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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

C Name of organization
HIGH POINT REGIONAL HEALTH SYSTEM

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX HP-5

City or town, state or country, and ZIP + 4
HIGH POINT, NC 27261

D Employer identification number
56-0532309

E Telephone number
(336) 878-6000

G Gross receipts $ 286,402,395

F Name and address of principal officer
KIMBERLY S CREWS
PO BOX HP-5
HIGH POINT, NC 27261

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 HIGHPOINTREGIONAL COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1933 | **M** State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATION OF HOSPITAL AND HEALTH CARE FACILITIES IN HIGH POINT, NC

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,571
6	Total number of volunteers (estimate if necessary)	**6**	419
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	464,996
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	180,460

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,490,103	1,745,590
	9 Program service revenue (Part VIII, line 2g)	276,802,447	272,066,954
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,464,357	7,319,737
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,504,611	2,970,611
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	286,261,518	284,102,892
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	276,967	1,605,062
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	118,482,774	113,669,069
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶447,647		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	161,821,415	161,698,049
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	280,581,156	276,972,180
	19 Revenue less expenses Subtract line 18 from line 12	5,680,362	7,130,712

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	341,432,654	293,131,896
	21 Total liabilities (Part X, line 26)	114,838,404	113,335,392
	22 Net assets or fund balances Subtract line 21 from line 20	226,594,250	179,796,504

Part II Signature Block

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

Sign Here

****** | 2012-08-13
Signature of officer | Date

KIMBERLY S CREWS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
AMY BIBBY	AMY BIBBY			

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? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

OUR MISSION TO PROVIDE EXCEPTIONAL HEALTH SERVICES TO THE PEOPLE OF OUR REGION OUR VISION TO BE THE BEST HEALTHCARE ORGANIZATION IN EVERYTHING WE DO - THE BEST PLACE TO RECEIVE CARE, THE BEST PLACE TO WORK, AND THE BEST PLACE TO PRACTICE MEDICINE OUR VALUES TEAMWORK, COMPASSION, AND INTEGRITY

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 $ 232,549,340 including grants of $ 1,605,062) (Revenue $ 271,874,954)

THE SYSTEM PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES BECAUSE THE SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY ESTIMATED COST OF THE CHARGES IDENTIFIED AS CHARITY CARE WAS $8,554,300 FOR THE YEAR ENDED SEPTEMBER 30, 2011 IN PROVIDING CHARITY CARE TO PATIENTS, THE HOSPITAL INCURRED NON-REIMBURSED COSTS RELATED TO TREATING MEDICARE AND MEDICAID PATIENTS AND PATIENTS FROM OTHER GOVERNMENT NON-NEGOTIATED PLANS THE AMOUNT OF NON-REIMBURSED COSTS ASSOCIATED WITH TREATING MEDICARE AND MEDICAID PATIENTS, AND PATIENTS WITH OTHER GOVERNMENT NON-NEGOTIATED PLANS FOR THE YEAR WAS $10,669,778, $6,377,905, AND $269,994 RESPECTIVELY (SEE SCHEDULE H FOR DETAILS) THE ESTIMATED COST OF RECORDED BAD DEBT EXPENSE IS $13,091,953 FOR THE YEAR IN MEETING ITS OBJECTIVE OF PROVIDING QUALITY HEALTH CARE TO THE COMMUNITY, THE HOSPITAL PROVIDED MEDICAL SERVICE FOR AND DISCHARGED 17,216 PATIENTS DURING THE YEAR TOTAL DAYS OF CARE WERE 75,144 AND THE AVERAGE DAILY CENSUS WAS 206 PATIENTS THE EMERGENCY DEPARTMENT REGISTERED 63,081 VISITS THE HOSPITAL ALSO PROVIDED SEVERAL SUBSIDIZED SERVICES TO THE COMMUNITY THERE ARE SEVERAL GREAT REASONS TO BE PROUD OF HIGH POINT REGIONAL, SUCH AS, - THE CHARLES E AND PAULINE LEWIS HAYWORTH CANCER CENTER IS RATED AS THE TOP COMMUNITY COMPREHENSIVE CANCER CENTER IN THE TRIAD BY THE US NEWS & WORLD REPORT - THE WOMEN'S IMAGING CENTER WAS THE FIRST COMPLETELY FULL-FIELD DIGITAL MAMMOGRAPHY FACILITY IN HIGH POINT TO OFFER BOTH DIAGNOSTIC AND SCREENING MAMMOGRAPHY SERVICES THIS ADVANCED EQUIPMENT WAS FULLY FUNDED BY COMMUNITY DONORS THROUGH PROCEEDS FROM THE HEALTH SYSTEM'S ENDOWMENT FUNDS - WE HAVE DA VINCI SI SURGICAL SYSTEM, ENHANCED HIGH-DEFINITION 3D VISION THAT OFFERS OUR SURGEONS SUPERIOR CLINICAL CAPABILITY, INCREASED DEXTERITY FAR GREATER THAN THE HUMAN HAND, INTUITIVE MOTION TECHNOLOGY AND INTUITIVE INSTRUMENT CONTROL DURING MINIMALLY INVASIVE SURGERY FOR UROLOGY AND GYNECOLOGY SINCE THE PROGRAM BEGAN IN 2005, WE HAVE PERFORMED OVER 700 PROCEDURES - WE ARE THE ONLY HOSPITAL IN THE TRIAD TO OFFER 24 HOUR CONTINUOUS ELECTRONIC MONITORING OF CRITICALLY ILL PATIENTS - THE SOCIETY OF CHEST PAIN CENTERS ACCREDITS HIGH POINT REGIONAL AS AN OFFICIAL CHEST PAIN CENTER FOR MEETING AND EXCEEDING QUALITY-OF-CARE MEASURES IN ACUTE CARDIAC MEDICINE - OUR STROKE CENTER WAS RE-CERTIFIED AS A PRIMARY STROKE CENTER BY THE JOINT COMMISSION - WE HAVE RECEIVED RENEWAL OF LEVEL III TRAUMA DESIGNATION FOR THE EMERGENCY DEPARTMENT OUR EMERGENCY DEPARTMENT HAS A CAREFULLY COORDINATED PROCESS, CENTERED AROUND THE AMERICAN COLLEGE OF SURGEONS TRAUMA PROTOCOL, FOR RECEIVING, TREATING, AND REFERRING CRITICALLY INJURED TRAUMA PATIENTS WHO NEED STABILIZATION OR RESUSCITATION - WE HAVE RECEIVED MAGNET DESIGNATION FOR THE THIRD TIME - WE ARE THE ONLY HOSPITAL IN THE TRIAD TO OFFER 24 HOUR CONTINUOUS ELECTRONIC MONITORING OF CRITICALLY ILL PATIENTS - WE ARE THE SECOND LARGEST EMPLOYER OF HIGH PONT, NC, WITH OVER 2,500 TALENTED AND DEDICATED INDIVIDUALS WHO PROVIDE COMPASSIONATE CARE TO MORE THAN 130,000 PEOPLE EVERY YEAR

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** ▶ $ 232,549,340

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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*	4	Yes	
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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	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.*	11b		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.*	11c		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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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.*	11f	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*	12a		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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		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)*	17		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*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
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)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	396		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,571		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

KIMBERLY CREWS
601 N ELM STREET
HIGH POINT, NC 27261
(336) 878-6143

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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								3,546,691	159,926	729,848

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 ▶ 55

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SPECTRUM LABORATORY 4380 FEDERAL DRIVE SUITE 100 GREENSBORO, NC 27410	LABORATORY	4,685,904
CORNERSTONE HEALTHCARE 1701 WESTCHESTER DRIVE HIGH POINT, NC 27262	PHYSICIAN SERVICES	2,648,247
ARAMARK HEALTHCARE FOOD SERVICES 25271 NETWORK PLACE CHICAGO, IL 60673	FOOD SERVICE MGMT	1,938,916
COGENT HEALTHCARE OF NC PO BOX 645037 CINCINATTI, OH 45264	HOSPITALIST	1,551,552
LOCKTON COMPANIES 5901-C PEACHTREE DUNWOODY RD STE 3 ATLANTA, GA 30328	INSURANCE	1,351,055

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 ▶ 63

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	7,475				
	d Related organizations 1d	1,125,577				
	e Government grants (contributions) 1e	34,702				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	577,836				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		1,745,590			
Program Service Revenue		Business Code				
	2a PATIENT SERVICES	621400	269,343,333	269,343,333		
	b OTHER AFFILIATE REV	900099	890,875	890,875		
	c HP SURGERY CENTER	621400	660,046	660,046		
	d REFERENCE LAB	621500	558,300	366,300	192,000	
	e FITNESS CENTER	713940	532,879	532,879		
	f All other program service revenue		81,521	81,521		
	g **Total.** Add lines 2a–2f		272,066,954			
	3 Investment income (including dividends, interest and other similar amounts)		7,624,050			7,624,050
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents	2,534,808 / 446,034				
	b Less rental expenses	1,824,520				
	c Rental income or (loss)	710,288 / 446,034				
	d Net rental income or (loss)		1,156,322		272,996	883,326
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses	304,313				
	c Gain or (loss)	-304,313				
	d Net gain or (loss)		-304,313			-304,313
Other Revenue	8a Gross income from fundraising events (not including $ 7,475 of contributions reported on line 1c) See Part IV, line 18 a	333,919				
	b Less direct expenses b	170,670				
	c Net income or (loss) from fundraising events		163,249			163,249
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA/VENDING	722210	829,033			829,033
	b MISCELLANEOUS REVENUE	900099	822,007			822,007
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		1,651,040			
	12 **Total revenue.** See Instructions		284,102,892	271,874,954	464,996	10,017,352

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	1,413,148	1,413,148		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	191,914	191,914		
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	3,178,635	40,000	2,922,469	216,166
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	94,286		94,286	
7	Other salaries and wages	88,934,592	72,137,047	16,759,354	38,191
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,302,762	4,150,330	1,137,798	14,634
9	Other employee benefits	9,651,418	7,553,907	2,070,876	26,635
10	Payroll taxes	6,507,376	5,158,181	1,330,446	18,749
a	Fees for services (non-employees) Management				
b	Legal	384,127		384,127	
c	Accounting	51,536		51,536	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees				
g	Other	26,612,217	20,428,714	6,170,588	12,915
12	Advertising and promotion	2,013,019	15,649	1,975,987	21,383
13	Office expenses	64,265,538	54,517,562	9,737,209	10,767
14	Information technology	13,874	13,148	726	
15	Royalties				
16	Occupancy	3,703,596	3,703,596		
17	Travel	264,197	119,698	138,038	6,461
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,923,928	2,923,928		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,805,494	18,805,494		
23	Insurance	1,682,510	1,546,590	135,920	
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 EXPENSE	39,317,380	39,317,380		
b	MISCELLANEOUS EXPENSES	1,166,344	513,054	571,544	81,746
c	RECRUITMENT	494,289		494,289	
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	276,972,180	232,549,340	43,975,193	447,647
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		303,705	1	271,669
	2	Savings and temporary cash investments		4,260,956	2	4,333,206
	3	Pledges and grants receivable, net		4,244,649	3	1,353,827
	4	Accounts receivable, net		33,147,925	4	38,126,112
	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		3,494,578	8	3,296,499
	9	Prepaid expenses and deferred charges		6,204,377	9	4,707,365
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 356,104,603			
	b	Less accumulated depreciation	10b 213,158,173	147,271,313	10c	142,946,430
	11	Investments—publicly traded securities		127,545,345	11	85,255,402
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		6,842,333	13	2,019,212
	14	Intangible assets		309,309	14	3,151,843
	15	Other assets See Part IV, line 11		7,808,164	15	7,670,331
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		341,432,654	16	293,131,896
Liabilities	17	Accounts payable and accrued expenses		34,112,083	17	39,887,132
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		50,770,094	20	47,745,327
	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		6,560,171	23	4,390,103
	24	Unsecured notes and loans payable to unrelated third parties		15,000,000	24	12,835,108
	25	Other liabilities Complete Part X of Schedule D		8,396,056	25	8,477,722
	26	**Total liabilities.** Add lines 17 through 25		114,838,404	26	113,335,392
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		206,141,042	27	176,283,719
	28	Temporarily restricted net assets		6,542,645	28	3,512,785
	29	Permanently restricted net assets		13,910,563	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		226,594,250	33	179,796,504
	34	Total liabilities and net assets/fund balances		341,432,654	34	293,131,896

Part XI Reconcilliation 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	284,102,892
2	Total expenses (must equal Part IX, column (A), line 25)	2	276,972,180
3	Revenue less expenses Subtract line 2 from line 1	3	7,130,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	226,594,250
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-53,928,458
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	179,796,504

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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** ▶☐

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 ▶☐

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 ▶☐

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 ▶☐

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 ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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 section501(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).

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
HIGH POINT REGIONAL HEALTH SYSTEM	56-0532309

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		12,280
j	Total lines 1c through 1i			12,280
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE HOSPITAL IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE NORTH CAROLINA HOSPITAL ASSOCIATION (NCHA) THESE ORGANIZATIONS ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERSHIP BODIES, AND A PORTION OF MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS IS ATTRIBUTABLE TO LOBBYING EXPENDITURES FOR THE TAX YEAR 2011, THE AMOUNT OF DUES ATTRIBUTABLE TO LOBBYING WAS APPROXIMATELY $12,280 BASED ON ALL AVAILABLE INFORMATION FROM THOSE ORGANIZATIONS THE HOSPITAL ALSO MAKES OCCASIONAL CONTRIBUTIONS TO THE NORTH CAROLINA CHAMBER OF COMMERCE AND THE HIGH POINT CHAMBER OF COMMERCE THE CONTRIBUTIONS ARE NOT SPECIFICALLY FOR LOBBYING EXPENDITURES, BUT SOME PORTION OF THOSE ORGANIZATIONS' ACTIVITIES COULD BE CONSIDERED LOBBYING THE PORTION OF THOSE CONTRIBUTIONS ALLOCATED AS LOBBYING, IF ANY, IS UNKNOWN PLEASE SEE SCHEDULE I FOR DETAILS ON CONTRIBUTIONS TO THOSE ORGANIZATIONS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	13,910,563	13,673,783	13,403,545		
b Contributions		236,780	270,238		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	13,910,563				
f Administrative expenses					
g End of year balance		13,910,563	13,673,783		

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 0 %

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)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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		13,009,705		13,009,705
b Buildings		156,490,737	77,888,504	78,602,233
c Leasehold improvements		7,124,273	5,449,640	1,674,633
d Equipment		175,476,726	129,820,029	45,656,697
e Other		4,003,162		4,003,162
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				142,946,430

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
RETIREMENT & DEATH BENEFITS PAYABLE	3,656,150
ESTIMATED THIRD-PARTY SETTLEMENTS	4,821,572
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	8,477,722

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	284,102,892
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	276,972,180
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,130,712
4	Net unrealized gains (losses) on investments	4	-5,364,245
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-48,564,213
9	Total adjustments (net) Add lines 4 - 8	9	-53,928,458
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-46,797,746

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	229,872,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-5,364,245		
b	Donated services and use of facilities	2b	534,773		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	170,670		
e	Add lines **2a** through **2d**			2e	-4,658,802
3	Subtract line **2e** from line **1**			3	234,531,680
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	49,571,212		
c	Add lines **4a** and **4b**			4c	49,571,212
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	284,102,892

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

1	Total expenses and losses per audited financial statements			1	276,670,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	534,773		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	170,670		
e	Add lines **2a** through **2d**			2e	705,443
3	Subtract line **2e** from line **1**			3	275,965,181
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	1,006,999		
c	Add lines **4a** and **4b**			4c	1,006,999
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	276,972,180

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 HEALTH SYSTEM'S ENDOWMENT CONSISTS OF A FUND ESTABLISHED FOR A VARIETY OF HEALTHCARE PROGRAMS AS DEEMED NECESSARY BY THE BOARD OF TRUSTEES THE ENDOWMENT INCLUDES DONOR-RESTRICTED ENDOWMENT FUNDS AND AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE HEALTH SYSTEM HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED THE PRICE AND YIELD RESULTS OF THE S&P 500 INDEX WHILE ASSUMING A MODERATE LEVEL OF INVESTMENT RISK IN THE TAX YEAR 2010, THE ORGANIZATION TRANSFERRED THE ENDOWMENT TO THE NEWLY-CREATED HIGH POINT REGIONAL HEALTH SYSTEM FOUNDATION FUTURE ACTIVITY OF THE ENDOWMENT IS TRACKED WITHIN THAT ORGANIZATION, AND AMOUNTS RELEASED FROM RESTRICTION ARE TRANSFERRED TO THE FILING ORGANIZATION AS CONTRIBUTIONS FROM THE FOUNDATION SEE FORM 990, PART VIII, LINE 1
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HEALTH SYSTEM IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF NORTH CAROLINA TAX LAWS HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE HEALTH SYSTEM'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME THE HEALTH SYSTEM HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2011 FISCAL YEARS ENDING ON OR AFTER SEPTEMBER 30, 2008 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFER OF EQUITY TO AFFILIATE -15,030,980 TRANSFER OF ENDOWMENT TO HIGH POINT REG HEALTH SYSTEM FOUNDATION -33,533,233
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES 170,670
PART XII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES NET W/ REVENUES ON FINANCIAL STATEMENTS 1,006,999 TRANSFER OF EQUITY TO AFFILIATE 15,030,980 TRANSFER OF ENDOWMENT TO HIGH POINT REG HEALTH SYSTEM FOUNDATION 33,533,233
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES 170,670
PART XIII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES NET W/ REVENUES ON FINANCIAL STATEMENTS 1,006,999

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

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

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

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

		(a) Event #1 LOVELINE TREE LIGHTING (event type)	(b) Event #2 SUN AND STARS (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	65,226	189,975	86,193	341,394
	2 Less Charitable contributions		7,475		7,475
	3 Gross income (line 1 minus line 2)	65,226	182,500	86,193	333,919
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes			2,500	2,500
	6 Rent/facility costs		3,049		3,049
	7 Food and beverages		40,049		40,049
	8 Entertainment		30,600		30,600
	9 Other direct expenses	349	73,698	20,425	94,472
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				170,670
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				163,249

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %			
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			8,554,300		8,554,300	3 600 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			6,377,905		6,377,905	2 680 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			269,994		269,994	0 110 %
d **Total** Financial Assistance and Means-Tested Government Programs			15,202,199		15,202,199	6 390 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			831,873	3,320	828,553	0 350 %
f Health professions education (from Worksheet 5)			502,112	0	502,112	0 210 %
g Subsidized health services (from Worksheet 6)			0			
h Research (from Worksheet 7)			189,094	23,756	165,338	0 070 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			301,902	8,275	293,627	0 120 %
j **Total** Other Benefits			1,824,981	35,351	1,789,630	0 750 %
k **Total.** Add lines 7d and 7j			17,027,180	35,351	16,991,829	7 140 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			42,808		42,808	0 020 %
3 Community support			43,869		43,869	0 020 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**			86,677		86,677	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	13,091,953		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	103,706,963		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	114,376,741		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-10,669,778		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 1 HIGH POINT SURGERY CENTER	AMBULATORY SURGERY	50 000 %		50 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	HIGH POINT REGIONAL HEALTH SYSTEM 601 NORTH ELM STREET HIGH POINT,NC 27262	X	X					X		DISPROPORTIONATE SHARE HOSPITAL

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **9**

	Name and address	Type of Facility (Describe)
1	REGIONAL PSYCHIATRIC ASSOC 320 BOULEVARD ST HIGH POINT,NC 27262	BEHAVIORAL HEALTH
2	REGIONAL PSYCHIATRIC ASSOC 320 BOULEVARD ST HIGH POINT,NC 27262	BEHAVIORAL HEALTH
3	REGIONAL PSYCHIATRIC ASSOC 320 BOULEVARD ST HIGH POINT,NC 27262	BEHAVIORAL HEALTH
4	REGIONAL PSYCHIATRIC ASSOC 320 BOULEVARD ST HIGH POINT,NC 27262	BEHAVIORAL HEALTH
5	REGIONAL PSYCHIATRIC ASSOC 320 BOULEVARD ST HIGH POINT,NC 27262	BEHAVIORAL HEALTH
6	REGIONAL PSYCHIATRIC ASSOC 320 BOULEVARD ST HIGH POINT,NC 27262	BEHAVIORAL HEALTH
7	REGIONAL PSYCHIATRIC ASSOC 320 BOULEVARD ST HIGH POINT,NC 27262	BEHAVIORAL HEALTH
8	REGIONAL PSYCHIATRIC ASSOC 320 BOULEVARD ST HIGH POINT,NC 27262	BEHAVIORAL HEALTH
9	REGIONAL PSYCHIATRIC ASSOC 320 BOULEVARD ST HIGH POINT,NC 27262	BEHAVIORAL HEALTH
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE ORGANIZATION HAS USED THE ANDI (ADVOCACY NEEDS DATA INITIATIVE) METHODOLOGY, WHICH USES A FACILITY-WIDE RATIO OF COST TO CHARGES AS DESCRIBED IN THE 2010 NORTH CAROLINA HOSPITAL ASSOCIATION COMMUNITY BENEFIT GUIDELINES TO DETERMINE FINANCIAL ASSISTANCE, UNREIMBURSED MEDICAID, AND OTHER AMOUNTS ON PART I, LINE 7 AT COST

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) TOTAL EXPENSES REPORTED ON FORM 990, PART XI, LINE 25 INCLUDES A BAD DEBT EXPENSE OF $39,317,380 WHICH HAS BEEN REMOVED FOR PURPOSES OF CALCULATING COMMUNITY BENEFIT PERCENTAGE ON LINE 7, COLUMN (F)

Identifier	ReturnReference	Explanation
		PART II HIGH POINT REGIONAL PROMOTED THE HEALTH OF THE COMMUNITY IT SERVES BY SUPPLYING MEETING SPACE FOR NON-PROFIT ORGANIZATIONS SUCH AS LEADERSHIP HIGH POINT HIGH POINT REGIONAL GENEROUSLY SPONSORED AN ARRAY OF COMMUNITY GROUPS INCLUDING HIGH POINT CHAMBER OF COMMERCE, ARCHDALE-TRINITY CHAMBER OF COMMERCE, KERNERSVILLE CHAMBER OF COMMERCE, AND THOMASVILLE CHAMBER OF COMMERCE IN ADDITION, HIGH POINT REGIONAL PROMOTED THE HEALTH OF THE COMMUNITY IT SERVES BY SUPPLYING MEETING SPACE FOR NON-PROFIT ORGANIZATIONS SUCH AS BRAIN INJURY ALLIANCE, RELAY FOR LIFE, AND ALCOHOLICS ANONYMOUS HIGH POINT REGIONAL PROMOTED THE CHILD SAFETY SEAT PROGRAM BECAUSE CURRENTLY FOUR OUT OF FIVE CAR SEATS IN THE U S ARE USED INCORRECTLY, SO THE TRAINING AND EDUCATION IS CRUCIAL HIGH POINT REGIONAL GENEROUSLY SPONSORED AN ARRAY OF COMMUNITY GROUPS INCLUDING SPECIAL OLYMPICS AND OPEN DOOR MINISTRIES

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT THE COST OF BAD DEBT IS CALCULATED USING THE ANDI (ADVOCACY NEEDS DATA INITIATIVE) METHODOLOGY, WHICH USES A FACILITY-WIDE RATIO OF COST TO CHARGES AS DESCRIBED IN THE 2010 NORTH CAROLINA HOSPITAL ASSOCIATION COMMUNITY BENEFIT GUIDELINES THERE IS NO REASONABLE METHOD AVAILABLE TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IN FUTURE YEARS, THE ORGANIZATION WILL MAKE EFFORTS TO GATHER INFORMATION THAT MAY LEAD TO AN ESTIMATE

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE ALLOWABLE COSTS OF CARE IS CALCULATED USING THE ANDI (ADVOCACY NEEDS DATA INITIATIVE) METHODOLOGY, WHICH USES A FACILITY-WIDE RATIO OF COST TO CHARGES AS DESCRIBED IN THE 2010 NORTH CAROLINA HOSPITAL ASSOCIATION COMMUNITY BENEFIT GUIDELINES THE ENTIRE MEDICARE SHORTFALL AMOUNT SHOULD BE TREATED AS A COMMUNITY BENEFIT MEDICARE RATES AND NUMBERS OF MEDICARE PATIENTS ARE NOT NEGOTIATED AS REIMBURSEMENT RATES DECLINE RELATIVE TO COSTS OF CARE, HIGH POINT REGIONAL CONTINUES TO SERVE THE MEDICARE POPULATION IN FY 2011, MEDICARE ACCOUNTED FOR APPROXIMATELY HALF OF HIGH POINT REGIONAL'S BUSINESS BASED ON GROSS CHARGES WITHOUT THIS SERVICE, THESE PATIENTS WOULD BECOME AN OBLIGATION TO THE GOVERNMENT ANY UNREIMBURSED COST OF THIS CARE ARE A COMMUNITY BENEFIT PROVIDED BY THE HOSPITAL TO THE COMMUNITY AND GOVERNMENT

Identifier	ReturnReference	Explanation
		PART III, LINE 9B HIGH POINT REGIONAL HEALTH SYSTEM HAS A ROBUST FINANCIAL ASSISTANCE UNIT CONSISTING OF SIX FINANCIAL COUNSELORS, TWO SOCIAL WORKERS, AN OFFICE SPECIALIST, AND A DEPARTMENT COORDINATOR A DAILY REPORT IS GENERATED INDENTIFYING ALL PATIENTS REGISTERED AS "SELF PAY" USING THIS REPORT, THE FINANCIAL COUNSELORS SCHEDULE MEETINGS WITH PATIENTS FACE-TO-FACE FOR FINANCIAL EVALUATIONS PATIENTS CAN BE SCREENED FOR MEDICAID ELIGIBILITY, HPRHS'S CHARITY CARE PROGRAM AND/OR OTHER FINANCIAL ASSISTANCE OPPORTUNITIES WHEN FACE-TO-FACE EVALUATIONS ARE NOT POSSIBLE, FINANCIAL COUNSELORS REACH OUT TO PATIENTS VERBALLY VIA TELEPHONE CALLS AND WRITTEN CORRESPONDENCE FINANCIAL COUNSELORS ALSO PROVIDE PATIENTS WITH INFORMATION ON FINANCING MEDICAL BILLS THROUGH FIRSTPOINT COLLECTION RESOURCES (FORMERLY MOSAIC FINANCE SOLUTIONS OR HEALTH FINANCE) PATIENTS CAN THEN PAY THEIR ACCOUNT WITH MONTHLY INSTALLMENTS WHICH IS 2 5% OF THEIR HIGHEST ACCOUNT BALANCE, WITH A MINIMUM OF $25 PATIENTS ARE ALLOWED TO PAY OVER A PERIOD OF 56 MONTHS AND FIRSTPOINT CHARGES A FINANCE CHARGE WHICH IS EQUAL TO AN ANNUAL RATE OF 4% CREDIT REPORTS ARE USED TO ASSIST IN THE QUALIFICATION PROCESS HPRHS ALSO OFFERS A PROMPT PAY DISCOUNT IN THE AMOUNT OF 40% OF CHARGES TO UNINSURED PATIENTS IN ORDER TO QUALIFY, A PATIENT MUST PAY THE BILL IN FULL WITHIN 30 DAYS FROM THE DATE OF THE FIRST STATEMENT THIS 40% DISCOUNT IS NOT AVAILABLE TO THE PATIENTS WHO ELECT TO PAY THEIR BILL OVERTIME THROUGH FIRSTPOINT PAYMENT PLANS HIGH POINT REGIONAL USES A THIRD-PARTY VENDOR, PARAGON, TO COLLECT ALL PATIENT PAYMENTS BEGINNING TEN DAYS AFTER THE PATIENT'S SERVICE DATE IF THE PATIENT HAS NOT PAID WITHIN 120 DAYS, THE BALANCE IS TRANSFERRED TO BAD DEBT AND THE ACCOUNT IS TRANSFERRED TO FIRSTPOINT FOR DEBT COLLECTION PAYMENTS CAN BE MADE BY CASH, CHECK, MASTERCARD, VISA, OR AMERICAN EXPRESS

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 AS A PART OF THE YEARLY STRATEGIC PLANNING PROCESS, DEMOGRAPHIC TRENDS AND PROJECTIONS, INCLUDING POPULATION GROWTH, AGE DISTRIBUTION AND HOUSEHOLD INCOME BY ZIP CODE IN PRIMARY AND SECONDARY SERVICE AREAS, ARE USED TO IDENTIFY FUTURE SERVICE NEEDS THIS DATA IS COLLECTED BY THE HPRHS DEPARTMENTS OF PLANNING AND BUSINESS INTELLIGENCE DATA SOURCES INCLUDE CLARITAS, NC DIVISION OF AGING AND ADULT SERVICES, STATEHEALTHFACTS ORG, THE HIGH POINT ECONOMIC DEVELOPMENT CORPORATION, AND OTHERS A LIAISON FROM THE PLANNING DEPARTMENT ALSO WORKS WITH THE LOCAL UNITED WAY AGENCY, PROVIDING OUR HEALTH SYSTEM WITH A METHOD TO SHARE THE DATA GATHERED THROUGH THEIR ANNUAL COMMUNITY NEEDS ASSESSMENT ADDITIONALLY, THERE IS EVALUATION OF SERVICE GROWTH OPPORTUNITIES DEFINED IN THE NORTH CAROLINA STATE MEDICAL FACILITIES PLAN DATA IS ALSO COLLECTED AND TRENDED THROUGH VOICE-OF-THE-CUSTOMER METHODS INCLUDING PATIENT COMMENTS ON HPRHS SATISFACTION SURVEYS AND THROUGH OUR SERVICE RECOVERY PROCESS THIS DATA INFORMS THE HEALTH SYSTEM'S STRATEGIC DECISIONS REGARDING NEW OR IMPROVED HEALTH CARE ACCESS POINTS, PROGRAMS, COLLABORATIVE EFFORTS, AND TECHNOLOGY NEEDED TO SERVE CHANGING POPULATION DEMOGRAPHICS

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 DURING THE PATIENT REGISTRATION PROCESS FOR SCHEDULED PROCEDURES, IF A PATIENT DECLINES ALL PAYMENT OPTIONS AND EXPRESSES CONCERN ABOUT THEIR ABILITY TO PAY FOR THE SERVICES RENDERED, THE REGISTRAR OFFERS TWO OPTIONS--THE PATIENT CAN BE SCREENED FOR MEDICAID ELIGIBILITY OR BE SCREENED FOR HIGH POINT REGIONAL HEALTH SYSTEM'S CHARITY CARE PROGRAM WITH HELP FROM TRAINED FINANCIAL COUNSELORS IN THE HOSPITAL'S FINANCIAL ASSISTANCE UNIT COUNSELORS DIRECT PATIENTS TO AS MANY PROGRAMS FOR FINANCIAL ASSISTANCE AS POSSIBLE, INCLUDING SOCIAL SECURITY DISABILITY, MEDICAID, CRIME VICTIMS, SANE FOR RAPE VICTIMS, PURCHASE OF MEDICAL CARE PROGRAM FOR CANCER, AND ANY OTHER STATE, LOCAL OR FEDERAL PROGRAM OFFERED TO ASSIST PEOPLE WITH THEIR MEDICAL BILLS OR ACCESS TO CONTINUED CARE FOR PATIENTS WITH UNSCHEDULED CARE THAT IS EMERGENCY OR URGENT, THIS PROCESS IS COMPLETED EITHER DURING THE PATIENT'S STAY OR AT DISCHARGE THIS INFORMATION IS AVAILABLE IN A PACKET IN BOTH ENGLISH AND SPANISH VERSIONS ADDITIONALLY, HPRHS PROVIDES AN OVERALL SUMMARY OF OUR CHARITY POLICY AND HOW TO APPLY ON THE HPRHS WEBSITE AT HTTP //WWW HIGHPOINTREGIONAL COM/PATIENTSANDVISITORS/PAYMENT/PAY ASP THE HPRHS PATIENT CARE STAFF IS ALSO TRAINED TO RECOGNIZE FINANCIAL NEED IN PATIENTS AND REFER THEM FOR ASSISTANCE PATIENTS WHO HAVE FURTHER QUESTIONS REGARDING THEIR HOSPITAL BILL CAN CALL AN AUTOMATED BILLING SYSTEM 24 HOURS A DAY, 7 DAYS A WEEK TO OBTAIN BALANCE INFORMATION OR REQUEST A COPY OF AN ITEMIZED BILL CUSTOMER SERVICE REPRESENTATIVES ARE ALSO ON DUTY MONDAY - FRIDAY, 8 A M TO 5 P M TO ANSWER ACCOUNT QUESTIONS

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 HIGH POINT REGIONAL HEALTH SYSTEM (HPRHS) HAS A PRIMARY SERVICE AREA COMPRISED OF THE GEOGRAPHIC AREA THAT INCLUDES HIGH POINT, ARCHDALE, TRINITY, THOMASVILLE, AND JAMESTOWN, NORTH CAROLINA THIS INCLUDES ZIP CODES 27260-27262, 27264, 27265, 27282, 27263, 27360-27361, AND 27370 HPRHS OPERATES WITH A 61 2% SHARE OF THE PRIMARY SERVICE AREA MARKET THAT ENCOMPASSES A TOTAL POPULATION OF 197,600, WITH AN AVERAGE HOUSEHOLD INCOME OF $57,066, BUT WITH 27 1% OF ALL HOUSEHOLDS HAVING AN AVERAGE INCOME EQUAL TO OR LESS THAN $25,000 THE SECONDARY SERVICE AREA FOR HPRHS INCLUDES COLFAX, DENTON, SOUTHWESTERN GREENSBORO, KERNERSVILLE, LEXINGTON, ASHEBORO, RANDLEMAN, AND SOPHIA, NORTH CAROLINA THIS INCLUDES ZIP CODES 27235, 27239, 27407, 27284-27285, 27292-27295, 27203-27205, 27317, 27350, AND 27107 THE TOTAL POPULATION OF THIS AREA IS 320,796, WITH AN AVERAGE INCOME OF $53,830, OF WHICH 26 5% OF THESE HOUSEHOLDS HAVE AN AVERAGE ANNUAL INCOME AT OR LESS THAN $25,000 HPRHS OPERATES WITH A 9 0% SHARE OF THE SECONDARY MARKET AREA HPRHS' COMBINED PRIMARY AND SECONDARY SERVICE AREAS SERVE AN ESTIMATED DEPENDENT POPULATION OF 129,304 OR 24 9% OF THE COMBINED PRIMARY AND SECONDARY SERVICE AREAS TOTAL POPULATION OF 518,396 HPRHS' COMBINED SERVICE AREA POPULATION HAS AN AVERAGE INCOME OF $55,065, OF WHICH 26 7% OF ALL HOUSEHOLDS HAVE AN ANNUAL INCOME EQUAL TO OR LESS THAN $25,000 THE RACE/ETHNICITY MIX FOR THE AREA IS APPROXIMATELY 68 94% WHITE NON-HISPANIC, 16 8% BLACK NON-HISPANIC, 9 9% HISPANIC, AND 4 5% OTHER BASED ON JANUARY 2011 DATA, THE UNEMPLOYMENT RATE FOR GUILFORD COUNTY, WHICH INCLUDES THE LARGEST PERCENTAGE OF HPRHS'S COMBINED SERVICE AREA POPULATION, WAS 10 3% WITH HIGHER UNEMPLOYMENT RATES NOTED IN SEVERAL METROPOLITAN AREAS INCLUDING GREENSBORO-HIGH POINT AT 10 9%, UP FROM DECEMBER'S REPORT OF 10 2% HIGH POINT REGIONAL HEALTH SYSTEM'S SELF-DEFINED SERVICE AREA DOES NOT ENCOMPASS A MEDICALLY UNDERSERVED AREA HPRHS SHARES PARTS OF ITS SERVICES AREA WITH SEVEN OTHER HOSPITAL SYSTEMS INCLUDING MOSES H CONE HEALTH SYSTEM, WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, FORSYTH MEDICAL CENTER, THOMASVILLE MEDICAL CENTER, RANDOLPH HOSPITAL, LEXINGTON MEMORIAL HOSPITAL, AND KERNERSVILLE MEDICAL CENTER

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS OR BUSINESS ASSOCIATES OF SUCH PERSONS HIGH POINT REGIONAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PROFESSIONALLY COMPETENT PHYSICIANS WHO MEET ETHICAL STANDARDS THIS HOLDS TRUE THROUGHOUT ALL HOSPITAL AREAS AND DEPARTMENTS HIGH POINT REGIONAL UTILIZES SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE AND TO UPDATE OUR FACILITIES DURING FY 2011, SURPLUS FUNDS IN THE AMOUNT OF $1 7 MILLION HAS BEEN USED TO SUPPORT MASSIVE RENOVATIONS ON THE FOURTH FLOOR OF OUR HOSPITAL ANOTHER $3 2 MILLION HAS BEEN USED TO REPLACE THE AIR HANDLING UNIT MAJOR AND MINOR EQUIPMENT, INCLUDING ITEMS SUCH AS AN ULTRASOUND UNIT AND HEART/LUNG BYPASS MACHINES, WERE PURCHASED IN THE AMOUNT OF $1 1 MILLION APPROXIMATELY $5 5 MILLION WAS SPENT IN FY 2011 FOR I T EQUIPMENT AND ITEMS RELATED TO THE CONSTRUCTION OF A NEW DATA CENTER THESE DATA SYSTEM UPDATES WILL IMPROVE PATIENT CARE BY REDUCING ERRORS AND INCREASING EFFICIENCY A CERTIFICATE OF NEED TO RENOVATE WOMEN'S SERVICES ON THE 5TH FLOOR HAS BEEN FILED, AND CONDITIONAL APPROVAL WAS RECEIVED THE RENOVATION WILL INCLUDE REDUCING THE 6-BED PODS TO 4-BED PODS AND CREATING AN ENVIRONMENT THAT WILL ENHANCE THE BIRTH EXPERIENCE FOR THE PARENTS A CERTIFICATE OF NEED TO RENOVATE THE EMERGENCY DEPARTMENT HAS BEEN RECEIVED THIS RENOVATION WILL PROVIDE A SAFE ENVIRONMENT FOR PATIENTS WITH PSYCHIATRIC DISEASE AND PROMOTE BETTER PATIENT FLOW THIS RENOVATION WILL ALSO INCREASE THE NUMBER OF BEDS TO TREAT PATIENTS PLANS ARE IN DEVELOPMENT FOR AN EXPANSION OF THE MAIN HOSPITAL THE FOCUS OF THE EXPANSION WILL BE TO CREATE A STATE-OF-THE-ART SURGICAL SUITE COMPLETE WITH A CARDIOVASCULAR HYBRID OPERATING ROOM, EXPAND AND CONSOLIDATE THE CARDIAC CATH, ELECTROPHYSIOLOGY, AND CARDIOLOGY SERVICES IN CONJUNCTION WITH THE BUILDING EXPANSION, THERE WILL BE A MAJOR FACILITIES INFRASTRUCTURE UPGRADE THAT WILL BE NECESSARY FOR FUTURE HEATING, COOLING, AND ELECTRICAL REQUIREMENTS OF THE FACILITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 THE ORGANIZATION IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	NC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRIAD ADULT & PEDIATRIC MEDICINE 1046 E WENDOVER AVE GREENSBORO,NC 27405	56-1991438	501(C)(3)	850,000	76,740	COST	CLINIC PHARMACY INVENTORY & TELEFILL SYSTEM	SUPPORT FOR HEALTH CARE OF INDIGENT POPULATION
(2) THE COMMUNITY CLINIC OF HIGH POINT INCPO BOX 5607 HIGH POINT,NC 27262	56-1795022	501(C)(3)	56,250	388,158	COST	DIAGNOSTIC TESTS, PHYSICAL THERAPY, LAB SERVICES AND FACILITY USE	SUPPORT FOR HEALTH CARE OF INDIGENT POPULATION
(3) HIGH POINT CHAMBER OF COMMERCE1634 NORTH MAIN STREET HIGH POINT,NC 27262	56-0473292	501(C)(6)	42,000				SPONSORSHIP & DUES

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

3 Enter total number of other organizations . . . ▶ 1

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) HEART STRIDES CARDIAC & PULMONARY REHAB SCHOLARSHIPS	97	65,050			SCHOLARSHIPS FOR HEART AND LUNG PATIENTS TO PARTICIPATE IN CARDIAC & PULMONARY REHAB
(2) PROJECT C A R E - CRISIS ASSISTANCE FOR EMPLOYEES	1	2,262			CRISIS ASSISTANCE FOR EMPLOYEES
(3) CANCER FITT/YOGA PROGRAM SCHOLARSHIPS	9	1,910			SCHOLARSHIPS FOR CANCER PATIENTS TO PARTICIPATE IN THE PROGRAM, ALSO FOR SPECIALISTS' FEES
(4) MAMMOGRAM ASISSTANCE PROGRAM	44		16,409	COST OF SERVICE	MAMMOGRAMS PROVIDED FOR INDIGENT PATIENTS
(5) LOVELINE CANCER SUPPORT	255	87,306			FINANCIAL SUPPORT FOR CANCER CENTER PATIENTS
(6) BEHAVIORAL HEALTH/PATIENT PRESCRIPTION ASSITANCE FOR INDIGENT PATIENTS	103	18,977			DONATION TO SUPPORT PRESCRIPTIONS AT DISCHARGE

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 HIGH POINT REGIONAL HEALTH SYSTEM ADMINISTERS CONTRIBUTED DOLLARS EXACTLY AS THE DONORS DIRECT WHEN GIFTS ARE MADE EACH FUND FOR GRANTMAKING HAS A POLICY THAT DETAILS THE SPECIFIC USES FOR THE FUNDS A VICE PRESIDENT OF THE ORGANIZATION IS ASSIGNED OVERSIGHT OF THE FUND ALONG WITH THE COMMITTEE FOR THE FUND IN ORDER TO RECEIVE ASSISTANCE, GRANTEES AND AID RECIPIENTS MUST DEMONSTRATE FINANCIAL NEED IN THE APPLICATION PROCESS THIS IS ACCOMPLISHED BY HAVING A HOSPITAL FINANCIAL COUNSELOR CONDUCT A CONSULTATION WITH THE APPLICANT ONCE AN APPLICANT IS DETERMINED TO BE ELLIGIBLE, A MEMBER OF THE COMMITTEE MAY AUTHORIZE EXPENDITURES FOR APPROVAL WITHIN THE POLICY CRITERIA DISBURSEMENT FORMS MUST BE SIGNED BY THE VICE PRESIDENT CHARGED WITH OVERSIGHT, BEFORE THEY ARE SUBMITTED TO THE FINANCE COMMITTEE FOR PROCESSING COMPLETE RECORDS OF EXPENDITURES ARE KEPT IN A CENTRAL LOCATION, THE DSCED OFFICE WHEN APPROVAL FOR ASSISTANCE IS GIVEN, THE DSCED OFFICE MUST BE IMMEDIATLEY PROVIDED WITH THE FOLLOWING INFORMATION THE NAME OF THE PATIENT, THE NATURE OF THE EXPENDITURE, THE EXACT AMOUNT, THE VENDOR'S NAME, AND DETAILS ON HOW THE EXPENSE IS TO BE PAID MAXIMUM AMOUNTS FOR ASSISTANCE GRANTED TO EACH PER PERSON ARE STRICLTY MONITORED
OTHER INFORMATION	PART IV	PART III THE BOARD OF DIRECTORS DIRECTS THE USE OF ENDOWMENT FUNDS TO THE ORGANIZATION CEO JEFF MILLER SIGNS THE INVOICES FOR PAYMENT ONCE APPROVED, THE ORGANIZATION SEND THE FUNDS TO THE GRANTEE ORGANIZATION COMPLETE RECORDS OF ALL ENDOWMENT FUNDS RECEIVED FOR GRANTMAKING ARE KEPT BY HIGH POINT REGIONAL FOUNDATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) VIRGIL V WILLARD MD	(i)	0	0	0	0	0	0	0
	(ii)	159,926	0	0	0	0	159,926	0
(2) JEFFREY S MILLER	(i)	469,164	0	51,889	268,323	44,019	833,395	0
	(ii)	0	0	0	0	0	0	0
(3) KIMBERLY S CREWS	(i)	182,223	0	42,577	23,969	17,047	265,816	0
	(ii)	0	0	0	0	0	0	0
(4) MARTHA D BARHAM	(i)	215,791	0	52,553	41,472	6,669	316,485	0
	(ii)	0	0	0	0	0	0	0
(5) LINDA C RONEY	(i)	175,707	0	47,529	37,295	18,287	278,818	0
	(ii)	0	0	0	0	0	0	0
(6) DARRELL R DEATON	(i)	154,309	0	21,435	21,058	14,791	211,593	0
	(ii)	0	0	0	0	0	0	0
(7) TAMMI E ERVING-MENGEL MD	(i)	154,087	0	48,027	17,259	9,973	229,346	0
	(ii)	0	0	0	0	0	0	0
(8) GREG TAYLOR MD	(i)	301,010	0	41,080	72,079	24,081	438,250	0
	(ii)	0	0	0	0	0	0	0
(9) KATHERINE R BURNS	(i)	166,708	0	10,789	2,699	8,354	188,550	0
	(ii)	0	0	0	0	0	0	0
(10) DENISE M POTTER	(i)	168,201	0	23,728	8,802	19,433	220,164	0
	(ii)	0	0	0	0	0	0	0
(11) BRIAN A FARAH	(i)	203,801	195,208	19,373	14,700	7,634	440,716	0
	(ii)	0	0	0	0	0	0	0
(12) ZARINA W CHOW	(i)	115,324	0	26,969	12,793	3,135	158,221	0
	(ii)	0	0	0	0	0	0	0
(13) MELANIE J MARTIN	(i)	126,418	0	16,930	5,343	4,136	152,827	0
	(ii)	0	0	0	0	0	0	0
(14) EDWARD W LOVE	(i)	174,917	68,295	558	3,607	10,995	258,372	0
	(ii)	0	0	0	0	0	0	0
(15) ALFRED D BELEN	(i)	172,452	56,704	2,935	4,231	7,664	243,986	0
	(ii)	0	0	0	0	0	0	0
(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, LINE 4B	THE SYSTEM HAS ESTABLISHED A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN IN GENERAL, THE ORGANIZATION CONTRIBUTES AMOUNTS TO THE PLAN IN AMOUNTS EQUAL TO AN EMPLOYEE'S APPLICABLE PERCENTAGE MULTIPLIED BY HIS COMPENSATION FOR A PLAN YEAR, LESS ANY AMOUNTS CONTRIBUTED TO THE HOSPITAL'S 457(B) EXECUTIVE SAVINGS PLAN VESTING IN THE PLAN OCCURS UPON A PARTICIPANT REACHING HIS ESTABLISHED PAYMENT DATE OR HIS INVOLUNTARY TERMINATION OF CONTINUOUS SERVICE, PURSUANT TO PLAN STIPULATIONS FOR THE YEAR ENDED 9/30/11, THE FOLLOWING INDIVIDUALS ACCRUED THE FOLLOWING AMOUNTS TO THIS PLAN JEFFREY MILLER $ 247,498 MARTHA BARHAM 20,647 KIMBERLY CREWS 5,078 GREGORY TAYLOR 57,379 TAMMI ERVING-MENGEL 376 DARRELL DEATON 5,220 LINDA RONEY 16,470 DENISE POTTER 3,604 THESE AMOUNTS ARE REPRESENTED ON SCHEDULE J, PART II, COLUMN (C)

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONEAVAIL	11-04-2009	9,540,000	CURRENT REFUNDING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,915,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	9,540,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	190,294			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	9,349,706			
12	Other unspent proceeds				
13	Year of substantial completion	2007			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?								
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1) TRACY WAGNER	FAMILY MEMBER OF OFFICER MARTHA BARHAM	94,286	COMPENSATION AS DIRECTOR OF FINANCE OF A RELATED ORGANIZATION		No
(2) CORNERSTONE HEALTHCARE	BOARD MEMBER MICHAEL LUCAS IS PART OWNER & TRUSTEE OF CORNERSTONE HEALTH	220,818	THE ORGANIZATION RECEIVES PERSONAL PROPERTY RENTAL PAYMENTS FROM THE INTERESTED PERSON FOR THE USE OF A MOBILE MRI MACHINE		No
(3) CORNERSTONE HEALTHCARE	BOARD MEMBER MICHAEL LUCAS IS PART OWNER & TRUSTEE OF CORNERSTONE HEALTH	2,648,247	THE ORGANIZATION CONTRACTS WITH CORNERSTONE HEALTHCARE FOR THE PROVISIONS OF PROFESSIONAL PHYSICIAN SERVICES		No
(4) CAROLINA ANESTHESIOLOGY	BOARD MEMBER ELLIOTT WILLIAMS IS A PART OWNER OF CAROLINA ANESTHESIOLOGY	1,320,689	COMPENSATION FOR MEDICAL SERVICES PROVIDED		No
(5) REGIONAL EMERGENCY PHYSICIANS	BOARD MEMBER LINDA TAYLOR IS A PART OWNER OF REGIONAL EMERGENCY PHYSICIANS	776,189	COMPENSATION FOR MEDICAL SERVICES PROVIDED		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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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
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE ORGANIZATION MAINTAINS AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIRMAN, VICE CHAIRMAN, FORMER CHAIRMAN AND AT LEAST 4 OTHER MEMBERS OF THE BOARD OF DIRECTORS, ONE OF WHOM MUST BE THE CORPORATE PRESIDENT ALL COMMITTEE MEMBERS EXCEPT THE CORPORATE PRESIDENT HAVE VOTING RIGHTS THE EXECUTIVE COMMITTEE IS CHARGED WITH GENERAL MANAGEMENT OF THE HEALTH SYSTEM, CARE FOR THE REAL ESTATE AND OTHER PROPERTY OF THE CORPORATION, SUPERVISION OF CONSTRUCTION AND ALTERATIONS, MAKING RULES FOR GOVERNING THE HEALTH SYSTEM AND FOR THE ADMISSION AND DISCHARGE OF PATIENTS AND EMPLOYEES, REGULATION OF CHARGES TO PATIENTS AND EXPENSES OF THE HEALTH SYSTEM, AND IS ACCOUNTABLE TO THE BOARD OF DIRECTORS AT ALL TIMES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BOARD MEMBERS CHARLES MYERS AND NED COVINGTON HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT UPON COMPLETION, MANAGEMENT MADE A DETAILED REVIEW OF THE DRAFT FORM 990 FOLLOWING MANAGEMENT'S REVIEW, THE RETURN WAS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO A SCHEDULED MEETING AND WAS DISCUSSED AT THE MEETING, ALLOWING TIME FOR QUESTIONS AND COMMENTS FOLLOWING THE BOARD REVIEW, THE RETURN WAS FILED WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	HIGH POINT REGIONAL HEALTH SYSTEM REQUIRES BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THE SYSTEM HAS ADMINISTRATIVE STAFF MONITOR AND TRACK THAT ALL FORMS ARE COMPLETE. IF ANY ISSUES ARE RAISED ON THOSE DISCLOSURES, THE APPROPRIATE INDIVIDUALS ARE NOTIFIED OF THE SITUATION AND APPROPRIATE MEASURES ARE TAKEN AT THE BOARD'S DISCRETION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES SETS COMPENSATION FOR THE CEO AND APPROVES COMPENSATION FOR VICE PRESIDENTS AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM, THE HAY GROUP, EVALUATES THESE POSITIONS AND PROVIDES COMPARISONS AGAINST A NATIONAL DATABASE. COMPENSATION IS SET AGAINST THE 50TH PERCENTILE OF THE MARKET

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE. IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -5,364,245 TRANSFER OF EQUITY TO AFFILIATE -15,030,980 TRANSFER OF ENDOWMENT TO HIGH POINT REG HEALTH SYSTEM FOUNDATION -33,533,233 TOTAL TO FORM 990, PART XI, LINE 5 -53,928,458

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH SYSTEM

Employer identification number
56-0532309

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

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) HIGH POINT REGIONAL HEALTH SERVICES INC 601 N ELM STPO BOX HP-5 HIGH POINT, NC 27261 56-1497163	HEALTHCARE	NC	501(C)(3)	LINE 11A, I	HIGH POINT REGIONAL HEALTH SYSTEM	Yes	
(2) HIGH POINT REGIONAL HEALTH SYSTEM FOUNDATION INC 601 N ELM STPO BOX HP-5 HIGH POINT, NC 27261 27-2854711	SUPPORT/FUNDRAISING	NC	501(C)(3)	LINE 11A, I	HIGH POINT REGIONAL HEALTH SYSTEM	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? Yes	(h) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) HIGH POINT SURGERY CENTER 600 NORTH LINDSAY STREET HIGH POINT, NC27260 56-1867005	HEALTHCARE	NC	N/A	RELATED	731,930	3,186,253		No		Yes		50 000 %
(2) REGIONAL WELLNESS LLC SPORTSCENTER 861 OLD WINSTON ROAD KERNERSVILLE, NC27284 20-4475769	FITNESS CENTERS	NC	N/A									
(3) PREMIER IMAGING LLC 4515 PREMIER DR SUITE 101 HIGH POINT, NC27265 61-1614223	HEALTHCARE	NC	N/A									
(4) PREMIER MEDICAL PROPERTIES LLC 1701 WESTCHESTER DR SUITE 850 HIGH POINT, NC27262 20-8245501	REAL PROPERTY HOLDING	NC	N/A									

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) HIGH POINT HEALTHCARE VENTURES INC 601 N ELM STPO BOX HP-5 HIGH POINT, NC27261 56-1343468	HOLDING COMPANY	NC	N/A	C			100 000 %
(2) PRACTICE DIRECTIONS 601 N ELM STPO BOX HP-5 HIGH POINT, NC27261 56-1892728	DORMANT	NC	HIGH POINT HEALTHCARE VENTURES INC	C			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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f	Yes	
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	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 VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 56-0532309
Name: HIGH POINT REGIONAL HEALTH SYSTEM

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)	HIGH POINT REGIONAL HEALTH SERVICES INC	B	13,093,516	CASH
(2)	HIGH POINT REGIONAL HEALTH SERVICES INC	F	769,351	CASH
(3)	HIGH POINT REGIONAL HEALTH SERVICES INC	I	1,286,086	CASH
(4)	HIGH POINT REGIONAL HEALTH SERVICES INC	Q	68,922	CASH
(5)	HIGH POINT REGIONAL HEALTH SERVICES INC	M	511,924	CASH
(6)	HIGH POINT REGIONAL HEALTH SERVICES INC	N	227,329	CASH
(7)	HIGH POINT REGIONAL HEALTH SERVICES INC	O	2,292,196	CASH
(8)	HIGH POINT REGIONAL HEALTH SERVICES INC	P	850,071	CASH
(9)	HIGH POINT REGIONAL HEALTH FOUNDATION	C	1,125,577	CASH
(10)	HIGH POINT REGIONAL HEALTH FOUNDATION	K	407,349	INTERCOMPANY
(11)	HIGH POINT REGIONAL HEALTH FOUNDATION	Q	33,533,233	FMV OF INVESTMENTS
(12)	HIGH POINT HEALTHCARE VENTURES INC	I	192,000	CASH
(13)	HIGH POINT SURGERY CENTER	R	610,000	CASH

High Point Regional Health System and Affiliates

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2011 and 2010

DIXON HUGHES GOODMAN LLP
Certified Public Accountants and Advisors

High Point Regional Health System and Affiliates

TABLE OF CONTENTS

	Page No
Independent Auditors' Report	1
Financial Statements	
Consolidated Balance Sheets	2
Consolidated Statements of Operations	3
Consolidated Statements of Changes in Net Assets	4
Consolidated Statements of Cash Flows	5
Notes to Consolidated Financial Statements	6
Supplementary Information	
Supplementary Consolidating Balance Sheet Information	33
Supplementary Consolidating Statement of Operations Information	34
Obligated Group Supplementary Consolidating Balance Sheet Information	35
Obligated Group Supplementary Consolidating Statement of Operations Information	36

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
High Point Regional Health System and Affiliates
High Point, North Carolina

We have audited the accompanying consolidated balance sheets of High Point Regional Health System and Affiliates (the "Health System") as of September 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended These consolidated financial statements are the responsibility of the Health System's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of High Point Regional Health System and Affiliates as of September 30, 2011 and 2010, and the results of their operations, changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

Our audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole The supplementary schedules listed in the table of contents are presented for purposes of additional analysis of the consolidated financial statements rather than to present the balance sheet and statement of operations of the individual companies These schedules are the responsibility of the Health System's management Such schedules have been subjected to the auditing procedures applied in our audit of the basic consolidated financial statements and, in our opinion, are fairly stated in all material respects when considered in relation to the basic consolidated financial statements taken as a whole

Dixon Hughes Goodman LLP

January 27, 2012

HIGH POINT REGIONAL HEALTH SYSTEM AND AFFILIATES
CONSOLIDATED BALANCE SHEETS
September 30, 2011 and 2010

ASSETS	2011	2010
Current assets		
Cash and cash equivalents	$ 1,604,491	$ 2,270,289
Assets whose use is limited, required for current liabilities	4,333,206	4,260,956
Patient accounts receivable, less allowance for doubtful accounts of approximately $26,377,000 and $19,550,000 in 2011 and 2010, respectively	41,311,627	34,824,267
Current portion of unconditional promises to give, net	1,343,977	1,330,540
Other receivables	6,290,514	5,841,478
Supplies	3,296,499	3,494,578
Other current assets	5,442,304	7,200,323
Total current assets	63,622,618	59,222,431
Assets whose use is limited, less current portion	113,510,357	127,545,345
Unconditional promises to give, net	2,099,750	2,914,109
Investments in affiliated entities	10,582,687	10,437,607
Property and equipment, net	163,069,836	167,151,495
Other assets	7,033,173	3,921,433
Total assets	$ 359,918,421	$ 371,192,420

LIABILITIES AND NET ASSETS		
Current liabilities		
Line of credit	$ 12,835,108	$ 15,000,000
Current portion of long-term debt	5,574,729	5,426,698
Accounts payable	28,285,281	24,609,482
Accrued expenses	8,568,958	8,491,530
Accrued interest	1,153,205	1,225,953
Estimated third-party payor settlements	4,821,572	4,948,976
Total current liabilities	61,238,853	59,702,639
Long-term debt, less current portion	55,993,709	61,436,554
Other long-term liabilities	3,665,710	3,795,738
Total liabilities	120,898,272	124,934,931
Net assets		
Unrestricted	214,137,143	222,945,173
Temporarily restricted by donors	10,660,612	9,401,753
Permanently restricted by donors	14,222,394	13,910,563
Total net assets	239,020,149	246,257,489
Total liabilities and net assets	$ 359,918,421	$ 371,192,420

See accompanying notes.

HIGH POINT REGIONAL HEALTH SYSTEM AND AFFILIATES
CONSOLIDATED STATEMENTS OF OPERATIONS
Years Ended September 30, 2011 and 2010

	2011	2010
Unrestricted revenues, gains and other support		
Net patient service revenue	$ 290,015,941	$ 288,805,016
Equity in earnings of affiliated entities	1,924,876	2,135,333
Other revenue	5,710,658	4,853,496
Net assets released from restrictions used for operations	1,203,592	1,118,272
Total revenues, gains and other support	298,855,067	296,912,117
Expenses		
Salaries and wages	112,130,189	106,898,844
Medical supplies and other expenses	60,829,403	62,177,219
Employee benefits	25,494,104	26,658,345
General services	48,137,001	46,174,355
Provision for bad debts	40,368,321	39,928,124
Depreciation and amortization	20,231,304	20,568,103
Interest expense	3,534,556	3,486,539
Total expenses	310,724,878	305,891,529
Operating loss	(11,869,811)	(8,979,412)
Other income		
Investment income, net	7,633,874	4,606,969
Other, net	293,361	(100,085)
Other income, net	7,927,235	4,506,884
Excess of revenues, gains and other support under expenses	(3,942,576)	(4,472,528)
Net assets released from restrictions used for long-term purposes	498,791	789,831
Change in unrealized gain (loss) on marketable securities	(5,364,245)	3,058,967
Decrease in unrestricted net assets	$ (8,808,030)	$ (623,730)

See accompanying notes.

HIGH POINT REGIONAL HEALTH SYSTEM AND AFFILIATES
CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
Years Ended September 30, 2011 and 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance, September 30, 2009	$ 223,568,903	$ 8,931,521	$ 13,673,783	$ 246,174,207
Add (deduct)				
Excess of revenues, gains and other support under expenses	(4,472,528)	-	-	(4,472,528)
Investment income, net	-	1,010,454	-	1,010,454
Change in unrealized gain on marketable securities	3,058,967	641,027	-	3,699,994
Appropriations for expenditure	-	(248,606)	-	(248,606)
Donor-restricted gifts, grants and bequests	-	975,460	236,780	1,212,240
Net assets released from restrictions used for long-term purposes	789,831	(789,831)	-	-
Net assets released from restrictions for operations	-	(1,118,272)	-	(1,118,272)
Increase (decrease) in net assets	(623,730)	470,232	236,780	83,282
Balance, September 30, 2010	222,945,173	9,401,753	13,910,563	246,257,489
Add (deduct)				
Excess of revenues, gains and other support under expenses	(3,942,576)	-	-	(3,942,576)
Investment income, net	-	2,249,808	-	2,249,808
Change in unrealized losses on marketable securities	(5,364,245)	(911,480)	-	(6,275,725)
Appropriations for expenditure	-	(117,354)	-	(117,354)
Donor-restricted gifts, grants and bequests	-	1,740,268	311,831	2,052,099
Net assets released from restrictions used for long-term purposes	498,791	(498,791)	-	-
Net assets released from restrictions for operations	-	(1,203,592)	-	(1,203,592)
Increase (decrease) in net assets	(8,808,030)	1,258,859	311,831	(7,237,340)
Balance, September 30, 2011	$ 214,137,143	$ 10,660,612	$ 14,222,394	$ 239,020,149

See accompanying notes.

HIGH POINT REGIONAL HEALTH SYSTEM AND AFFILIATES
CONSOLIDATED STATEMENTS OF CASH FLOWS
Years Ended September 30, 2011 and 2010

	2011	2010
Cash flows from operating activities		
Increase (decrease) in net assets	$ (7,237,340)	$ 83,282
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	20,231,304	20,568,103
Net realized and unrealized (gains) losses on investments in other than trading securities	(2,494,091)	(7,154,396)
Loss on disposal of property and equipment	358,899	146,639
Equity in earnings of affiliated entities	(1,924,876)	(2,135,333)
Distributions from affiliates	2,722,646	2,728,449
Distribution from sale of LexMedical and LexPoint	1,331,394	-
Contributions restricted for long-term purposes	(2,052,099)	(1,212,240)
Provision for bad debts	40,368,321	39,928,124
Provision for uncollectible unconditional promises to give	(233,920)	(80,514)
Discount on unconditional promises to give	(100,319)	140,064
Change in assets and liabilities		
Patient accounts receivable	(46,855,681)	(42,168,378)
Accounts payable and accrued expenses	4,409,738	953,965
Other assets and liabilities, net	(1,401,902)	(7,784,892)
Estimated third-party payor settlements	(127,404)	1,830,653
Net cash provided by operating activities	6,994,670	5,843,526
Cash flows from investing activities		
Additions to property and equipment	(17,570,607)	(22,996,272)
Purchase of investments	(295,131,854)	(162,588,677)
Sales of investments	311,588,683	165,850,773
Receipt in exchange for minority interest	-	858,449
Investment in affiliates	(2,274,244)	(1,059,501)
Net cash used by investing activities	(3,388,022)	(19,935,228)
Cash flows from financing activities		
Proceeds from lines of credit	100,328,215	88,093,939
Repayments of lines of credit	(102,493,107)	(73,093,939)
Proceeds from contributions restricted for long-term purposes	3,187,260	2,037,690
Repayments of long-term debt	(5,294,814)	(14,325,106)
Proceeds from new debt	-	9,540,000
Net cash provided (used) by financing activities	(4,272,446)	12,252,584
Net decrease in cash and cash equivalents	(665,798)	(1,839,118)
Cash and cash equivalents, beginning of year	2,270,289	4,109,407
Cash and cash equivalents, end of year	$ 1,604,491	$ 2,270,289
Supplemental disclosures of cash flow information		
Cash paid during the year for interest	$ 3,607,304	$ 3,559,402
Property and equipment included in accounts payable	$ 1,152,106	$ 2,214,169

See accompanying notes.

NOTE 1 - ORGANIZATION AND BASIS OF PRESENTATION

Organization

High Point Regional Health System ("Health System") is a North Carolina nonstock, not-for-profit corporation organized to own and operate a 365-bed general acute care hospital facility located in High Point, North Carolina, to promote and advance charitable, educational and scientific purposes, and to provide and support health care services High Point Regional Health System is the parent holding company of High Point Regional Health System Foundation, High Point Health Care Ventures, Inc , and High Point Regional Health Services, Inc

High Point Regional Health System Foundation ("Foundation"), a not-for-profit corporation, was organized solely for charitable purposes for the promotion of health and wellness to the general public though the support of the services and mission of High Point Regional Health System

High Point Health Care Ventures, Inc ("Health Care Ventures"), a for-profit corporation, was organized to promote health care and related activities Its operations consist of joint ventures, which include laboratory testing, a fitness center and a medical office building

High Point Regional Health Services, Inc ("Health Services"), a not-for-profit corporation, was organized to conduct health care and related services Its operations consist of physician practices and partnerships to provide durable medical equipment, various therapies, home health care services, imaging services, child health and adult clinic services

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The consolidated financial statements include the accounts of High Point Regional Health System and its affiliates, Foundation, Health Care Ventures and Health Services

Health Care Ventures has consolidated the following 100%-owned subsidiary at September 30, 2011 and 2010 High Point Regional Health Systems Reference Lab Health Care Ventures has consolidated Regional Wellness, LLC as a 99%-owned subsidiary as of September 30, 2011 Regional Wellness was 90% owned as of September 30, 2010

Health Services has consolidated the following 100%-owned subsidiaries as of September 30, 2011 Regional Physicians, LLC, Carolina Regional Heart Center, LLC, Neuroscience, LLC, and Premier Imaging Premier Imaging was 87% owned as of September 30, 2010

All significant intercompany balances and transactions have been eliminated in consolidation The consolidated entities are hereinafter referred to as the "Health System "

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with maturity at the date of purchase of 90 days or less

Assets Whose Use is Limited

Assets whose use is limited are principally composed of marketable equity securities, fixed income securities, real assets, alternative investments and cash equivalents, and include assets held by trustees under indenture agreements, assets set aside by the Board of Trustees for capital improvements, insurance deductibles and investment earnings set aside for future projects over which the Board retains control and may at its discretion subsequently use for other purposes, and assets restricted by donors for specific purposes Amounts required to meet current liabilities of the Health System have been reclassified to current assets in the accompanying consolidated balance sheets

Patient Accounts Receivable

Patient accounts receivable are recorded at estimated net realizable value Allowance for uncollectible accounts are computed based on statistical information from current and prior years' experience The Health System grants credit to patients without collateral, substantially all of whom are from the surrounding area

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Health System are reported at fair value at the date the promise is received Contributions are recognized when the donor makes a promise to give that is, in substance, unconditional Donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restrictions When a restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions

Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or when the promise becomes unconditional

Supplies

Supplies consist of medical supplies and pharmaceuticals and are stated at the lower of average cost or market

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments

Investments in marketable securities are presented as assets whose use is limited in the consolidated balance sheets Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets Alternative investments are valued based on the net asset value and other financial information provided by management of each underlying investee fund Investments held by these funds are valued at prices which approximate fair value The Health System is invested in various limited partnerships of which they do not exert control These investments are included in assets whose use is limited and are valued at the lower of cost or market Investment income or loss (including realized gains and losses on investments, interest and dividends, and other than temporary impairment losses) are included in the excess of revenues, gains and other support under expenses and losses in net other income (loss) Net realized gains and losses on security transactions are determined on the specific identification basis Unrealized gains and losses on investments, except for other-than-temporary impairments, are excluded from the excess of revenues, gains and other support under expenses and losses Cash, cash equivalents and certificates of deposit are stated at cost, which approximates market value Interest income is accrued as earned

The cost basis of investments may exceed the fair value Accounting standards require the Health System to determine whether a decline in fair value below cost basis is an other-than-temporary impairment Securities deemed to be other than temporarily impaired are written down to fair value and the amounts charged to investment earnings within the performance indicator

Certain investments are outsourced to external investment professionals where the Health System does not place day-to-day trading restrictions For these investments, the Health System does not assert the ability to hold these investments until recovery The total amount of unrealized losses deemed to be other than temporarily impaired was $3,479,885 at September 30, 2011 and $3,295,608 at September 30, 2010 This amount has been reclassified within investment income in the performance indicator and any future recovery on these holdings will be deemed unrealized until the investment is sold

Investments in Affiliated Entities

The Health System has acquired interests in several health care-related entities through Health Care Ventures and Health Services The investments in affiliated entities include the Health System's 50% ownership in High Point Surgery Center and Health Care Ventures' 50% ownership of Premier Medical Properties, LLC The investments include Health Services' 17 631% ownership of Advanced Home Care, Inc , and 50% ownership of Guilford Child Health, Inc , and Guilford Adult Health In October 2009, Advanced Home Care ownership increased from 16 97% to 17 631% Under the equity method, investments in these affiliated entities are initially recorded at cost and subsequently adjusted for additional investments made, distributions received and the Health System's respective shares of earnings or losses of the affiliated entities

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property and Equipment

Property and equipment acquisitions are recorded at cost Depreciation is provided on the straight-line method over the estimated useful lives of the assets Expenditures for repairs and maintenance are charged to expense as incurred The costs of major renewals and betterments are capitalized and depreciated over their estimated useful lives

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues, gains and other support under expenses and losses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Goodwill and Other Intangible Assets

Amortizable intangible assets represent bed licenses and patient relationship-related assets that were acquired with the purchases of Johnson Neurological, and several Physician Practices including Crowell Heart, Care Medical, Women's Health, Jamestown Walk-In and Plastic Surgery, and are being amortized over their estimated useful lives on the straight-line method

Goodwill was recognized through the acquisition of Non-Invasive Cardiac Imaging from Carolina Cardiology Cornerstone Intangible assets and goodwill are recognized and measured at fair value at the date of purchase Intangible assets and goodwill are tested for impairment annually or more frequently if events or circumstances indicate that the asset might be impaired An intangible asset is impaired when its carrying value exceeds its fair value The Health System determines the fair value of the intangible assets using various valuation techniques, including market comparables and discounted cash flow techniques Based on the Health System's analysis, no impairment was considered necessary in 2011 or 2010

Net Assets

The Health System has three net asset categories as follows

Unrestricted: Net assets that are not subject to donor-imposed stipulations Such net assets may be designated by the Board of Trustees for specific purposes or limited by contractual agreements with outside parties

Temporarily Restricted: Net assets whose use is subject to donor-imposed stipulations that can be fulfilled by specific actions pursuant to such stipulations or expire by the passage of time

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Net Assets (Continued)

Permanently Restricted: Net assets subject to donor-imposed stipulations that neither expire by passage of time nor can be fulfilled and removed by action Such net assets, which must be maintained in perpetuity, generally include only the original amount of the contribution since the donors of these assets most often permit the use of all investment earnings for specific or general purposes

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined

Excess of Revenues, Gains and Other Support Under Expenses and Losses

The statement of operations includes excess of revenues, gains and other support under expenses and losses Changes in unrestricted net assets, which are excluded from excess of revenues, gains and other support under expenses and losses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities and contributions of long-lived assets (including assets acquired using contributions, which by donor restriction, were to be used for the purpose of acquiring such assets)

Charity Care

Certain Health System entities provide care to patients who meet certain criteria under its charity care policy without charge, or at amounts less than its established rates Because the Health System does not pursue collection of amounts determined to qualify as charity care, estimated charges of approximately $25,761,000 and $19,480,000 for the years ended September 30, 2011 and 2010, respectively, have not been reflected in net patient service revenue in the accompanying consolidated financial statements

Income Taxes

The Health System and its subsidiaries, Foundation and Health Services are exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code and from state income taxes under similar provisions of North Carolina tax laws However, income from certain activities not directly related to the Health System's tax-exempt purpose is subject to taxation as unrelated business income

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes (Continued)

Health Care Ventures and its subsidiaries are for-profit entities Income taxes are provided for the tax effects of transactions reported in the consolidated financial statements and consist of taxes currently due plus deferred taxes related to temporary differences between the reported amounts of assets and liabilities and the tax bases Deferred tax assets and liabilities represent the future tax return consequences of those differences, which will either be taxable or deductible when the assets and liabilities are recovered or settled Deferred tax assets and liabilities are adjusted for the effects of changes in tax laws and rates on the date of enactment

The Health System has determined that it does not have any material unrecognized tax benefits or obligations as of September 30, 2011 Fiscal years ending on or after September 30, 2008 remain subject to examination by federal and state tax authorities

Estimates

The preparation of the consolidated financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting periods Actual results could differ from these estimates

Estimated Malpractice Cost

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred, but not reported Management believes there is adequate insurance coverage to fund any anticipated payout for claims

The Health System's liability insurance coverage discussed above is provided under a claims-made policy To the extent that any claims-made coverage is not renewed or replaced with equivalent insurance, claims based on occurrences during the term of such coverage, but reported subsequently, would be uninsured Management believes, based on incidents identified through the Health System's incident reporting system, that any such claims would not have a material effect on the Health System's operations or financial position In any event, management anticipates that the claims-made coverage currently in place will be renewed or replaced with equivalent insurance as the term of such coverage expires

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements

Fair value as defined under generally accepted accounting principles is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date The Health System utilizes market data or assumptions that market participants would use in pricing the asset or liability Generally accepted accounting principles establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value These tiers include Level 1, defined as observable inputs such as quoted prices in active markets, Level 2, defined as inputs other than quoted prices in active markets that are either directly or indirectly observable, and Level 3, defined as unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement The Company's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels

In January 2010, the FASB issued Accounting Standards Update ("ASU") No 2010-06, *Improving Disclosure about Fair Value Measurements*, which amends various sections of ASC Topic 820 - *Fair Value* by providing additional guidance requiring new disclosures about fair value measurements Specifically, guidance requires the disclosure of transfers between Level 1 and Level 2 and into or out of Level 3, a description of management's policy as to when it recognizes the transfers between levels, and a gross presentation of activity within the Level 3 roll-forward This guidance also clarifies that the information should be presented by class of financial asset or liability and that a discussion of the valuation techniques is required for Level 2 and Level 3 recurring and nonrecurring fair value measurements The guidance is effective for the year ended September 30, 2011 See Note 21 for these additional disclosures

Subsequent Events

Subsequent events have been evaluated through January 27, 2012, which is the date the consolidated financial statements were available for issuance

Reclassifications

Certain items in the 2010 consolidated financial statements have been reclassified to be consistent with the presentation in the 2011 consolidated financial statements

NOTE 3 - CONCENTRATIONS OF CREDIT RISK

The Health System's cash and cash equivalents are placed in federally insured domestic banks, which limit the amount of credit exposure At September 30, 2011, several bank accounts and certificates of deposit exceeded federally insured limits In addition, the Health System provides services primarily to the residents of Guilford and surrounding counties without collateral or other proof of ability to pay Concentrations of credit risk with respect to patient accounts receivable are limited due to the large number of patients served and formalized agreements with third-party payors (see Note 4) The Health System has significant accounts receivable (approximately 43% at both September 30, 2011 and 2010) whose collectability or realizability is dependent upon the performance of certain governmental programs, primarily Medicare and Medicaid Management does not believe there are significant credit risks associated with these governmental programs With respect to the self-pay portion of accounts receivable, an allowance for doubtful accounts is provided in an amount equal to the losses estimated to be incurred in collection of these receivables The allowance is based on historical collection experience as well as a review of the current status of the existing receivables

At September 30, 2011, approximately 77% of the Health System's promises to give are due from 15 individuals and organizations, at September 30, 2010, approximately 73% of promises to give are due from 15 individuals and organizations

NOTE 4 - NET PATIENT SERVICE REVENUE

The Health System has agreements with third-party payors that provide for payments at amounts different from their established rates

A summary of the payment arrangements with major third-party payors follows

Medicare - Inpatient acute-care services rendered to Medicare program beneficiaries and defined capital costs are paid at prospectively determined rates based on diagnosis-related groupings (DRGs) These rates vary according to this patient classification system that is based on clinical, diagnostic and other factors The Health System is reimbursed for cost-reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary The classification of patients under the Medicare program and the appropriateness of their admissions are subject to an independent review by a peer review organization Outpatient care is paid at a prospectively determined rate based on an Ambulatory Payment Classification (APC) system The Medicare cost reports have been audited by the fiscal intermediaries through September 30, 2003, tentatively settled for year ending September 30, 2004, final settled for years ending September 30, 2005 and 2006, and tentatively settled for years ending September 30, 2007 and 2008

NOTE 4 - NET PATIENT SERVICE REVENUE (Continued)

Medicaid - Inpatient acute-care services rendered to Medicaid program beneficiaries and defined capital costs are paid at prospective rates based upon diagnosis-related groupings (DRGs) Outpatient services are reimbursed under cost reimbursement principles The Health System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the fiscal intermediaries The Health System's Medicaid cost reports have been audited by the fiscal intermediaries through September 30, 2005, tentatively settled for year ending September 30, 2006 and final settled without audit for years ending September 30, 2007, 2008 and 2009

Other - The Health System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations The basis for payment to the Health System under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates

Revenue from Medicare and Medicaid programs accounted for approximately 45% of the Health System's net patient service revenue for each of the years ended September 30, 2011 and 2010 Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation The Health System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing While no such regulatory inquiries have been made, laws and regulations can be subject to future government review and interpretation, as well as compliance with significant regulatory actions including fines, penalties, and exclusion from the Medicare and Medicaid programs As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

Net patient service revenue includes a provision for contractual adjustments to reflect the differences between normal patient charges and amounts expected to be received under the various reimbursement programs Contractual adjustments amounted to approximately $423,832,000 and $374,182,000 for the years ending September 30, 2011 and 2010, respectively

The Health System participates in a voluntary Medicaid disproportionate share program (the "Program") The Program allows the Health System to receive additional annual Medicaid funding Prior to 2001, funding was received prior to final approval of the Program by the Centers for Medicare and Medicaid Services ("CMS"), and was subject to final settlement by the state of North Carolina once approved by CMS Beginning in 2001, CMS approved the Program year concurrent with the funding of the Program Program years run concurrent with the federal fiscal year, which is the period from October 1 through September 30

During 2008, the state of North Carolina completed settlements for the payments made in 2003 Deferred amounts are included in estimated third-party payor settlements in the consolidated balance sheets Fiscal years 2004 and 2005 have been determined to be prospective, and no settlement is anticipated Fiscal years 2006 through 2011 are pending final settlement as of September 30, 2011

NOTE 4 - NET PATIENT SERVICE REVENUE (Continued)

Amounts received, amounts recognized as revenue, and deferred balances (included in estimated third-party payor settlements on the balance sheet) under the Program for years 2006 through 2011 are set forth in the following table

		Amounts Recognized			Deferred at September 30	
Program Year	Received	2011	2010	Previous Years	2011	2010
2006	$ 4,465,140	$ -	$ -	$ 4,018,626	$ 446,514	$ 446,514
2007	3,592,554	-	-	3,233,299	359,255	359,255
2008	3,763,400	-	-	3,381,967	381,433	381,433
2009	6,499,808	-	-	5,849,833	649,975	649,975
2010	6,570,447	-	5,939,813	-	630,634	630,634
2011	4,648,313	4,183,482	-	-	464,831	-
	$ 29,539,662	$ 4,183,482	$ 5,939,813	$ 16,483,725	$ 2,932,642	$ 2,467,811

NOTE 5 - ASSETS WHOSE USE IS LIMITED

Assets whose use is limited at September 30 are set forth in the following table The assets whose use is limited are stated at fair value

	2011	2010
Assets whose use is limited		
Held under indenture by trustee	$ 4,333,206	$ 4,260,956
Board-designated for capital improvement	80,156,705	96,593,966
Board-designated for insurance deductibles	3,068,900	3,081,696
Board-designated investment earnings	12,784,680	11,452,163
Donor-restricted for specific purposes	17,500,072	16,417,520
Total assets whose use is limited	117,843,563	131,806,301
Less current portion	4,333,206	4,260,956
	$ 113,510,357	$ 127,545,345

NOTE 5 - ASSETS WHOSE USE IS LIMITED (Continued)

Assets whose use is limited consist of the following types of investments at September 30

	2011	2010
Cash and cash equivalents	$ 9,692,008	$ 19,622,816
Money market mutual funds	-	1,028,026
Marketable equity securities		
U S equities	13,828,088	27,690,412
International equities	23,160,175	22,465,500
Fixed-income securities		
United States governmental	9,087,515	1,587,838
Corporate	16,768,167	15,720,247
Asset-backed	3,255,866	-
Taxable municipal	518,034	617,946
Agency	-	4,687,629
Hedge Funds (by investment strategy)		
Credit opportunities, long/short credit	1,681,203	1,702,546
Long/short equity, global sector	6,269,226	5,888,558
Credit opportunities, long/distressed securities	1,700,000	1,700,000
Multi-strategy - open mandate	3,036,254	3,204,179
Multi-strategy - event driven	6,698,813	4,822,398
Long/short equity, value hedge fund, U S sector	1,385,176	1,200,000
Long/short equity, European sector	1,395,962	-
Long/short equity, Asia Pacific sector	1,218,883	1,236,450
Long/short equity, global sector	1,480,675	1,396,822
Long/short equity, sector-specific fund, Global sector	1,500,000	1,212,940
Liquidating investments	952,179	1,716,335
Real assets	14,215,339	14,305,659
Total assets whose use is limited	$ 117,843,563	$ 131,806,301

Investment income and realized gains and losses on assets whose use is limited and cash equivalents are comprised of the following for the years ended September 30

	2011	2010
Investment income		
Interest and dividends	$ 1,113,866	$ 2,163,022
Net realized gains on sales of securities, net	12,249,701	6,750,009
Other-than-temporary impairment losses	(3,479,885)	(3,295,608)
	$ 9,883,682	$ 5,617,423
Other changes in unrestricted net assets		
Change in unrealized (losses) gains on marketable securities	$ (6,275,725)	$ 3,699,994

NOTE 5 - ASSETS WHOSE USE IS LIMITED (Continued)

Risks and Uncertainties - The Health System invests in various investment securities Investment securities are exposed to various risks such as interest rate, market and credit risks Due to the level of risk associated with certain investment securities, the possibility is reasonable that changes in the values of investment securities will occur in the near term and that these changes could materially affect the amounts reported in the consolidated balance sheets

NOTE 6 - UNCONDITIONAL PROMISES TO GIVE

Unconditional promises to give are recorded after discounting to the present value the expected cash flows The following is a summary of unconditional promises to give at September 30, 2011 and 2010

	2011	2010
Receivable in less than one year	$ 1,463,903	$ 1,684,386
Receivable in one to five years	2,380,135	3,294,813
Total unconditional promises to give	3,844,038	4,979,199
Less discounts to net present value (4 5%)	(280,385)	(380,704)
Less allowance for uncollectible promises to give	(119,926)	(353,846)
Net unconditional promises to give	$ 3,443,727	$ 4,244,649

Promises to give from Trustees and employees (before discount and allowance) totaled approximately $960,000 and $1,021,000 at September 30, 2011 and 2010, respectively

NOTE 7 - PROPERTY AND EQUIPMENT

Property and equipment at September 30 consists of the following

	2011	2010
Land and leasehold improvements	$ 25,934,004	$ 24,341,701
Buildings	167,752,663	162,469,939
Equipment	184,129,079	175,754,847
	377,815,746	362,566,487
Less accumulated depreciation	(218,332,264)	(202,254,502)
	159,483,482	160,311,985
Construction-in-progress	3,586,354	6,839,510
	$ 163,069,836	$ 167,151,495

NOTE 8 - ACQUISITION OF BUSINESSES, GOODWILL AND OTHER INTANGIBLE ASSETS

During 2010 and 2011 the Health System purchased various medical practices in order to expand market share and the range of health services provided by the Health System The aggregate purchase prices of these purchases were $580,748 and $1,284,460 respectively, paid in cash The purchase prices of the assets acquired were allocated as follows

Practices acquired during 2011

Equipment and furnishings	$ 482,412
Supplies	30,398
Intangible assets	771,650
	$ 1,284,460

Practices acquired during 2010

Equipment and furnishings	$ 156,585
Supplies	37,163
Intangible assets	387,000
	$ 580,748

During 2011 the Health System purchased Non-Invasive Cardiac Imaging from Carolina Cardiology Cornerstone in order to increase market share of the Health System The aggregate purchase price of these purchases was $3,432,478, paid in cash The purchase prices of the assets acquired were allocated as follows

Equipment and furnishings	$ 529,601
Goodwill	2,902,877
	$ 3,432,478

The changes in the carrying amount of other intangible assets for the years ended September 30, 2011 and 2010 are shown in the following table Other intangible assets are included in other assets in the consolidated balance sheets

	2011	2010
Balance at beginning of year	$ 789,510	$ 552,707
Additions	771,650	387,000
Amortization of identifiable intangible assets included in other expenses	(79,831)	(150,197)
Balance at end of year	$ 1,481,329	$ 789,510

Goodwill in the amount of $2,902,877 was added during 2011 and is included in other assets in the consolidated balance sheets

NOTE 9 - LINE OF CREDIT

A line of credit was extended by BB&T with a maximum borrowing of $15,000,000 maturing on January 4, 2012 Subsequent to year end, the line of credit was extended through January 4, 2013 The line of credit bears interest, which is payable monthly, at the One Month LIBOR plus 1 85% per annum, adjusted monthly on the first day of each LIBOR Interest Period As of September 30, 2011 and 2010, $12,835,108 and $15,000,000, respectively, was outstanding on the line of credit

NOTE 10 - LONG-TERM DEBT

Long-term debt at September 30 consists of the following

	2011	2010
Series 1999 Revenue Bonds	$ 40,060,000	$ 41,310,000
Series 1997 Revenue Refunding Bonds	5,915,000	7,700,000
Bank-qualified loan	5,625,000	7,760,000
Notes payable	10,368,180	10,511,032
	61,968,180	67,281,032
Less unamortized discount on bonds	399,742	417,780
	61,568,438	66,863,252
Less current portion	5,574,729	5,426,698
	$ 55,993,709	$ 61,436,554

On April 1, 1999, the Health System, through the North Carolina Medical Care Commission, issued $61,070,000 Hospital Revenue Bonds (High Point Regional Health System) Series 1999 The Series 1999 bonds consist of $28,225,000 of serial bonds maturing from October 1999 through October 2015, with interest rates ranging from 3 05% to 5 25%, $7,225,000 of 5%-term bonds maturing in October 2019, and $25,620,000 of 5%-term bonds maturing in October 2029

On November 1, 1997, the Health System, through the North Carolina Medical Care Commission, issued $29,880,000 Hospital Revenue Refunding Bonds (High Point Regional Health System) Series 1997 The proceeds, together with other available funds, were used to redeem the Series 1987 Revenue Refunding Bonds and retire the Series 1985 Pooled Equipment Financing Program Bonds The Series 1997 bonds mature from October 1998 through October 2013, with interest rates ranging from 3 8% to 5 5%

The Health System had assigned bondholders a collateralized interest in all of their "accounts" now owned, or hereafter acquired, and all proceeds thereof Accounts are defined as any right to payment for goods sold or leased or for services rendered, which is not evidenced by an instrument or chattel paper, whether or not it has been earned by performance

NOTE 10 - LONG-TERM DEBT (Continued)

The bond agreements contain various covenants, the most restrictive of which limit the issuance of additional debt, require maintenance of a long-term debt service coverage ratio of no less than 1 20 and require the filing of certain documents within prescribed time frames The Health System was in compliance with the covenants of the bond agreement at September 30, 2011

On August 30, 2004, the Health System entered into a promissory note for the purchase of property from an individual The note is payable in monthly installments of $7,567 plus interest at 5% The note is collateralized by a deed of trust on the real estate The note matures on March 26, 2026 At September 30, 2011 and 2010, the balance of the note was $935,171 and $978,045, respectively

On April 11, 2006, Regional Wellness entered into a promissory note in the amount of $10,000,000 at a per annum interest rate of 5 98% Interest only is paid monthly until May 1, 2008 Commencing May 1, 2008 and continuing until April 1, 2021, principal and interest will be paid in monthly installments of $64,842 The outstanding principal plus outstanding accrued interest shall be due and payable at the maturity date At September 30, 2011 and 2010, the balance of the note was $9,356,674 and $9,532,987, respectively

As of September 30, 2011, Regional Wellness did not meet the required debt covenants as outlined in their debt agreements for their note payable Regional Wellness received a covenant waiver which waived the violation through September 30, 2012

On May 1, 2007, the Health System, through the North Carolina Medical Care Commission, executed a loan agreement under Hospital Revenue Bonds Series 1985, for a total amount of $20,000,000 This loan was paid off during fiscal year 2010

On November 1, 2009, the Health System, through the North Carolina Medical Care Commission, executed a bank-qualified loan agreement under Hospital Revenue Refunding Bonds (High Point Regional Health System) Series 2009, for a total amount of $9,540,000 The loan carries a variable interest rate of 68% of the one-month LIBOR plus 1 2025% with a floor of 1 875% The loan requires monthly payments consisting of principal and interest through May 2014

Scheduled principal maturities of long-term debt at September 30, 2011 are as follows

	Bonds	Bank-Qualified	Other	Total
2012	$ 3,180,000	$ 2,125,000	$ 269,729	$ 5,574,729
2013	3,335,000	2,100,000	332,622	5,767,622
2014	3,510,000	1,400,000	332,482	5,242,482
2015	1,515,000	-	321,032	1,836,032
2016	1,590,000	-	340,226	1,930,226
Thereafter	32,845,000	-	8,772,089	41,617,089
	$ 45,975,000	$ 5,625,000	$ 10,368,180	$ 61,968,180

NOTE 11 - PROGRAM OF PROFESSIONAL LIABILITY COVERAGE

The Health System is covered by a $750,000 claims-made self-insurance retention per claim and a limit of $2,500,000 in aggregate per year The Health System has accrued approximately $3,673,000 and $3,367,000 for losses in excess of insurance coverage as of September 30, 2011 and 2010

NOTE 12 - EMPLOYEE BENEFIT PLAN

The Health System sponsors the High Point Regional Health System Retirement Savings Plan (the "Plan") The Health System makes a basic contribution of up to 4 5% and a matching contribution of up to 4% of eligible participant compensation The Health System contributed approximately $5,233,000 and $5,401,000 for the years ended September 30, 2011 and 2010, respectively

The Health System has established a non-contributory Supplemental Executive Retirement Plan For the years ended September 30, 2011 and 2010, the Health System recognized expense of approximately $724,000 and $666,000, respectively, and had funds on deposit of approximately $1,172,000 and $1,599,000 at September 30, 2011 and 2010, respectively, with a trustee in connection with this plan A liability of approximately $3,151,000 and $3,058,000 is included in other long-term liabilities in the consolidated balance sheets at September 30, 2011 and 2010, respectively

NOTE 13 - RELATED PARTY TRANSACTIONS

High Point Surgery Center pays a monthly management fee, employee leasing fee and other service fees to the Health System under a service agreement dated April 1, 1995 The term of the agreement is for one year and will automatically renew on an annual basis unless notice of nonrenewal is provided by either party The fees totaled approximately $3,895,000 and $3,609,000 for the years ended September 30, 2011 and 2010, respectively

The Health System leases land and parking spaces to High Point Surgery Center for a minimum monthly payment of $9,460 Lease income totaled approximately $114,000 and $112,000 for the years ended September 30, 2011 and 2010, respectively The lease expires in March 2044 The Health System also leases office space from High Point Surgery Center for lithotripsy services and leased a sleep lab through April 2011 Lease expense totaled approximately $107,000 and $138,000 for the years ended September 30, 2011 and 2010, respectively

The Health System converted three promissory notes outstanding with Regional Wellness, LLC to equity The notes totaled $3,000,000 This transaction occurred October 2010 The investment and equity are eliminated in consolidation

NOTE 14 - COMMITMENTS AND CONTINGENCIES

Litigation

The Health System is involved in litigation and regulatory investigations arising in the normal course of business After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Health System's future financial position or results of operations

Operating Leases

The Health System leases certain property, medical, office and data processing equipment under non-cancelable operating leases expiring in various years through 2020 Annual rentals required under these agreements are $3,488,197 in 2012, $3,230,837 in 2013, $2,754,673 in 2014, $2,199,120 in 2015, $1,277,102 in 2016, and $1,071,884 in 2017 Total rent expense in connection with leases was $3,874,774 in 2011 and $2,470,556 in 2010

Construction

As of September 30, 2011, the Hospital has entered into construction and equipment purchase contracts on various projects The total commitment for these contracts is approximately $17,147,000, of which approximately $9,977,000 had been paid as of September 30, 2011

NOTE 15 - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes at September 30, 2011 and 2010

	2011	2010
Specific patient services	$ 2,397,452	$ 2,380,434
Property and equipment	2,456,276	2,583,813
Other	5,806,884	4,437,506
	$ 10,660,612	$ 9,401,753

During 2011 and 2010, $1,702,383 and $1,908,103, respectively, of net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes

NOTE 15 - TEMPORARILY RESTRICTED NET ASSETS (Continued)

Earnings on permanently restricted net assets are restricted to the following at September 30, 2011 and 2010

	2011	2010
Healthcare programs	$ 14,222,394	$ 13,910,563

NOTE 16 - ENDOWMENT FUNDS

The Health System's endowment consists of a fund established for a variety of healthcare programs as deemed necessary by the Board of Trustees The endowment includes donor-restricted endowment funds and, as required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions

Interpretation of Relevant Law

The Board of Trustees of the Health System has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this understanding, the Health System classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund In accordance with UPMIFA, the Health System is considering the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds

- The duration and preservation of the fund
- The purposes of the organization and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the organization
- The investment policies of the organization

Endowment Net Asset Composition by Type of Fund as of September 30, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment funds				
Donor restricted	$ -	$ 4,080,082	$ 14,222,394	$ 18,302,476

NOTE 16 - ENDOWMENT FUNDS (Continued)

Changes in Endowment Net Assets for the Year Ended September 30, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ -	$ 2,859,108	$ 13,910,563	$ 16,769,671
Investment return				
Net investment gain	-	2,249,808	-	2,249,808
Net depreciation	-	(911,480)	-	(911,480)
Total investment return	-	1,338,328	-	1,338,328
Appropriation of endowment assets for expenditure	-	(117,354)	-	(117,354)
Other changes				
Contributions	$ -	$ -	$ 311,831	$ 311,831
Endowment net assets, end of year	$ -	$ 4,080,082	$ 14,222,394	$ 18,302,476

Endowment Net Asset Composition by Type of Fund as of September 30, 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment funds				
Donor-restricted	$ -	$ 2,859,108	$ 13,910,563	$ 16,769,671

NOTE 16 - ENDOWMENT FUNDS (Continued)

Changes in Endowment Net Assets for the Year Ended September 30, 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ -	$ 1,456,233	$ 13,673,783	$ 15,130,016
Investment return				
Net investment gain	-	1,010,454	-	1,010,454
Net appreciation	-	641,027	-	641,027
Total investment return	-	1,651,481	-	1,651,481
Appropriation of endowment assets for expenditure	-	(248,606)	-	(248,606)
Other changes				
Contributions	-	-	236,780	236,780
Endowment net assets, end of year	$ -	$ 2,859,108	$ 13,910,563	$ 16,769,671

Return Objectives and Risk Parameters

The Health System has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets and decrease volatility in market value Endowment assets include those assets of donor-restricted funds that the Health System must hold in perpetuity Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 index while assuming a moderate level of investment risk and allowing the endowment assets to grow at a rate in excess of planned endowment spending

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Health System relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Health System targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints

NOTE 16 - ENDOWMENT FUNDS (Continued)

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Health System has a policy of determining available maximum proceeds for distribution each year by utilizing 4% of a 12-quarter floating average of the market value of the endowment assets The Health System may appropriate less than this maximum based on need as determined by the Board of Trustees Accordingly, over the long term, the Health System expects the current spending policy to allow its endowment to grow annually This is consistent with the Health System's objective to maintain the purchasing power of the endowment assets held in perpetuity, as well as to provide additional real growth through new gifts and investment return

NOTE 17 - INCOME TAXES

The Health System had unrelated business income of $184,000 and $147,000 during the years ended September 30, 2011 and 2010, respectively Federal and state income tax expense on the unrelated business income was estimated to be approximately $70,000 and $52,000 for the years ended September 30, 2011 and 2010, respectively Federal and state income tax expense is included in medical supplies and other expenses on the consolidated statements of operations for the years ended September 30, 2011 and 2010

Health Care Ventures has operated at a loss, and therefore has zero taxable income for the years ended September 30, 2011 and 2010 The net operating loss carryforward was approximately $6,760,000 and $5,260,000, respectively, at September 30, 2011 and 2010 A deferred tax benefit of $540,000 is included in other current assets in the consolidated balance sheet at September 30, 2011 and 2010 The federal and state net operating losses, if unused, will begin to expire in 2017

NOTE 18 - FUNCTIONAL EXPENSES

The Health System provides general health care services to residents in and around High Point, North Carolina Expenses related to providing these services for the years ended September 30, 2011 and 2010 are as follows

	2011	2010
Healthcare services programs	$ 252,744,912	$ 251,469,553
General and administrative services	57,535,590	54,041,554
Fundraising	444,376	380,422
	$ 310,724,878	$ 305,891,529

NOTE 19 - SUMMARIZED FINANCIAL INFORMATION OF EQUITY AFFILIATES

The following table presents summarized unaudited financial information related to investments accounted for by the equity method as of September 30 (in thousands)

	2011	2010
Assets	$ 126,588	$ 135,458
Liabilities	50,920	54,690
Equity	$ 75,668	$ 80,768
Total revenue	$ 162,256	$ 152,779
Total expenses	152,592	141,990
Net income	$ 9,664	$ 10,789

The Health System's investment in affiliated entities differs from its underlying equity in the net assets of the affiliates by approximately $4,300,000 The difference, which relates to a step-up in basis by an affiliated partnership of certain assets contributed to High Point Surgery Center, will not be recognized as income by the Health System until the investment is liquidated, and differences associated with changes in ownership in Advanced Home Care will not be recognized as income until the investment is liquidated

NOTE 20 - FAIR VALUE OF ASSETS AND LIABILITIES

The following methods and assumptions were used by the Health System in estimating the fair value of its financial instruments

Cash and Cash Equivalents

The carrying amount reported in the balance sheet for cash and cash equivalents approximates fair value

Assets Whose Use is Limited

These assets consist primarily of equities, debt instruments and partnerships Equity and debt instruments carrying amounts approximate their fair values Partnership interests are reflected at the acquisition cost unless they are deemed impaired

Accounts Receivable

The carrying amount reported in the balance sheet for accounts receivable approximates fair value

NOTE 20 - FAIR VALUE OF ASSETS AND LIABILITIES (Continued)

Unconditional Promises to Give

The carrying amount reported in the balance sheet for unconditional promises to give approximates fair value

Accounts Payable

The carrying amount reported in the balance sheet for accounts payable approximates fair value

Estimated Third-Party Payor Settlements

The carrying amount reported in the balance sheet for estimated third-party payor settlements approximates fair value

Long-Term Debt

Fair values of the Health System's bonds are based on the current traded value The fair value of the Health System's remaining long-term debt is estimated using discounted cash flow analyses, based on the Health System's current incremental borrowing rates for similar types of borrowing arrangements

The carrying amounts and fair values of the Health System's financial instruments at September 30, 2011 and 2010 are as follows

	2011		2010	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Cash and cash equivalents	$ 1,604,491	$ 1,604,491	$ 2,270,289	$ 2,270,289
Assets whose use is limited	117,843,563	117,843,563	131,806,301	131,806,301
Accounts receivable	41,311,627	41,311,627	34,824,267	34,824,267
Unconditional promises to give	3,443,727	3,443,727	4,244,649	4,244,649
Accounts payable	28,285,281	28,285,281	24,609,482	24,609,482
Estimated third-party payor settlements	4,821,572	4,821,572	4,948,976	4,948,976
Long-term debt	61,968,180	58,402,736	67,281,032	63,771,226

NOTE 21 - FAIR VALUE OF FINANCIAL INSTRUMENTS

Prices for certain investment securities are readily available in the active markets in which those securities are traded, and the resulting fair values are categorized as Level 1 Level 1 investments include money market mutual funds, common stocks, mutual funds, U S Treasury bonds, and corporate bonds

NOTE 21 - FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Prices for mortgage-backed securities and for state, county and municipal securities are determined on a recurring basis based on inputs that are readily available in public markets or can be derived from information available in publicly quoted markets, and are categorized as Level 2 The Health System has asset-backed securities that are categorized as Level 2 whose values are based on observable inputs

Investments that are valued using unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions, are categorized as Level 3 Level 3 investments include hedge funds and other private equity investments

The following table sets forth by level within the accounting standards' fair value hierarchy the Health System's financial assets and liabilities accounted for at fair value on a recurring basis as of September 30, 2011 and 2010 Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement The Health System's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels

Assets (Liabilities) at Fair Value as of September 30, 2011

	Assets (Liabilities) at Fair Value as of September 30, 2011		
	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets			
Marketable equity securities			
U S equities	$ 13,828,088	$ -	$ -
International equities	23,160,175	-	-
Fixed-income securities			
U S government	9,087,515	-	-
Corporate	16,768,167	-	-
Asset-backed	-	3,255,866	-
Taxable municipal	518,034	-	-
Real assets	3,754,558	-	10,460,781
Hedge funds			
Long/short European sector	-	-	1,395,962
Long/short Asia Pacific sector	-	-	1,218,883
Total	$ 67,116,537	$ 3,255,866	$ 13,075,626

The Health System has $9,692,008 of cash included in assets whose use is limited as of September 30, 2011, which was not classified as a Level as prescribed within the accounting standards The Health System has $24,703,526 of investments in limited partnerships that are not regularly traded, which are carried at the lower of cost or market, and are not classified as a Level as prescribed within the accounting standards, since they are not carried at fair value

NOTE 21 - FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Assets (Liabilities) at Fair Value as of September 30, 2010

	Assets (Liabilities) at Fair Value as of September 30, 2010		
	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets			
Money market mutual funds	$ 1,028,026	$ -	$ -
Marketable equity securities			
U S equities	27,690,412	-	-
International equities	22,465,500	-	-
Fixed-income securities			
U S government	1,587,838	-	-
Corporate	15,720,247	-	-
Taxable municipal	617,946	-	-
Agency	4,687,629	-	-
Real assets	-	-	14,305,659
Hedge funds			
Long/short Asia Pacific sector	-	-	1,236,450
Total	$ 73,797,598	$ -	$ 15,542,109

The Health System has $19,622,816 of cash included in assets whose use is limited as of September 30, 2010, which was not classified as a level as prescribed within the accounting standards The Health System has $22,843,778 of investments in limited partnerships that are not regularly traded, which are carried at the lower of cost or market, and are not classified as a level as prescribed within the accounting standards, since they are not carried at fair value

The following table illustrates the activity of Level 3 assets from September 30, 2009 to September 30, 2011

	Level 3 Assets
Fair value at September 30, 2009	$ 4,040,678
Net unrealized gains	1,815,775
Purchases and sales, net	9,685,656
Fair value at September 30, 2010	15,542,109
Net unrealized losses	(764,197)
Net realized gains	1,247,630
Purchases and sales, net	(2,949,916)
Fair value at September 30, 2011	$ 13,075,626

NOTE 21 - FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The Level 3 assets are valued at $13,075,626 (6% of net assets) and $15,542,109 (6% of net assets) at September 30, 2011 and 2010, respectively The fair values have been estimated by the fund managers in the absence of readily determinable fair values Management relies on information provided by fund managers Due to the inherent uncertainty of valuation, the value of the investments may differ significantly if a market value was readily available

Certain assets, including goodwill and intangible assets, are measured at fair value on a nonrecurring basis

As of September 30, 2011, the fair value of the intangible assets that were required to be measured at fair value on a nonrecurring basis was $4,135,000 Goodwill is now subject to an annual assessment for impairment, or more frequently if events or circumstances indicate that assets might be impaired by applying a fair value-based test

The following tables set forth by level within the fair value hierarchy the Company's assets measured at fair value on a nonrecurring basis as of December 31, 2011 and 2010

	Assets (Liabilities) at Fair Value as of December 31, 2011		
	(Level 1)	(Level 2)	(Level 3)
Assets			
Goodwill	$ -	$ -	$ 2,902,877
Identifiable intangible assets	-	-	771,650
Total	$ -	$ -	$ 3,674,527

	Assets (Liabilities) at Fair Value as of December 31, 2010		
	(Level 1)	(Level 2)	(Level 3)
Assets			
Goodwill	$ -	$ -	$ -
Identifiable intangible assets	-	-	387,000
Total	$ -	$ -	$ 387,000

NOTE 22 - MEMBERSHIP INTERESTS

Effective June 23, 2011, through a purchase agreement signed by all members, the 33 33% membership interest of LexMedical, Inc was sold to its remaining member

Effective June 23, 2011, through a redemption agreement signed by all members, High Point Regional Health System resigned its 10% membership interest in LexPoint, LLC, which was redeemed by its remaining member

NOTE 23 - ENTITY FORMATION

On March 16, 2010, the High Point Regional Health System Foundation (the Foundation) was created as a nonprofit fundraising arm of the Health System Effective June 30, 2011, the Foundation was admitted as a Member of the Obligated Group All debt covenants were satisfied, and board and master trustee approvals were obtained

SUPPLEMENTARY INFORMATION

HIGH POINT REGIONAL HEALTH SYSTEM AND AFFILIATES
SUPPLEMENTARY CONSOLIDATING BALANCE SHEET INFORMATION
September 30, 2011

	High Point Regional Health System	High Point Regional Health System Foundation	High Point Health Care Ventures, Inc	High Point Regional Health Services, Inc	Eliminations	High Point Regional Health System and Affiliates
Current assets						
Cash and cash equivalents	$ 271,669	$ -	$ 17,329	$ 1,315,493	$ -	$ 1,604,491
Assets whose use is limited, required for current liabilities	4,333,206	-	-	-	-	4,333,206
Patient accounts receivable, less allowance for doubtful accounts	38,126,112	-	6,692	3,178,823	-	41,311,627
Current portion of unconditional promises to give, net	663,878	680,099	-	-	-	1,343,977
Other receivables	6,436,692	-	7,782	4,030,459	(4,184,419)	6,290,514
Supplies	3,296,499	-	-	-	-	3,296,499
Other current assets	4,707,365	-	586,027	148,912	-	5,442,304
Total current assets	57,835,421	680,099	617,830	8,673,687	(4,184,419)	63,622,618
Assets whose use is limited, less current portion	85,255,403	28,254,954	-	-	-	113,510,357
Unconditional promises to give restricted for long-term purposes, net	689,949	1,409,801	-	-	-	2,099,750
Investments in affiliated entities	696,267	4,899,362	(448,969)	10,335,389	(4,899,362)	10,582,687
Property and equipment, net	142,946,430	-	12,629,301	7,494,105	-	163,069,836
Other assets	5,708,426	-	-	1,867,853	(543,106)	7,033,173
Total assets	$ 293,131,896	$ 35,244,216	$ 12,798,162	$ 28,371,034	$ (9,626,887)	$ 359,918,421
LIABILITIES AND NET ASSETS						
Current liabilities						
Line of credit	$ 12,835,108	$ -	$ -	$ -	$ -	$ 12,835,108
Current portion of long-term debt	5,350,068	-	224,661	-	-	5,574,729
Accounts payable	30,916,525	-	774,229	778,946	(4,184,419)	28,285,281
Accrued expenses	7,817,402	-	10,000	741,556	-	8,568,958
Accrued interest	1,153,205	-	-	-	-	1,153,205
Estimated third-party payor settlements	4,821,572	-	-	-	-	4,821,572
Total current liabilities	62,893,880	-	1,008,890	1,520,502	(4,184,419)	61,238,853
Long-term debt, less current portion	46,785,361	-	9,132,013	76,335	-	55,993,709
Other long-term liabilities	3,656,151	-	9,559	-	-	3,665,710
Total liabilities	113,335,392	-	10,150,462	1,596,837	(4,184,419)	120,898,272
Net assets						
Unrestricted	176,283,719	13,873,995	2,647,700	26,774,197	(5,442,468)	214,137,143
Temporarily restricted by donors	3,512,785	7,147,827	-	-	-	10,660,612
Permanently restricted by donors	-	14,222,394	-	-	-	14,222,394
Total net assets	179,796,504	35,244,216	2,647,700	26,774,197	(5,442,468)	239,020,149
Total liabilities and net assets	$ 293,131,896	$ 35,244,216	$ 12,798,162	$ 28,371,034	$ (9,626,887)	$ 359,918,421

HIGH POINT REGIONAL HEALTH SYSTEM AND AFFILIATES
SUPPLEMENTARY CONSOLIDATING STATEMENT OF OPERATIONS INFORMATION
Year Ended September 30, 2011

	High Point Regional Health System	High Point Regional Health System Foundation	High Point Health Care Ventures, Inc	High Point Regional Health Services, Inc	Eliminations	High Point Regional Health System and Affiliates
Unrestricted revenues, gains and other support						
Net patient service revenue	$ 269,343,333	$ -	$ 255,113	$ 20,417,495	$ -	$ 290,015,941
Equity in earnings of affiliated entities	660,046	-	(367,676)	1,632,506	-	1,924,876
Other revenue	5,492,674	-	838,181	3,171,599	(3,791,796)	5,710,658
Net assets released from restrictions used for operations	1,203,592	-	-	-	-	1,203,592
Total revenues, gains and other support	276,699,645	-	725,618	25,221,600	(3,791,796)	298,855,067
Expenses						
Salaries and wages	91,701,344	-	355,709	20,073,136	-	112,130,189
Medical supplies and other expenses	58,116,849	-	312,083	2,935,244	(534,773)	60,829,403
Employee benefits	21,427,545	-	65,989	4,000,570	-	25,494,104
General services	44,455,635	-	746,404	6,968,047	(4,033,085)	48,137,001
Provision for bad debts	39,317,380	-	8,536	1,042,405	-	40,368,321
Depreciation and amortization	18,727,943	-	584,346	919,015	-	20,231,304
Interest expense	2,923,928	-	602,109	8,519	-	3,534,556
Total expenses	276,670,624	-	2,675,176	35,946,936	(4,567,858)	310,724,878
Operating income (loss)	29,021	-	(1,949,558)	(10,725,336)	776,062	(11,869,811)
Other income						
Investment income, net	7,624,050	-	37	9,787	-	7,633,874
Other, net	(880,857)	-	(344,309)	2,294,589	(776,062)	293,361
Other income, net	6,743,193	-	(344,272)	2,304,376	(776,062)	7,927,235
Excess of revenues, gains and other support over (under) expenses	6,772,214	-	(2,293,830)	(8,420,960)	-	(3,942,576)
Net assets released from restrictions used for long-term purposes	498,791	-	-	-	-	498,791
Change in unrealized loss on marketable securities	(5,364,245)	-	-	-	-	(5,364,245)
Equity transfer	(15,030,980)	-	-	15,030,980	-	-
Increase (decrease) in unrestricted net assets	$ (13,124,220)	$ -	$ (2,293,830)	$ 6,610,020	$ -	$ (8,808,030)

HIGH POINT REGIONAL HEALTH SYSTEM - OBLIGATED GROUP
SUPPLEMENTARY CONSOLIDATING BALANCE SHEET INFORMATION
September 30, 2011

	High Point Regional Health System	High Point Regional Health System Foundation	High Point Regional Health Services, Inc *	Eliminations	High Point Regional Health System and Affiliates
Current assets					
Cash and cash equivalents	$ 271,669	$ -	$ 255,394	$ -	$ 527,063
Assets whose use is limited, required for current liabilities	4,333,206	-	-	-	4,333,206
Patient accounts receivable, less allowance for doubtful accounts	38,126,112	-	2,918,250	-	41,044,362
Current portion of unconditional promises to give, net	663,878	680,099	-	-	1,343,977
Other receivables	6,436,692	-	3,816,399	(3,476,175)	6,776,916
Supplies	3,296,499	-	-	-	3,296,499
Other current assets	4,707,365	-	138,958	-	4,846,323
Total current assets	57,835,421	680,099	7,129,001	(3,476,175)	62,168,346
Assets whose use is limited, less current portion	85,255,403	28,254,954	-	-	113,510,357
Unconditional promises to give restricted for long-term purposes, net	689,949	1,409,801	-	-	2,099,750
Investments in affiliated entities	696,267	4,899,362	10,335,389	-	15,931,018
Property and equipment, net	142,946,430	-	4,901,618	-	147,848,048
Other assets	5,708,426	-	1,324,747	-	7,033,173
Total assets	$ 293,131,896	$ 35,244,216	$ 23,690,755	$ (3,476,175)	$ 348,590,692
LIABILITIES AND NET ASSETS					
Current liabilities					
Line of credit	$ 12,835,108	$ -	$ -	$ -	$ 12,835,108
Current portion of long-term debt	5,350,068	-	-	-	5,350,068
Accounts payable	30,916,525	-	738,117	(3,476,175)	28,178,467
Accrued expenses	7,817,402	-	741,555	-	8,558,957
Accrued interest	1,153,205	-	-	-	1,153,205
Estimated third-party payor settlements	4,821,572	-	-	-	4,821,572
Total current liabilities	62,893,880	-	1,479,672	(3,476,175)	60,897,377
Long-term debt, less current portion	46,785,361	-	76,335	-	46,861,696
Other long-term liabilities	3,656,151	-	-	-	3,656,151
Total liabilities	113,335,392	-	1,556,007	(3,476,175)	111,415,224
Net assets					
Unrestricted	176,283,719	13,873,995	22,134,748	-	212,292,462
Temporarily restricted by donors	3,512,785	7,147,827	-	-	10,660,612
Permanently restricted by donors	-	14,222,394	-	-	14,222,394
Total net assets	179,796,504	35,244,216	22,134,748	-	237,175,468
Total liabilities and net assets	$ 293,131,896	$ 35,244,216	$ 23,690,755	$ (3,476,175)	$ 348,590,692

* Excludes Premier Imaging, LLC a subsidiary of High Point Regional Health Services, Inc , which is not part of the obligated group

HIGH POINT REGIONAL HEALTH SYSTEM - OBLIGATED GROUP
SUPPLEMENTARY CONSOLIDATING STATEMENT OF OPERATIONS INFORMATION
Year Ended September 30, 2011

	High Point Regional Health System	High Point Regional Health System Foundation	High Point Regional Health Services, Inc *	Eliminations	High Point Regional Health System and Affiliates
Unrestricted revenues, gains and other support					
Net patient service revenue	$ 269,343,333	$ -	$ 18,942,443	$ -	$ 288,285,776
Equity in earnings of affiliated entities	660,046	-	1,632,506	-	2,292,552
Other revenue	5,492,674	-	3,165,981	(3,361,742)	5,296,913
Net assets released from restrictions used for operations	1,203,592	-	-	-	1,203,592
Total revenues, gains and other support	276,699,645	-	23,740,930	(3,361,742)	297,078,833
Expenses					
Salaries and wages	91,701,344	-	19,372,080	-	111,073,424
Medical supplies and other expenses	58,116,849	-	2,489,735	(534,773)	60,071,811
Employee benefits	21,427,545	-	3,856,782	-	25,284,327
General services	44,455,635	-	5,975,392	(3,340,228)	47,090,799
Provision for bad debts	39,317,380	-	871,275	-	40,188,655
Depreciation and amortization	18,727,943	-	547,811	-	19,275,754
Interest expense	2,923,928	-	8,519	-	2,932,447
Total expenses	276,670,624	-	33,121,594	(3,875,001)	305,917,217
Operating income (loss)	29,021	-	(9,380,664)	513,259	(8,838,384)
Other income					
Investment income, net	7,624,050	-	9,787	-	7,633,837
Other, net	(880,857)	-	2,237,187	(513,259)	843,071
Other income, net	6,743,193	-	2,246,974	(513,259)	8,476,908
Excess of revenues, gains and other support over (under) expenses	6,772,214	-	(7,133,690)	-	(361,476)
Net assets released from restrictions used for long-term purposes	498,791	-	-	-	498,791
Change in unrealized loss on marketable securities	(5,364,245)	-	-	-	(5,364,245)
Equity transfer	(15,030,980)	-	14,310,656	-	(720,324)
Increase (decrease) in unrestricted net assets	$ (13,124,220)	$ -	$ 7,176,966	$ -	(5,947,254)

* Excludes Premier Imaging, LLC a subsidiary of High Point Regional Health Services, Inc , which is not part of the obligated group

Additional Data

Software ID:
Software Version:
EIN: 56-0532309
Name: HIGH POINT REGIONAL HEALTH SYSTEM

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD W CAMERON EDD CHAIRMAN	2 00	X		X				0	0	0
OWEN BERTSCHI VICE CHAIR	2 00	X		X				0	0	0
BARRY CHEEK MD BOARD MEMBER	2 00	X						0	0	0
GEORGE CLOPTON BOARD MEMBER	2 00	X						0	0	0
LOUISE FOSTER BOARD MEMBER	2 00	X						0	0	0
RON L JONES BOARD MEMBER	2 00	X						0	0	0
JAMES KEEVER BOARD MEMBER	2 00	X						0	0	0
REID MARSH BOARD MEMBER	2 00	X						0	0	0
CHARLES MYERS BOARD MEMBER	2 00	X						0	0	0
NED COVINGTON BOARD MEMBER	2 00	X						0	0	0
KEN SMITH BOARD MEMBER	2 00	X						0	0	0
LINDA TAYLOR MD BOARD MEMBER	2 00	X						0	0	0
VIRGIL V WILLARD MD BOARD MEMBER	2 00	X						0	159,926	0
HARRY R CULP DDS BOARD MEMBER	2 00	X						0	0	0
TOM DAYVAULT BOARD MEMBER	2 00	X						0	0	0
ELLIOT F WILLIAMS MD CHIEF OF MEDICAL STAFF	2 00	X						25,000	0	0
MICHAEL J LUCAS MD CHIEF-ELECT OF MEDICAL STA	2 00	X						15,000	0	0
STEPHEN A MILLS MD BOARD MEMBER	2 00	X						0	0	0
CHARLES CAIN BOARD MEMBER	2 00	X						0	0	0
JEFFREY S MILLER PRESIDENT / CEO	40 00			X				521,053	0	312,342
KIMBERLY S CREWS CFO / TREASURER	40 00			X				224,800	0	41,016
MARTHA D BARHAM COO	40 00			X				268,344	0	48,141
LINDA C RONEY ASST TREASURER/VICE PRES	40 00			X				223,236	0	55,582
DARRELL R DEATON VICE PRESIDENT	40 00			X				175,744	0	35,849
TAMMI E ERVING-MENGEL MD ASST SECRETARY/VICE PRES	40 00			X				202,114	0	27,232

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG TAYLOR MD SECRETARY/VICE PRES	40 00			X				342,090	0	96,160
KATHERINE R BURNS VICE PRESIDENT	40 00				X			177,497	0	11,053
DENISE M POTTER VICE PRESIDENT	40 00				X			191,929	0	28,235
ANN L JOHNSTON VICE PRESIDENT	40 00				X			31,443	0	121
BRIAN A FARAH PHYSICIAN	36 00					X		418,382	0	22,334
ZARINA W CHOW PHARMACIST	40 00					X		142,293	0	15,928
MELANIE J MARTIN PHYSICIAN	40 00					X		143,348	0	9,479
EDWARD W LOVE PHYSICIAN	40 00					X		243,770	0	14,602
ALFRED D BELEN PHYSICIAN	40 00					X		232,091	0	11,895