supported Each year a proposed contribution list of worthy organizations is prepared by the CEO for consideration by the Corporate Leadership Team No organization is eligible until it has been researched thoroughly to determine the support worthiness This list is then discussed and approved at the Corporate Leadership Team meeting by all directors Once the list is finalized, the Board approves the list at its November Board meeting

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**Name of the organization**

MEDICAL REVIEW OF NORTH CAROLINA INC

Employer identification number

58-1567854

Part I Questions Regarding Compensation

1a 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

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input 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) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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 |

4 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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c 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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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.

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	CHARTER FLIGHTS ARE sometimes USED FOR QUARTERLY BOARD MEETINGS THE COSTS OF THESE FLIGHTS ARE LESS THAN INDIVIDUAL COMMERCIAL FLIGHTS

SCHEDULE O
(Form 990)**Supplemental Information to Form 990****2009**

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

**Open to Public
Inspection**
Name of the organization
MEDICAL REVIEW OF NORTH CAROLINA INC
Employer identification number

58-1567854

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		CCME is an independent, non-profit physician membership organization working to improve the quality and cost effectiveness of health care in the Carolinas. The number of CCME members illustrates the strength of acceptance of this mission in the medical community. In addition, CCME membership serves as the source for CCME leadership and committee appointments, so the strength of the membership has a direct relationship to the strength of the organization in the future.
Form 990, Part VI, Section A, line 7a		Members of CCME elect the board of directors. They get the most valuable tool available to help improve the quality of care for their patients' - information! Members receive the most up-to-date information available on health care quality in a format that is concise, convenient, and understandable to all physicians. CCME focuses on how the information might affect the physician in his or her practice. Currently, the primary format to reach members is Quality Partners, a bimonthly newsletter focusing on quality of care issues. In addition, a directory of cooperative quality improvement projects is available to members. The CCME web page will carry membership-focused information, such as news on quality developments, links to other quality-related web pages, full text editions of cooperative projects reports, a members' forum, and more. Members also have an opportunity to become CCME Physician Consultants, who provide expert medical advice and oversight to CCME's quality improvement and review staff.
Form 990, Part VI, Section B, line 11		THE EXECUTIVE COMMITTEE WILL REVIEW AND APPROVE THE 990 PRIOR TO FILING. IN ADDITION, THE BOARD WILL RECEIVE A COPY OF THE 990 PRIOR TO FILING.
Form 990, Part VI, Section B, line 12c		CCME has only one individual - the CEO - who is authorized to sign contracts and subcontracts on behalf of the company on a day-to-day basis. This single point through which all contracts must pass assures that potential conflicts are identified before contracts are signed. The CFO and COO also review all contracts before each is signed. Each Director, Officer, member of a Committee, and staff annually signs a statement that affirms that he/she (A) Has received a copy of the CCME Corporate Compliance Program and all related compliance policies, (2) Has read and understands the CCME Corporate Compliance Program and all related compliance policies, (3) Has agreed to comply with the CCME Corporate Compliance Program and all related compliance policies, (4) Understands that CCME is a not-for-profit organization and that, in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes and which do not, directly or indirectly, improperly inure to the benefit of any private person, and, (5) In the event of a conflict, the conflict must be immediately remedied, or the Director, Officer, member of a Committee, or staff member will be dismissed. In addition, the CCME Board must formally declare their ownership and affiliation status in writing annually in February and at other times should their individual status change. The information obtained is used to provide a written disclosure statement to the US Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) on February 28 each year. CMS requires this disclosure on the part of all entities holding a Quality Improvement Organization contract.
Form 990, Part VI, Section B, line 15		A COMPENSATION LISTING OF THE CEO AND KEY EMPLOYEES WAS PROVIDED TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW AND APPROVAL. IN ADDITION, A COPY OF THE NATIONAL EXECUTIVE COMPENSATION SURVEY WAS PROVIDED TO THEM FOR THEIR REFERENCE. THE EXECUTIVE COMMITTEE APPROVED THE 2009 SALARIES AND DOCUMENTED THEIR DISCUSSIONS IN THE MEETING MINUTES. NO COMPENSATION INCREASES WERE GIVEN IN 2010.
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.
Form 990, Part III, line 1	corporate values	Excellence - We aspire to be the best in everything we do, good is not enough. We recruit and retain the most competent people who are committed to a culture of excellence and continuous quality improvement. Learning Organization - We are a learning organization and value knowledge, developing, capturing, applying and managing knowledge is our most important work. Skilled, experienced, and knowledgeable employees are our most valuable asset. Innovation - We create value for our customers and partners by combining clinical expertise and applied technology to promote health care excellence. We embrace and approach change as an opportunity for improvement. Teamwork/Collaboration - Each of us succeeds individually when we as a corporate team achieve success. We work in collaboration with each other and our partners to improve health care. Can Do - We expect all employees to demonstrate individual leadership through a positive approach to every task, a "can do" attitude, and a restless determination to continually improve as part of our quality improvement culture. Trust/Integrity - We practice the highest ethical standards in all that we do. We build trust by honoring our commitments. In order to earn and maintain trust and demonstrate our integrity, we must be good citizens both corporately and individually. Altruism - As a non-profit company, our greatest obligation is to be of service and to promote the public good. Our ability to meet these obligations depends on maintaining a sound financial position.
Form 990, Part VIII, Section b	description of services	the services provided by fuquay solutions consists of a dental grant subcontractor, research consultant and other professional consultants

Additional Data

Software ID:
Software Version:
EIN: 58-1567854
Name: MEDICAL REVIEW OF NORTH CAROLINA INC

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			
CHARLES T FROCK BOARD OF DIRECTORS	2 00	X					1,000	0	0
VANESSA HAYGOOD MD BOARD OF DIRECTORS	2 00	X					1,000	0	0
ROGER A GADDY Md BOARD OF DIRECTORS	2 00	X					2,500	0	0
D JOHN GODEHN JR Md BOARD OF DIRECTORS	2 00	X					2,500	0	0
THELMA C LENNON BOARD OF DIRECTORS	2 00	X					2,500	0	0
TIMOTHY S LLEWELYN Md BOARD OF DIRECTORS	2 00	X					2,000	0	0
JOHN B SMITH JR Md BOARD OF DIRECTORS	2 00	X					2,500	0	0
HENRY C THOMASON JR BOARD OF DIRECTORS	2 00	X					1,500	0	0
WILLIAM D SMITH BOARD OF DIRECTORS	2 00	X					2,500	0	0
JOHN R MANGUM Md BOARD OF DIRECTORS	2 00	X					2,500	0	0
BETTY RAY MCCAIN BOARD OF DIRECTORS	2 00	X					2,500	0	0
MARILYN SCHAFFNER phd BOARD OF DIRECTORS	2 00	X					2,500	0	0
GREGORY A WALTERS BOARD OF DIRECTORS	2 00	X					3,500	0	0
DANIEL T LACKLAND drph BOARD OF DIRECTORS	2 00	X					1,500	0	0
CHARLES J RIDDICK ceo	40 00		X				301,196	0	51,872
KATHLEEN O TAPP cfo	40 00		X				148,585	0	32,939
ROBERT R WEISER coo	40 00		X				177,103	0	37,646
MARK MASSING MD DIR OF P&C SERVICES	40 00			X			135,995	0	29,936
LINDA MOORE MGR OF FEDERAL PROGRAMS	40 00			X			111,899	0	24,500
ANNA SCHENCK RESEARCH DIRECTOR	40 00			X			109,853	0	28,866
JILL MCARDLE DIRECTOR OF FEDERAL PROG	40 00			X			106,792	0	24,126
DOUGLAS HARDY IT DIRECTOR	40 00			X			106,638	0	18,915

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FURNITURE & EQUIPMENT	131,446	131,446		
UNALLOWABLE CONTRACT CO	118,851	6,572	112,279	
DUES & SUBSCRIPTIONS	55,952	52,218	3,734	
RECRUITMENT	41,741	39,230	2,511	
CONTINUING EDUCATION &	39,454	37,881	1,573	