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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public Inspection

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

Part I Summary

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

C Name of organization
CAROMONT HEALTH INC
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 \$ 159,195,976

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
If "No," attach a list (see instructions)

H(c) Group exemption number

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

J Website: WWW.CAROMONT.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1984 M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO DELIVER EXCEPTIONAL HEALTH CARE TO THE COMMUNITIES WE SERVE

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

Table with 3 columns: Line number, Description, and Amount. Rows 3-7a.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19.

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22.

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.

Sign Here
Signature of officer: DAVID O'CONNOR CFO
Date: 2012-03-28

Paid Preparer Use Only
Print/Type preparer's name: AMY BIBBY
Preparer's signature: AMY BIBBY
Date:
Check if self-employed:
Firm's name: DIXON HUGHES GOODMAN LLP
Firm's EIN:
Firm's address: 500 RIDGEFIELD COURT ASHEVILLE, NC 28806
Phone no: (828) 254-2254

May the IRS discuss this return with the preparer shown above? Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
TO DELIVER EXCEPTIONAL HEALTH CARE 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 \$ 2,991,132 including grants of \$ 2,225,396) (Revenue \$ 722,731)
CAROMONT HEALTH IS THE PARENT ORGANIZATION OF A REGIONAL, INDEPENDENT HEALTH CARE SYSTEM WHICH PROVIDES INPATIENT, OUTPATIENT, EMERGENCY, AND SURGICAL SERVICES TO THE RESIDENTS OF GASTON COUNTY AND SURROUNDING AREAS THROUGHOUT THE CONTINUUM OF CARE 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 \$ 2,991,132

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
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		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
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 <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b 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. <input checked="" type="checkbox"/>		No
c 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. <input checked="" type="checkbox"/>		No
d 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. <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		No
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 (see instructions)		No
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		No
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		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
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? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	
34	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> <input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	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

Check if Schedule O contains a response to any question in this Part V []

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, and other IRS filings.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (11), 2 (No), 3 (No), 4 (Yes), 5 (No), 6 (No), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

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. DAVID O'CONNOR, 2525 COURT DRIVE, GASTONIA, NC 28054, (704) 834-2000.

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

Check if Schedule O contains a response to any question in this Part VII

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

• 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, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) H SPURGEON MACKIE JR CHAIRMAN	1 00	X		X				0	0	0
(2) SHEILA S REILLY PHD VICE CHAIR	1 00	X		X				0	0	0
(3) DR ROBERT D CROUCH SECRETARY	1 00	X		X				0	0	0
(4) WILLIAM K GARY SR TREASURER	1 00	X		X				0	0	0
(5) DR JOHN L SCHEITLER CHIEF-OF-STAFF	1 00	X						0	30,000	0
(6) H CLAYTON THOMASON III PAST CHIEF-OF-STAFF	1 00	X						0	20,855	0
(7) JAMES R BEAM DIRECTOR	1 00	X						0	0	0
(8) KATHY DRUM DIRECTOR	1 00	X						0	0	0
(9) RICHARD K CRAIG DIRECTOR	1 00	X						0	0	0
(10) MARY FRANCES FORRESTER DIRECTOR	1 00	X						0	0	0
(11) KELVIN C HARRIS MD DIRECTOR	1 00	X						0	231,676	17,761
(12) M VINCENT QUINN DIRECTOR	1 00	X						0	0	0
(13) JAMES H HOWARD JR DIRECTOR	1 00	X						0	0	0
(14) MICKEY PRICE DIRECTOR	1 00	X						0	0	0
(15) DAVID ALLEN SMITH DIRECTOR	1 00	X						0	0	0
(16) W BARRY SMITH DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) VALINDA L RUTLEDGE CEO	1 00			X				0	1,076,425	38,634
(18) DAVID O'CONNOR CFO/ASST TREASURER	1 00			X				0	692,572	39,820
(19) MARIA LONG EVP GEN COUNSEL/ASST SEC	1 00			X				0	487,588	33,654
(20) CHARLTON N OWENSBY PHYSICIAN	40 00					X		159,285	0	12,705
(21) WAYNE F SHOVELIN FORMER CEO	0 00						X	0	5,914,978	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								159,285	8,454,094	142,574

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

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

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)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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 PATIENT SERVICE REVENUE	Business Code 621110	790,334	790,334		
	b LOSS ON INV IN MRISC	900099	-67,603	-67,603		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		722,731			
	Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		7,062,185		7,062,185
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities	151,393,852			
		(ii) Other				
		b Less cost or other basis and sales expenses	146,286,670			
		c Gain or (loss)	5,107,182			
d Net gain or (loss)		5,107,182		5,107,182		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
11a SETTLEMENT REVENUE	Miscellaneous Revenue	Business Code 900099	17,208		17,208	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		17,208			
12 Total revenue. See Instructions		12,909,306	722,731	0	12,186,575	

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	2,203,516	2,203,516		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	21,880	21,880		
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				
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	445,439	445,439		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,192	12,192		
9	Other employee benefits	65,084	65,084		
10	Payroll taxes	29,239	29,239		
a	Fees for services (non-employees)				
	Management	37,435		37,435	
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	669,554		669,554	
g	Other	62,259	62,259		
12	Advertising and promotion	27	27		
13	Office expenses	115,651	115,651		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,226	5,226		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,883		7,883	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,339	7,339		
23	Insurance	12,491	12,491		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT	7,756	7,756		
b	MISCELLANEOUS	3,033	3,033		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,706,004	2,991,132	714,872	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	15,756,255	2	1,933,692
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	89,332	4	98,348
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	9,755	8	8,238
	9 Prepaid expenses and deferred charges	4,472	9	4,540
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	212,985		
	b Less accumulated depreciation	192,853	27,471	10c 20,132
	11 Investments—publicly traded securities	307,833,728	11	390,002,258
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	910,811	13	1,721,606
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	79,048	15	57,609
16 Total assets. Add lines 1 through 15 (must equal line 34)	324,710,872	16	393,846,423	
Liabilities	17 Accounts payable and accrued expenses	6,453,432	17	7,348,128
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,453,432	26	7,348,128
Net Assets or Fund Balances	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	317,880,768	27	386,110,115
	28 Temporarily restricted net assets	376,672	28	388,180
	29 Permanently restricted net assets		29	
	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	318,257,440	33	386,498,295	
34 Total liabilities and net assets/fund balances	324,710,872	34	393,846,423	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,909,306
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,706,004
3	Revenue less expenses Subtract line 2 from line 1	3	9,203,302
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	318,257,440
5	Other changes in net assets or fund balances (explain in Schedule O)	5	59,037,553
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	386,498,295

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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 INC

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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)		No
11g(ii)		No
11g(iii)		No

(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	
See Additional Data Table									
Total									2,203,516

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 ▶		<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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 ▶		<input type="checkbox"/>
b 33 1/3% support test—2009. 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 ▶		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. 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 ▶		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. 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 ▶		<input type="checkbox"/>
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 ▶		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 PERFORMING CERTAIN ADMINISTRATIVE FUNCTIONS CAROMONT HEALTH ACTS AS A COMMON PAYMASTER FOR ALL OF ITS SUPPORTED ORGANIZATIONS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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 INC

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: Held at the End of the Year. Rows 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?
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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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
1a Beginning of year balance	347,912	311,583	359,814		
b Contributions	2,120	1,259	7,141		
c Investment earnings or losses	60,859	39,320	-30,872		
d Grants or scholarships	24,000	4,250	24,500		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	386,892	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
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		10,519	10,508	11
d Equipment		202,466	182,345	20,121
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.)				20,132

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	12,909,306
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,706,004
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,203,302
4	Net unrealized gains (losses) on investments	4	45,995,211
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	13,042,342
9	Total adjustments (net) Add lines 4 - 8	9	59,037,553
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	68,240,855

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	50,453,773
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	45,995,211
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-8,450,744
e	Add lines 2a through 2d	2e	37,544,467
3	Subtract line 2e from line 1	3	12,909,306
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	12,909,306

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

1	Total expenses and losses per audited financial statements	1	803,298
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	803,298
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	2,902,706
c	Add lines 4a and 4b	4c	2,902,706
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	3,706,004

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED FOR NURSING SCHOLARSHIPS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SYSTEM IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501 (A) OF THE CODE. THE SYSTEM HAS DETERMINED THAT IT DOES NOT HAVE ANY UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2011 AND 2010, RESPECTIVELY.
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFERS FROM RELATED ORGANIZATIONS 18,590,380 UNREALIZED LOSS ON INTEREST RATE SWAP -5,548,038
PART XII, LINE 2D - OTHER ADJUSTMENTS		BAD DEBT EXPENSE NETTED WITH REVENUE -7,756 UNREALIZED LOSS ON INTEREST RATE SWAP -5,548,038 INVESTMENT FEES INCLUDED IN REVENUE -669,554 CONTRIBUTION EXPENSE INCLUDED IN REVENUE -2,225,396
PART XIII, LINE 4B - OTHER ADJUSTMENTS		BAD DEBT EXPENSE NETTED WITH REVENUE 7,756 INVESTMENT FEES INCLUDED IN REVENUE 669,554 CONTRIBUTION EXPENSE INCLUDED IN REVENUE 2,225,396

Schedule I (Form 990)

OMB No 1545-0047

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

2010

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CAROMONT HEALTH INC

Employer identification number

58-1636959

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) GASTON MEMORIAL HOSPITAL FOUNDATION, 56-1479699, 501(C)(3), 2,203,516, FMV, GRANTMAKING OR BENEVOLENCE.

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

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
(1) NURSING EDUCATION SCHOLARSHIPS	17	21,880		FMV	

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 SCHOLARSHIP RECIPIENTS ARE DETERMINED AND AWARDS ARE GRANTED BASED ON MERIT AND ACADEMIC ACHIEVEMENT ALL GRANT DECISIONS ARE DOCUMENTED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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 INC

Employer identification number

58-1636959

Part I Questions Regarding Compensation

	Yes	No								
<p>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</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 type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input 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 type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification 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)		
<input 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 idemnification 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)									
<p>1b 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>										
<p>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?</p>	Yes									
<p>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</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>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</p>										
<p>4a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	Yes									
<p>4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>4c 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>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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</p>										
<p>5a The organization?</p>		No								
<p>5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>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</p>										
<p>6a The organization?</p>	Yes									
<p>6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>	Yes									
<p>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</p>		No								
<p>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</p>		No								
<p>9 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 duplicate copies if additional space is 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				
(1) KELVIN C HARRIS MD	(i)	0	0	0	0	0	0	0
	(ii)	161,344	69,928	404	5,100	12,661	249,437	0
(2) VALINDA L RUTLEDGE	(i)	0	0	0	0	0	0	0
	(ii)	577,086	316,937	182,402	3,613	35,021	1,115,059	30,281
(3) DAVID O'CONNOR	(i)	0	0	0	0	0	0	0
	(ii)	322,191	135,109	235,272	7,350	32,470	732,392	81,255
(4) MARIA LONG	(i)	0	0	0	0	0	0	0
	(ii)	240,185	107,347	140,056	7,350	26,304	521,242	54,573
(5) CHARLTON N OWENBY	(i)	159,285	0	0	0	12,705	171,990	0
	(ii)	0	0	0	0	0	0	0
(6) WAYNE F SHOVELIN	(i)	0	0	0	0	0	0	0
	(ii)	0	0	5,914,978	0	0	5,914,978	472,568
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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, LINES 4A-B	WAYNE F SHOVELIN, FORMER CEO PARTICIPATED IN A SUPPLEMENTAL SALARY CONTINUATION RETIREMENT PLAN. GROSS PAYMENTS FOR 2010 WERE \$5,914,978. 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
CAROMONT HEALTH INC

Employer identification number

58-1636959

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE ORGANIZATION AMENDED ITS BYLAWS WHICH INCLUDED REVISIONS TO THE POWERS AND PURPOSE OF THE ORGANIZATION

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 WAS REVIEWED BY THE AUDIT FINANCE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO PRESENTATION TO THE FULL BOARD BEFORE THE FORM WAS 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 OF INTEREST AS THEY MAY ARISE AND 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 EXECUTIVE VICE PRESIDENT/GENERAL COUNSEL AND THE CORPORATE RESPONSIBILITY OFFICER.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>THE CEO, CFO/ASSISTANT TREASURER AND EVP GENERAL COUNSEL/ASSISTANT SECRETARY ARE COMPENSATED FOR THEIR SERVICES BY GASTON MEMORIAL HOSPITAL, A SUBSIDIARY OF 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 PERFORMANCE EVALUATION, 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 PERFORMANCE EVALUATION, 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 DIRECTOR'S 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.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON WWW GUIDESTAR.ORG

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 ENTIRE ORGANIZATION'S COMBINED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 45,995,211 TRANSFERS FROM RELATED ORGANIZATIONS 18,590,380 UNREALIZED LOSS ON INTEREST RATE SWAP -5,548,038 TOTAL TO FORM 990, PART XI, LINE 5 59,037,553

Additional Data

Software ID:

Software Version:

EIN: 58-1636959

Name: CAROMONT HEALTH INC

Additional Data

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

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) GASTON MEMORIAL HOSPITAL INC	560619359	3	Yes		Yes		Yes		0
(B) GASTON MEMORIAL HOSPITAL FOUNDATION INC	561479699	9	Yes		Yes		Yes		2203516
(C) CAROMONT HEALTH SERVICES INC	561455630	3	Yes		Yes		Yes		0
(D) CAROMONT MEDICAL GROUP INC	561479712	9	Yes		Yes		Yes		0
(E) HOSPICE OF GASTON COUNTY INC	581341530	7	Yes		Yes		Yes		0
(F) GASTON EMERGENCY PHYSICIANS INC	562209423	3	Yes		Yes		Yes		0

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>CAROMONT HEALTH IN GASTONIA, NORTH CAROLINA IS A REGIONAL, INDEPENDENT, NOT-FOR-PROFIT HEALTH CARE SYSTEM IT ENCOMPASSES GASTON MEMORIAL HOSPITAL WITH 435-BEDS, COURTLAND TERRACE, A 96-BED SKILLED NURSING FACILITY, GASTON HOSPICE WHICH INCLUDES THE 12-BED ROBIN JOHNSON HOUSE INPATIENT FACILITY, AND CAROMONT MEDICAL GROUP, A NETWORK OF 44 PRIMARY AND SPECIALTY PHYSICIAN OFFICES CAROMONT HEALTH'S VISION IS TO BE A NATIONALLY RECOGNIZED LEADER AND VALUED PARTNER IN PROMOTING INDIVIDUAL HEALTH AND VIBRANT COMMUNITIES CAROMONT HEALTH IS THE HEALTH CARE PROVIDER OF CHOICE FOR GASTON, LINCOLN AND CLEVELAND COUNTIES THESE ARE RAPIDLY GROWING COMMUNITIES AND WE INTEND TO GROW WITH THE COMMUNITIES WE SERVE CAROMONT HEALTH IS THE ONLY HEALTH CARE SYSTEM IN GASTON COUNTY WITH ACUTE CARE BEDS FOR THE FORESE EABLE FUTURE WE CONTINUE TO ATTRACT TOP MEDICAL PROFESSIONALS FROM AROUND THE COUNTRY, WHILE RETAINING SOME OF THE AREA'S BEST PHYSICIANS AND NURSES WE CONTINUE TO FORM INNOVATIVE COLLABORATIONS TO UPGRADE OUR TECHNOLOGY, CREATING BETTER OUTCOMES FOR OUR PATIENTS AND BETTER MANAGEMENT OF TIME AND MONEY AND WE WILL CONTINUE TO PLAN NEW FACILITIES AS OUR COMMUNITY CONTINUES TO GROW OUR GROWING COMMUNITY BRINGS WITH IT CHANGE IN TERMS OF DEMOGRAPHICS, AS WELL AS INFRASTRUCTURE NEEDS AT THE SAME TIME, THE NATION'S HEALTH CARE INFRASTRUCTURE IS ON THE VERGE OF A SYSTEMIC OVERHAUL WITH FAR-REACHING IMPLICATIONS FORTUNATELY, CAROMONT IS FOCUSED ON THE FUTURE AND TAKING STEPS TO PREPARE FOR ANTICIPATED CHANGES WE BELIEVE THAT WE ARE WELL-POSITIONED, NOT ONLY TO EMBRACE THE COMING INNOVATIONS IN OUR NATION'S HEALTH CARE SYSTEM, BUT TO ACTUALLY AFFECT CHANGE THAT WILL BRING ABOUT A HEALTHIER, MORE VIBRANT COMMUNITY</p> <p>KEY SERVICES AT GASTON MEMORIAL HOSPITAL - THE BIRTHPLACE IS A WORLD-CLASS BIRTHING CENTER DEDICATED TO FAMILY-FOCUSED CARE IN A SERENE, HOMELIKE ENVIRONMENT - 2,604 BABIES DELIVERED IN 2010 - 52 SINGLE-ROOM BEDS DEVOTED TO MATERNITY CARE - 16 -BED LEVEL III NEONATAL INTENSIVE CARE UNIT - CAROMONT HEART CENTER PROVIDES A FULL RANGE OF LIFE-SAVING CARDIAC CARE, INCLUDING OPEN HEART SURGERY - 2,096 DIAGNOSTIC CARDIAC CATHETERIZATIONS PERFORMED IN 2010 - 705 PERCUTANEOUS CORONARY INTERVENTIONS PERFORMED IN 2010 - STRATEGIC PARTNERSHIP WITH COLUMBIA UNIVERSITY MEDICAL CENTER'S HEARTSOURCE PROVIDES PHYSICIAN TRAINING, CLINICAL GUIDANCE AND ACCESS TO COLUMBIA RESEARCH TRIALS - CARDIAC RESEARCH PROGRAM BRINGS THE LATEST ADVANCES TO THE BEDSIDE - SUPPORT GROUPS AND EDUCATIONAL PROGRAMS PROMOTE AND HELP WITH HEALTHY LIFESTYLE CHANGES - CAROMONT CANCER CENTER IS THE ONLY HOSPITALBASED CANCER TREATMENT CENTER IN GASTON COUNTY THAT PROVIDES MEDICAL, RADIATION AND SURGICAL ONCOLOGY - ACCREDITED BY THE NATIONAL ORGANIZATION, AMERICAN COLLEGE OF SURGEONS-COMMISSION ON CANCER - CAROMONT COMPREHENSIVE BREAST CENTER GRANTED A THREE-YEAR/FULL ACCREDITATION DESIGNATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS - PARTICIPATION IN CLINICAL TRIAL STUDIES AVAILABLE - "SYSTEM OF CARE" APPROACH INCLUDES PREVENTION, EDUCATION, TREATMENT, FOLLOW-UP AND SYMPTOM MANAGEMENT - CAROMONT CENTER FOR MENTAL WELLNESS HAS 63 LICENSED BEDS PROVIDING COMPREHENSIVE INPATIENT CARE FOR PATIENTS NEEDING PSYCHIATRIC TREATMENT - 165 ADMISSIONS PER MONTH - 24-HOUR ASSESSMENT STAFF COVERAGE IN EMERGENCY DEPARTMENT - 24-BED ADULT UNIT, 13-BED ADOLESCENT UNIT, 9-BED PRE-ADOLESCENT UNIT - BOARD CERTIFIED PSYCHIATRISTS IN ADULT AND CHILD/ADOLESCENT PSYCHIATRY - INDIVIDUAL AND GROUP COUNSELING, FAMILY THERAPY AND SUBSTANCE ABUSE EDUCATION - EMERGENCY SERVICES CARES FOR MORE THAN 100,000 PATIENTS EACH YEAR - 14,000-SQUARE-FOOT FACILITY - 45 TREATMENT ROOMS, 36 EMERGENCY DEPARTMENT EXAM ROOMS, 9 FAST TRACK EXPRESS CARE ROOMS, 4 TRAUMA ROOMS, 4 CRITICAL CARE ROOMS - 28 BOARD CERTIFIED EMERGENCY MEDICINE PHYSICIANS AND MORE THAN 200 EMERGENCY SERVICES EMPLOYEES - NC RACE PROGRAM PROVIDES RAPID TREATMENT FOR HEART ATTACK PATIENTS - NATIONALLY RECOGNIZED TRAUMA SURGEONS - CHEST PAIN CENTER AND STROKE PROGRAM ACCREDITATION SIGNIFICANT ACCOMPLISHMENTS IN FISCAL YEAR 2011 - CAROMONT HEALTH EMPLOYEE WELLNESS - CAROMONT HEALTH CONTINUES TO FOCUS ON INITIATIVES THAT ENSURE ACCOMPLISHING THE CORPORATE AND TRIPLE AIM GOALS OF 1) INCREASING THE NUMBER OF EMPLOYEES WHO EXERCISE 3 OR MORE TIMES A WEEK, 2) INCREASING THE NUMBER OF EMPLOYEES AT A HEALTHY WEIGHT, 3) INCREASING THE VOLUME OF HEALTHY CAFETERIA SALES, AND 4) INCREASING THE NUMBER OF EMPLOYEES WHO SUCCESSFULLY COMPLETE TOBACCO CESSATION CLASSES WE CONTINUE TO EDUCATE/ENCOURAGE EMPLOYEES TO PARTICIPATE IN AGE AND GENDER APPROPRIATE HEALTH SCREENINGS AND IN IDENTIFYING BELIEFS HELD BY VARIOUS STAFF MEMBERS THAT SUGGEST A LACK OF NEED TO MAINTAIN HEALTH, THEN EDUCATE TO ENCOURAGE HEALTH MAINTENANCE - EMPLOYER WELLNESS - IN DECEMBER, 2010, CAROMONT HEALTH CONVENED A GROUP OF HEALTH PARTNERS TO DISCUSS THE HEALTH STATUS OF GASTON COUNTY RESIDENTS A REVIEW OF THE MOST RECENT (2008) GASTON COUNTY HEALTH</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>H ASSESSMENT WAS PERFORMED AFTER DISCUSSION THE FOLLOWING MISSION STATEMENT WAS AGREED UP ON TO DECREASE THE INCIDENCE OF CHRONIC DISEASE WITHIN THEIR EMPLOYED POPULATION BY DECREASING THE RATE OF OBESITY (FOCUSING ON NUTRITION, ACTIVITY/EXERCISE), DECREASING TOBACCO USE AND INCREASING THE CONSTRUCTIVE MANAGEMENT OF PERSONAL STRESS IN MARCH, 2011, CAROMONT HEALTH SPONSORED THE GASTON COUNTY HEALTH SUMMIT, INVITING HEALTH PARTNERS, LOCAL BUSINESSES, SOCIAL AGENCIES, MUNICIPALITIES AND GOVERNMENTAL AGENCIES THE SUMMIT INCLUDED A REVIEW OF THE HEALTH STATUS OF AMERICANS AND ITS COST TO EMPLOYERS, A REVIEW OF THE GASTON COUNTY HEALTH ASSESSMENT AND THE COUNTY HEALTH RANKINGS THE HISTORY, MISSION AND EMPLOYER-BASED STRATEGY OF THE GASTON COUNTY HEALTH COALITION WAS PRESENTED THE IHI TRIPLE AIM FRAMEWORK WAS PRESENTED AND COMMENTS WERE MADE BY THE IHI BOARD CHAIR THREE LOCAL EMPLOYERS PRESENTED THEIR ACTIVITIES AND ACCOMPLISHMENTS IN THE REALM OF EMPLOYEE WELLNESS THE SUMMIT CULMINATED IN A CALL TO ACTION WITH MUCH DISCUSSION AS A RESULT FIVE MORE EMPLOYERS COMMITTED TO THE WORK OF THE COALITION PRESENTLY THERE ARE 12 EMPLOYERS REPRESENTED, WHICH INCLUDE 4 OF THE LARGEST EMPLOYERS IN GASTON COUNTY THIS WORK IS DIVIDED INTO THREE PARTS INCREASING HEALTH, DECREASING COST AND INCREASING EXPERIENCE OF CARE FOR A DEFINED POPULATION THE MISSION OF THE INCREASING HEALTH WORKGROUP IS TO EDUCATE MEMBERS REGARDING OPPORTUNITIES TO DECREASE THEIR HEALTHCARE COSTS AND INCREASE THE HEALTH STATUS OF THEIR EMPLOYEED LIVES AND TO COACH EMPLOYERS TO DEVELOP, IMPLEMENT AND SUCCESSFULLY SUSTAIN HEALTH INITIATIVES WITHIN THEIR EMPLOYEE BASE TOOLS USED WILL INCLUDE WELLSOURCE'S HEALTH RISK APPRAISAL, PERSONAL REPORT, EXECUTIVE SUMMARY AND A PRODUCTIVITY AND ECONOMIC BENEFIT REPORT CAROMONT HEALTH HAS AGREED TO PROVIDE HEALTH RISK APPRAISALS TO ORGANIZATIONS READY TO ACTIVELY PARTICIPATE TO ENHANCE CARE, RESULTS OF THESE HEALTH SCREENS ARE SENT TO THE EMPLOYEE'S PRIMARY CARE PHYSICIAN THE DECREASING COST WORK GROUP IS COLLECTING DATA FROM MEMBERS ABOUT THEIR CURRENT COSTS TO ASCERTAIN OPPORTUNITIES FOR COST SAVINGS THEY ARE ALSO DISCUSSING THE NEED FOR A 24/7 NURSE TRIAGE LINE THE EXPERIENCE OF CARE WORKGROUP IS DETERMINING THE CURRENT METHODS USED TO ACCESS CARE, DEVELOPING THE MOST APPROPRIATE METHODS TO ACCESS CARE AND WILL DEVELOP AN ACTION PLAN TO MOVE FROM CURRENT TO IDEAL STATE EDUCATING POPULATIONS ON THESE METHODS WILL BE INCLUDED IN THIS WORK - FAITH BASED COMMUNITIES - THE FAITH AND HEALTH MINISTRY OF GASTON COUNTY (FHMGC) IS A CAROMONT HEALTH SUPPORTED, CHURCH-BASED WELLNESS PROGRAM DESIGNED TO ENHANCE THE HEALTH STATUS OF THE RESIDENTS OF GASTON COUNTY BY 1)EMPOWERING INDIVIDUALS IN KNOWLEDGE OF AND ACCESS TO COMMUNITY RESOURCES AND AGENCIES, 2) ENHANCING AWARENESS OF THE ABUNDANT LIVING PROGRAM TO THE COMMUNITY, 3) ENHANCING THE PARTNERSHIP WITH CAROMONT HEALTH AND COMMUNITY RESOURCES AND 4) INCREASING THE AWARENESS OF LIFESTYLE RISK FACTORS FOR PREVENTABLE DISEASES WITH THE CONGREGATIONAL MINISTER'S COMMITMENT, THE ESTABLISHMENT OF CONGREGATIONAL HEALTH MINISTRIES (WELLNESS COMMITTEES) AND THE INVOLVEMENT OF VOLUNTEER CONGREGATIONAL HEALTH PROMOTERS (TYPICALLY RNS) THE STRUCTURE IS ESTABLISHED TO PROVIDE THE SUPPORT, ENCOURAGEMENT, EDUCATION AND RESOURCES TO ENHANCE HEALTH OF CONGREGATION MEMBERS IMPLEMENTING PROGRAMS IN 4-6 CHURCHES IS A SHORT TERM GOAL FOUR LOCAL CHURCHES HAVE RECENTLY SIGNED COVENANTS TO PARTICIPATE AND THEIR NINE CONGREGATIONAL HEALTH PROMOTERS ARE IN THE PROCESS OF BEING TRAINED BY CAROMONT'S PARISH NURSE COORDINATOR</p>

Identifier	Return Reference	Explanation
		<p>- IN FEBRUARY 2011, CAROMONT HEALTH OPENED OUR FIRST CLIC IMMEDIATE CARE CLINIC CLIC (WHICH STANDS FOR CONVENIENT, LOCAL, IMMEDIATE CARE) PROVIDES PATIENTS WITH IMMEDIATE ATTENTION TO THEIR ACUTE HEALTH CARE NEEDS, AS WELL AS INFORMATION, RESOURCES AND SUPPORT TO IMPROVE THEIR LONG-TERM HEALTH AND WELL-BEING UNLIKE TRADITIONAL URGENT CARE CLINICS, CLIC PROVIDES USER-FRIENDLY, INTERACTIVE OPPORTUNITIES THAT CONNECT PATIENTS TO RESOURCES ACROSS A CONTINUUM OF CARE, INCLUDING STRESS MANAGEMENT, FITNESS AND NUTRITION - LAST SEPTEMBER, CAROMONT HEALTH PERFORMED OUR 100TH DAVINCI ROBOTIC PROCEDURE THE DAVINCI SYSTEM IS A SOPHISTICATED ROBOTIC PLATFORM THAT ALLOWS CAROMONT HEALTH TO PERFORM MORE COMPLICATED PROCEDURES IN A MINIMALLY INVASIVE WAY THAT MEANS SMALLER INCISIONS, LESS PAIN FOR THE PATIENT, A FASTER RECOVERY TIME AND HIGHER PATIENT SATISFACTION - IN 2011, CAROMONT HEALTH BEGAN USING ATHENAHEALTH'S CLOUD-BASED MEDICAL BILLING AND PRACTICE MANAGEMENT SERVICE TO INTEGRATE ELECTRONIC HEALTH RECORDS AND FACILITATE COMMUNICATION BETWEEN PHYSICIANS AND PATIENTS PHYSICIANS HAVE EASIER ACCESS TO PATIENT INFORMATION AND CLINICAL DATA, ENHANCING EFFICIENCY, COORDINATION OF CARE AND USE OF TIME IN DIRECT PATIENT CARE THE COMMUNICATOR SERVICE EXPANDS ACCESSIBILITY FOR PATIENTS AFTER-HOURS, STREAMLINES PATIENT PAYMENTS, RE-CAPTURES STAFF AND PHYSICIAN TIME AND REDUCES PAPER-BASED MAILING CAMPAIGNS THE NEW ATHENAHEALTH SYSTEM HELPS CAROMONT PHYSICIANS DO WHAT THEY DO BEST - DELIVER EXCEPTIONAL HEALTH CARE, PROMOTE INDIVIDUAL WELLNESS AND ULTIMATELY CREATE A VIBRANT COMMUNITY - THE GOLD STARS STANDARD HOSPITALS AWARD FROM THE NC PREVENTION PARTNERS RECOGNIZED CAROMONT'S HIGH STANDARD OF EXCELLENCE FOR TOBACCO CESSATION PROGRAMS OFFERED TO ITS EMPLOYEES CAROMONT HEALTH HAS BEEN TOBACCO-FREE SINCE JANUARY 2007, AND HAD ALREADY IMPLEMENTED MANY TOBACCO CESSATION PROGRAMS FOR EMPLOYEES AND THE COMMUNITY EMPLOYEES WHO COMPLETE A CERTIFICATION OF TOBACCO-FREE STATUS FOR AT LEAST 12 MONTHS CAN RECEIVE AN ANNUAL DEPOSIT TO THEIR HEALTH INSURANCE INCENTIVE ACCOUNT - IN 2010, CAROMONT HEALTH HAD 41 ORGAN, TISSUE AND EYE DONORS THROUGH ITS DYNAMIC PARTNERSHIP WITH LIFESHARE OF THE CAROLINAS, AN ORGAN PROCUREMENT ORGANIZATION THAT IMPROVES THE QUALITY OF HUMAN LIFE BY ENCOURAGING PATIENTS TO DONATE ORGANS AND TISSUE - CAROMONT HEALTH RECENTLY BROKE GROUND ON A SIGNIFICANT EXPANSION FOR ITS AFFILIATED HEALTH FACILITY, GASTON HOSPICE NAMED AFTER A PIONEER OF GASTON COUNTY HOSPICE, THE ROBIN JOHNSON HOUSE IS DESIGNED TO DELIVER SHORT-TERM CARE AS AN ALTERNATIVE TO HOSPITALIZATION FOR THE MANAGEMENT OF PAIN AND SYMPTOMS GASTON HOSPICE GREATLY NEEDED TO EXPAND THE INPATIENT FACILITY DUE TO THE CURRENT WAITING PERIOD THE ROBIN JOHNSON HOUSE IS OFTEN FULL, AND PATIENTS HAVE TO WAIT A DAY OR TWO TO RECEIVE NEEDED CARE THE NEW ADDITION AT THE ROBIN JOHNSON HOUSE IN DALLAS WILL ADD SEVEN ROOMS, BRINGING THE TOTAL FROM 12 TO 19, AND WILL ACCOMMODATE ADDITIONAL PATIENTS WITH QUALITY CARE AND COMFORT WITHOUT A WAIT THE INPATIENT FACILITY EXPANSION WILL BRING MANY OPPORTUNITIES TO OUR CAROMONT HEALTH COMMUNITY THE ROBIN JOHNSON HOUSE WILL BE BUILT AND FURNISHED THROUGH THE GENEROUS CONTRIBUTIONS OF INDIVIDUALS, BUSINESSES AND FOUNDATIONS - IN APRIL 2011, CAROMONT HEALTH WAS RATED AS A TOP HOSPITAL IN THE CHARLOTTE METROPOLITAN AREA BY U.S. NEWS & WORLD REPORT THE MAGAZINE'S "BEST HOSPITALS" RANKINGS EXAMINED NEARLY 5,000 HOSPITALS ACROSS THE NATION, AND CAROMONT HEALTH'S GASTON MEMORIAL HOSPITAL RANKED SECOND AMONG THE 16 CHARLOTTE-AREA HOSPITALS IN TERMS OF THEIR NATIONALLY RANKED SPECIALTIES GASTON MEMORIAL HOSPITAL HAD SIX HIGH-PERFORMING SPECIALTIES, INCLUDING GYNECOLOGY, UROLOGY, GASTROENTEROLOGY, GERIATRICS, KIDNEY DISORDERS AND PULMONOLOGY - BECKER'S HOSPITAL REVIEW PUBLISHED ITS 65 GREAT COMMUNITY HOSPITALS, AND GASTON MEMORIAL MADE THE LIST HONORED HOSPITALS ARE RECOGNIZED AS HIGH-PERFORMING LEADERS IN PATIENT CARE, CLINICAL QUALITY AND COMMUNITY OUTREACH THEY INCLUDE HOSPITALS WITH FEWER THAN 550 PATIENT BEDS AND MINIMAL TEACHING PROGRAMS TO COMPILER THE LIST AND IDENTIFY OUTSTANDING CONTENDERS, THE BECKER'S HOSPITAL REVIEW EDITORIAL TEAM ANALYZED AND REVIEWED DATA FROM SOURCES INCLUDING U.S. NEWS & WORLD REPORT, HEALTHGRADES, AMERICAN NURSES CREDENTIALING CENTER AND THOMSON REUTERS - CAROMONT HEALTH WAS ONE OF ONLY TWO HOSPITALS IN NORTH CAROLINA TO RECEIVE THE HEALTHGRADES DISTINGUISHED HOSPITAL FOR CLINICAL EXCELLENCE AWARD HEALTHGRADES OBJECTIVELY IDENTIFIES HOSPITALS ACROSS 26 DIAGNOSES AND PROCEDURES TO FIND THE BEST PERFORMERS THESE INSTITUTIONS ARE IN THE TOP 5% OF THE NATION IN MEASURES OF OVERALL PERFORMANCE, INCLUDING PATIENT CARE, OPERATIONAL EFFICIENCY AND FINANCIAL STABILITY - CARECHEX IS A RATING SERVICE OF THE DELTA GROUP THAT MEASURES MEDICAL AND HOSPITAL QUALITY FOR 2011, THE SERVICE RANKED CAROMONT HEALTH NO. 1 IN NORTH CAROLINA FOR CORONARY BYPASS SURGERY, HEART ATTACK TREATMENT, H</p>

Identifier	Return Reference	Explanation
		<p>EART FAILURE TREATMENT, AND PNEUMONIA CARE CAROMONT RANKED AMONG THE TOP 10% OF U S HOSPITALS IN 11 DIFFERENT CATEGORIES THIS COMPREHENSIVE EVALUATION PROVIDES FEEDBACK ON THE PROCESS OF CARE, OUTCOMES OF CARE AND PATIENT EXPERIENCES - CAROMONT HEALTH RANKED AS A TO P PERFORMER IN THE PREMIER ALLIANCE QUALITY ADVISOR DATABASE FOR COST OF CARE, LENGTH OF STAY, AND AVOIDABLE MORTALITY PREMIER INC ASSESSES THE PROCESSES AND OUTCOMES IN HOSPITAL SYSTEMS TO ENSURE THAT FACILITIES ARE ACHIEVING THEIR GOALS THESE RANKINGS ALLOW MEMBERS TO MEASURE THEIR OUTCOMES AGAINST LEADING CLINICAL EFFICIENCY AND QUALITY PERFORMANCE BENCHMARKING APPLICATIONS IN THE HEALTH CARE INDUSTRY THE STANDINGS ARE CALCULATED YEARLY ACROSS ALL PREMIER QUALITY ADVISOR FACILITIES - THE CAROMONT CANCER CENTER IS DESIGNATED AS A COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM BY THE COMMISSION ON CANCER THE CANCER CENTER ACHIEVED A FULL THREE-YEAR ACCREDITATION WITH COMMENDATION STATUS AND NATIONAL RECOGNITION AS A RECIPIENT OF THE "OUTSTANDING ACHIEVEMENT AWARD" DURING ITS LAST REVIEW ONLY 7% OF SURVEYED HOSPITALS RECEIVE THIS AWARD IN ADDITION, THE AMERICAN COLLEGE OF RADIOLOGY (ACR) HAS NATIONALLY ACCREDITED MAMMOGRAPHY, BREAST ULTRASOUND, BREAST MRI AND BIOPSY WITHIN THE CAROMONT PROGRAM IN 2011, THE ACR NATIONALLY ACCREDITED THE RADIATION ONCOLOGY PROGRAM, MAKING IT THE ONLY NATIONALLY ACCREDITED PROGRAM WITHIN THE REGION - CAROMONT HEALTH IS ACCREDITED BY THE SOCIETY OF CHEST PAIN CENTERS (SCPC), AN INTERNATIONAL ORGANIZATION DEDICATED TO ELIMINATING HEART DISEASE AS THE NUMBER ONE CAUSE OF DEATH WORLDWIDE THE SCPC ACCREDITATION PROCESS GUARANTEES THAT HEALTH CARE FACILITIES MEET OR EXCEED THE QUALITY-OF-CARE MEASURES IN ACUTE CARDIAC MEDICINE KEY AREAS IN WHICH AN ACCREDITED CHEST PAIN CENTER MUST DEMONSTRATE EXPERTISE INCLUDE INTEGRATING THE EMERGENCY DEPARTMENT WITH THE LOCAL EMERGENCY MEDICAL SYSTEM, CONTINUALLY SEEKING TO IMPROVE PROCESSES AND PROCEDURES, ENSURING THE ONGOING TRAINING OF ACCREDITED CHEST PAIN CENTER PERSONNEL AND SUPPORTING COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS - THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) GRANTED CAROMONT'S NEW MULTIDISCIPLINARY BREAST CENTER NATIONAL ACCREDITATION IN 2011 NAPBC-ACCREDITATION IS GIVEN ONLY TO THOSE CENTERS THAT HAVE VOLUNTARILY COMMITTED TO PROVIDE THE BEST IN BREAST CANCER DIAGNOSIS AND TREATMENT IN ADDITION, THESE CENTERS UNDERGO A RIGOROUS PERFORMANCE EVALUATION AND COMPLY WITH NAPBC STANDARDS FOR TREATING THE FULL SPECTRUM OF BREAST DISEASE ACCORDING TO THE NAPBC, THE MULTIDISCIPLINARY BREAST CENTER AT CAROMONT DEMONSTRATES PROFICIENCY IN THE AREAS OF CENTER LEADERSHIP, PATIENT CLINICAL MANAGEMENT, RESEARCH, COMMUNITY OUTREACH, PROFESSIONAL EDUCATION AND QUALITY IMPROVEMENT - THE JOINT COMMISSION RECERTIFIED CAROMONT HEALTH IN 2010 FOR ITS HIP AND KNEE PROGRAMS THE RECERTIFICATION DEMONSTRATED CAROMONT'S COMPLIANCE WITH CONSENSUS-BASED NATIONAL STANDARDS, EFFECTIVE USE OF EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES TO MANAGE AND OPTIMIZE CARE, AND AN ORGANIZED APPROACH TO PERFORMANCE MEASUREMENT AND IMPROVEMENT ACTIVITIES IT REFLECTS CAROMONT'S COMMITMENT TO HIGH STANDARDS OF SERVICE - THE CAROMONT MEDICAL STAFF INCLUDES PHYSICIAN COUNCILS - GROUPS OF PHYSICIANS FROM A RANGE OF DISCIPLINES FOCUSED ON A PARTICULAR PATIENT POPULATION, DISEASE CONDITION OR CARE CONTINUUM THESE COUNCILS ARE USED AS FORUMS TO EVALUATE AND ALIGN NEW SERVICES, ENHANCE CARE COORDINATION, SHARPEN FOCUS AND STREAMLINE THE HEALTH CARE OPERATING SYSTEM CAROMONT EXECUTIVES USE THE INFORMATION AND IDEAS THAT COME FROM PHYSICIAN COUNCILS TO MAKE IMPROVEMENTS THROUGHOUT THE HOSPITAL SYSTEM TO BETTER SERVE OUR PATIENTS</p>

Identifier	Return Reference	Explanation
		<p>- THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE IS A PRIVATE, NONPROFIT ORGANIZATION DEDICATED TO IMPROVING HEALTH CARE QUALITY RECENTLY, SEVEN CAROMONT MEDICAL GROUP PRIMARY CARE PRACTICES RECEIVED NCQA LEVEL 3 RECOGNITION FROM THE PHYSICIAN PRACTICE CONNECTIONS - PATIENT-CENTERED MEDICAL HOME PROGRAM (PCMH) MEDICAL HOME PROGRAMS EMPHASIZE CARE, COORDINATION AND COMMUNICATION, WHICH ARE DESIGNED TO LEAD TO HIGHER QUALITY AND LOWER COSTS CAROMONT HEALTH'S COMMITMENT TO QUALITY CARE IS BASED ON A CORE DESIRE TO ACHIEVE A HEALTHIER COMMUNITY</p> <p>- THE CAROMONT ONCOLOGY COUNCIL FORMED THE MULTIDISCIPLINARY BREAST CENTER IN 2011 AS A NEW MODEL OF INTEGRATED ONCOLOGY CARE TO EXPEDITE COMPREHENSIVE TREATMENT, IMPROVE OUTCOMES, AND ULTIMATELY, SAVE LIVES PATIENTS BENEFIT FROM A COMPREHENSIVE EVALUATION AND PERSONALIZED TREATMENT PLAN RECOMMENDED BY A MULTIDISCIPLINARY TEAM OF BOARD CERTIFIED MEDICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, SURGEONS AND RADIOLOGISTS THE MULTIDISCIPLINARY BREAST CENTER TEAM RECOGNIZES THE IMPORTANCE OF THE REFERRING PHYSICIANS IN ONGOING INTEGRATED CARE AND PROVIDES REFERRING PHYSICIANS WITH DETAILED DOCUMENTATION OF THE BREAST CENTER'S MULTIDISCIPLINARY TEAM'S FINDINGS AND RECOMMENDATIONS - CAROMONT'S CANCER CENTER AND THE AMERICAN CANCER SOCIETY HAVE PARTNERED TO PROVIDE A CANCER RESOURCE CENTER THAT PROVIDES PATIENTS AND CAREGIVERS TIMELY INFORMATION AND SUPPORT TO HELP THEM MANAGE THE DIAGNOSIS OF CANCER THE CENTER PROVIDES HIGHLY TRAINED VOLUNTEERS WHO CAN GUIDE CANCER PATIENTS THROUGH ALL CHALLENGES OF THE CANCER JOURNEY SUCH AS FINANCIAL CONCERNS, INSURANCE AND TRANSPORTATION - CAROMONT HEALTH IS ENTERING THE SECOND YEAR OF OUR PARTNERSHIP WITH COLUMBIA UNIVERSITY MEDICAL CENTER'S HEARTSOURCE, A CLINICAL AND MANAGEMENT SERVICES GROUP FROM THE DIVISION OF CARDIOTHORACIC SURGERY AT NEW YORK PRESBYTERIAN HOSPITAL/COLUMBIA UNIVERSITY MEDICAL CENTER THE RELATIONSHIP HAS PROVIDED CAROMONT HEALTH PHYSICIANS WITH EXPOSURE TO SOME OF THE MOST ADVANCED CARDIAC PROCEDURES, AS WELL AS ACCESS TO A SHARED QUALITY CONTROL DATABASE IT ALSO ALLOWS FOR A HIGHER LEVEL OF FOCUS ON QUALITY OUTCOMES AND EVIDENCE-BASED CARE THAT MIGHT NOT EXIST IN ISOLATED, PRIVATE PRACTICES - CAROMONT HEALTH AND NORTH CAROLINA'S LARGEST HEALTH INSURER, BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA, ANNOUNCED A COLLABORATIVE ARRANGEMENT TO OFFER PATIENTS A NEW HEALTH CARE DELIVERY AND REIMBURSEMENT MODEL FOR KNEE REPLACEMENTS THE INNOVATIVE, VALUE-BASED INITIATIVE IS DESIGNED TO PROVIDE QUALITY CARE WITH IMPROVED CARE COORDINATION AT COMPETITIVE PRICING SPECIFIC QUALITY AND PATIENT SATISFACTION MEASURES ARE BUILT IN TO THE 'BUNDLED KNEE' PLAN TO HELP ENSURE THAT PATIENT NEEDS GUIDE THE PROGRAM - THE INSTITUTE FOR HEALTHCARE IMPROVEMENT HAS ESTABLISHED A TRIO OF OBJECTIVES CALLED THE TRIPLE AIM - IMPROVE THE HEALTH OF THE POPULATION - ENHANCE THE PATIENT EXPERIENCE (QUALITY, ACCESS, RELIABILITY) - CONTROL COSTS THESE THREE OBJECTIVES ARE ALL CRITICAL COMPONENTS IN BEING WHAT IS KNOWN IN THE INDUSTRY AS AN ACCOUNTABLE CARE ORGANIZATION (ACO) IN TAKING STEPS TO BECOME AN ACO, CAROMONT HEALTH IS UNDERTAKING CHANGES THAT WILL LEAD TO BETTER COORDINATED CARE WITH BETTER OUTCOMES AT LOWER COSTS FOR PATIENTS WE ARE ALSO EMBRACING THE "MEDICAL HOME' CONCEPT, WHICH IS A NATIONAL INITIATIVE DESIGNED TO IMPROVE HEALTH CARE QUALITY MEDICAL HOMES ARE PATIENT CENTERED, TEAM-BASED APPROACHES TO CARE THAT HAVE BEEN SHOWN TO REDUCE HOSPITAL ADMISSIONS AND DECREASE COSTS</p>

Identifier	Return Reference	Explanation
COMMON PAYMASTER	FORM 990, PART V AND PART VII	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

2010

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 INC

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
(1) CAROMONT OCCUPATIONAL MEDICINE LLC 2525 COURT DRIVE GASTONIA, NC 28054 51-0522690	OCCUPATIONAL MEDICINE	NC	782,578	133,774	CAROMONT HEALTH INC
(2) CAROMONT AMBULATORY SERVICES LLC 2525 COURT DRIVE GASTONIA, NC 28054 51-0522692	AMBULATORY SERVICES	NC	0	0	CAROMONT HEALTH INC
(3) CAROMONT COMMUNITY IMAGING LLC 2525 COURT DRIVE GASTONIA, NC 28054 56-2255954	IMAGING SERVICES	NC	0	0	CAROMONT HEALTH INC

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CAROMONT HEALTH SERVICES INC 2526 COURT DRIVE GASTONIA, NC 28054 56-1455630	OUTPATIENT SERVICES	NC	501(C)(3)	LINE 3	CAROMONT HEALTH INC	Yes	
(2) GASTON MEMORIAL HOSPITAL FOUNDATION INC 2527 COURT DRIVE GASTONIA, NC 28054 56-1479699	FOUNDATION	NC	501(C)(3)	LINE 9	CAROMONT HEALTH INC	Yes	
(3) CAROMONT MEDICAL GROUP INC 2528 COURT DRIVE GASTONIA, NC 28054 56-1479712	MEDICAL GROUP	NC	501(C)(3)	LINE 9	CAROMONT HEALTH INC	Yes	
(4) HOSPICE OF GASTON COUNTY INC 2529 COURT DRIVE GASTONIA, NC 28054 58-1341530	HOSPICE CARE	NC	501(C)(3)	LINE 7	CAROMONT HEALTH INC	Yes	
(5) GASTON MEMORIAL HOSPITAL INC 2530 COURT DRIVE GASTONIA, NC 28054 56-0619359	HOSPITAL	NC	501(C)(3)	LINE 3	CAROMONT HEALTH INC	Yes	
(6) GASTON EMERGENCY PHYSICIANS INC 2531 COURT DRIVE GASTONIA, NC 28054 56-2209423	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 11A, I	CAROMONT HEALTH INC	Yes	

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?		(k) Percentage ownership
							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
(1) CAROMONT INSURANCE SERVICES LTD PO BOX 69 GRAND CAYMAN KY1-1102 CJ	INSURANCE CAPTIVE	CJ	CAROMONT HEALTH INC	C	915,471	2,662,439	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**

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

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
CAROMONT HEALTH SERVICES INC 2526 COURT DRIVE GASTONIA, NC28054 56-1455630	OUTPATIENT SERVICES	NC	501(C)(3)	LINE 3	CAROMONT HEALTH INC	Yes	
GASTON MEMORIAL HOSPITAL FOUNDATION INC 2527 COURT DRIVE GASTONIA, NC28054 56-1479699	FOUNDATION	NC	501(C)(3)	LINE 9	CAROMONT HEALTH INC	Yes	
CAROMONT MEDICAL GROUP INC 2528 COURT DRIVE GASTONIA, NC28054 56-1479712	MEDICAL GROUP	NC	501(C)(3)	LINE 9	CAROMONT HEALTH INC	Yes	
HOSPICE OF GASTON COUNTY INC 2529 COURT DRIVE GASTONIA, NC28054 58-1341530	HOSPICE CARE	NC	501(C)(3)	LINE 7	CAROMONT HEALTH INC	Yes	
GASTON MEMORIAL HOSPITAL INC 2530 COURT DRIVE GASTONIA, NC28054 56-0619359	HOSPITAL	NC	501(C)(3)	LINE 3	CAROMONT HEALTH INC	Yes	
GASTON EMERGENCY PHYSICIANS INC 2531 COURT DRIVE GASTONIA, NC28054 56-2209423	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 11A, I	CAROMONT HEALTH INC	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) GASTON MEMORIAL HOSPITAL INC	R	132,570	
(2) GASTON MEMORIAL HOSPITAL INC	P	66,207,679	
(3) CAROMONT HEALTH SERVICES INC	P	727,098	
(4) CAROMONT HEALTH SERVICES INC	Q	201,089	
(5) GASTON MEMORIAL HOSPITAL INC	C	17,928,471	
(6) CAROMONT HEALTH SERVICES INC	C	846,170	
(7) CAROMONT HEALTH SERVICES INC	B	184,261	
(8) CAROMONT HEALTH SERVICES INC	O	283,284	

TY 2010 Category 3 filer statement

Name: CAROMONT HEALTH INC

EIN: 58-1636959

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	N/A	COLLEEN ARTUCH	PO BOX 69 720 WEST BAY ROAD GRAND CAYMAN KY1- 1102 CJ	FOREIGNUS	1

TY 2010 Itemized Other Current Liabilities Schedule

Name: CAROMONT HEALTH INC

EIN: 58-1636959

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
CAROMONT INSURANCE SERVICES LTD	98-0689631	UNEARNED PREMIUM RESERVE		1,281,292
		ACTUARY RESERVES		789,328

TY 2010 Itemized Other Assets Schedule

Name: CAROMONT HEALTH INC

EIN: 58-1636959

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CAROMONT INSURANCE SERVICES LTD	98-0689631	PREPAID ASSETS		6,481

TY 2010 Other Deductions Schedule**Name:** CAROMONT HEALTH INC**EIN:** 58-1636959

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LEGAL AND CONSULTING FEES	24,885	24,885
SERVICE FEES	23,554	23,554
INSURANCE CLAIMS	18,500	18,500
TRAVEL	24,943	24,943
RISK MANAGEMENT GRANT	14,567	14,567
MISCELLANEOUS EXPENSE	1,059	1,059
RESERVE EXPENSE	789,328	789,328

TY 2010 Itemized Other Investments Schedule

Name: CAROMONT HEALTH INC

EIN: 58-1636959

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
CAROMONT INSURANCE SERVICES LTD	98-0689631	INVESTMENTS OPERATING FUND		1,557,483