See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

CHANGE OF ACCOUNTING PERIOD

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending JUN 30, 2014

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Applica-tion pending

C Name of organization: HIGH POINT REGIONAL HEALTH

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): PO BOX HP-5

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: HIGH POINT, NC 27261

F Name and address of principal officer: ERNIE BOVIO
SAME AS C ABOVE

D Employer identification number: 56-0532309

E Telephone number: 336-878-6000

G Gross receipts $: 220,279,457.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates 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

SCANNED JUN 23 2015

Part I Summary

Activities & Governance	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	20
	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 2013 (Part V, line 2a)	5	2292
	6 Total number of volunteers (estimate if necessary)	6	540
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	77,117.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-69,233.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	959,836.	849,342.
	9 Program service revenue (Part VIII, line 2g)	227,950,947.	211,347,636.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,357,517.	5,784,784.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,927,678.	1,142,526.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	235,195,978.	219,124,288.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,976,460.	1,191,636.
	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)	110,312,121.	78,688,879.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	141,874,577.	134,017,241.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	254,163,158.	213,897,756.
	19 Revenue less expenses. Subtract line 18 from line 12	-18,967,180.	5,226,532.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	292,245,893.	253,630,584.
	21 Total liabilities (Part X, line 26)	115,557,178.	75,643,891.
	22 Net assets or fund balances. Subtract line 21 from line 20	176,688,715.	177,986,693.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 5/15/2015

▶ 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
JOHN NORMAN		5-5-15		P01506766

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

Firm's address ▶ 101 NORTH TRYON STREET, SUITE 1000
CHARLOTTE, NC 28246 — Phone no. 704-998-5200

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

917

13

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission

TO PROVIDE EXCEPTIONAL HEALTH SERVICES TO THE PEOPLE OF OUR REGION. OUR VISION IS 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 ARE TEAMWORK, COMPASSION,

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 200,276,154. including grants of $ 1,191,636.) (Revenue $ 211,357,987.)

HIGH POINT REGIONAL HEALTH (HPRH) PROVIDES CARE TO PATIENTS WHO MEET CERTALN 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. HPRH 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 $3,123,802 FOR THE YEAR ENDED JUNE 30, 2014. IN PROVIDING CHARITY CARE TO PATIENTS, THE HOSPITAL INCURRED NONREIMBURSED COSTS RELATED TO TREATING MEDICARE AND MEDICAID PATIENTS AND PATIENTS FROM OTHER GOVERNMENT NON-NEGOTIATED PLANS. SEE SCHEDULE H

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 ▶ 200,276,154.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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 and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	167		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2292		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		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 as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions*

Check if Schedule O contains a response or note to any line in this Part VI [X]

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	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

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

KIMBERLY S CREWS - 336-878-6052

601 N ELM STREET, HIGH POINT, NC 27262

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

Check if Schedule O contains a response or note to any line 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. 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRACK BRIGMAN	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(2) OWEN BERTSCHI	1.00									
CHAIRMAN	1.00	X						0.	0.	0.
(3) CHARLES CAIN	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(4) NED COVINGTON	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(5) HARRY CULP, DDS	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(6) TOM DAYVAULT	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(7) CHRIS ELLINGTON	1.00									
BOARD MEMBER	59.00	X						0.	567,255.	41,612.
(8) DARRELL FRYE	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(9) VIJAY GANDLA, MD	1.00									
BOARD MEMBER	1.00	X						0.	710,187.	21,956.
(10) JEFF HORNEY	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(11) MICAHEL LUCAS, MD	1.00									
CHIEF OF MEDICAL STAFF	1.00	X						0.	0.	0.
(12) REID MARSH	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(13) STEPHEN MILLS, MD	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(14) GARY PARK	1.00									
BOARD MEMBER	59.00	X						0.	815,602.	289,529.
(15) LEAH PRICE	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(16) KEN SMITH	1.00									
VICE CHAIRMAN	1.00	X						0.	0.	0.
(17) ELISABETH STAMBAUGH, MD	1.00									
CHIEF-ELECT OF MEDICAL STA	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) DAVID STRONG	1.00									
BOARD MEMBER	59.00	X						0.	1,034,493.	275,234.
(19) GREG YORK	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(20) JEFFREY MILLER	59.00									
PRESIDENT/CEO	1.00	X		X				547,331.	0.	204,952.
(21) ERNIE BOVIO	59.00									
PRESIDENT (AS OF 5/5/2014)	1.00	X		X				0.	0.	0.
(22) KIMBERLY CREWS	59.00									
TREASURER/CFO	1.00			X				320,288.	0.	51,985.
(23) GREG TAYLOR	59.00									
VICE PRESIDENT/SECRETARY	1.00			X				398,941.	0.	97,901.
(24) LINDA RONEY	59.00									
ASSISTANT TREASURER	1.00			X				280,031.	0.	68,644.
(25) TAMMI ERVING-MENGEL, RN	59.00									
ASSISTANT SECRETARY	1.00			X				215,139.	0.	30,924.
(26) LAWRENCE WILLIAMS	60.00									
VP & CMO					X			380,740.	0.	30,845.
1b Sub-total								2,142,470.	3,127,537.	1113582.
c Total from continuation sheets to Part VII, Section A								1,689,284.	0.	125,097.
d Total (add lines 1b and 1c)								3,831,754.	3,127,537.	1238679.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 35

		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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
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		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SOLSTAS LAB PARTNERS GROUP LLC, 4380 FEDERAL DRIVE SUITE 100, GREENSBORO, NC	LABORATORY	5,345,048.
REGIONAL PHYSICIANS, 1720 WESTCHESTER DRIVE, HIGH POINT, NC 27262	PHYSICIAN SERVICES	4,959,135.
CORNERSTONE HEALTHCARE PA, 1701 WESTCHESTER DRIVE STE 850, HIGH POINT, NC	PHYSICIAN SERVICES	3,624,461.
CAROLINA ANESTHESIOLOGY PA PO BOX 2324, HIGH POINT, NC 27261	ANESTHESIA SERVICES	1,743,866.
ALSTON AND BIRD LLP 1201 W PEACHTREE STREET, ATLANTA, GA 30309	LEGAL SERVICES	929,992.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 33

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	94,140.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	755,202.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		849,342.			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621400	208,151,831.	208,151,831.		
	b OTHER REVENUE	621400	2,446,422.	2,316,422.	130,000.	
	c HP SURGERY CENTER	621500	441,180.	441,180.		
	d FITNESS CENTER REVENUE	713940	308,203.	308,203.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		211,347,636.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		692,155.			692,155.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	2,284,744.				
	b Less rental expenses	1,147,432.				
	c Rental income or (loss)	1,137,312.				
	d Net rental income or (loss)		1,137,312.		-52,883.	1,190,195.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	5,092,629.				
	b Less cost or other basis and sales expenses	0.				
	c Gain or (loss)	5,092,629.				
	d Net gain or (loss)		5,092,629.			5,092,629.
	8a Gross income from fundraising events (not including $ 94,140. of contributions reported on line 1c) See Part IV, line 18	a 2,600.				
	b Less direct expenses	b 7,737.				
	c Net income or (loss) from fundraising events		-5,137.			-5,137.
	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 MISCELLANEOUS REVENUE	900099	10,351.	10,351.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		10,351.			
	12 Total revenue See instructions.		219,124,288.	211,227,987.	77,117.	6,969,842.

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 United States. See Part IV, line 21	1,004,157.	1,004,157.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	187,479.	187,479.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	63,342,409.	57,008,168.	6,334,241.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,845,735.	9,761,161.	1,084,574.	
10 Payroll taxes	4,500,735.	4,050,661.	450,074.	
11 Fees for services (non-employees).				
a Management				
b Legal	333,654.	333,654.		
c Accounting	48,750.	48,750.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	19,516,540.	17,564,886.	1,951,654.	
12 Advertising and promotion	1,461,505.	1,315,354.	146,151.	
13 Office expenses	8,325,744.	7,493,170.	832,574.	
14 Information technology				
15 Royalties				
16 Occupancy	4,267,648.	3,840,883.	426,765.	
17 Travel	108,394.	97,555.	10,839.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,556,580.	1,400,922.	155,658.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,847,739.	10,662,965.	1,184,774.	
23 Insurance	1,019,336.	917,402.	101,934.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR BAD DEBT	42,246,978.	42,246,978.		
b PT CARE SUPP & SERVICES	32,476,129.	32,476,129.		
c REPAIRS & MAINTENANCE	9,143,241.	8,228,917.	914,324.	
d COMMUNITY CARE AND OTHE	840,016.	840,016.		
e All other expenses	824,987.	796,947.	28,040.	
25 **Total functional expenses.** Add lines 1 through 24e	213,897,756.	200,276,154.	13,621,602.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	7,631,887.	1	1,539,003.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	75,246.	3	
	4	Accounts receivable, net	39,180,840.	4	51,137,839.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,941,194.	8	5,006,891.
	9	Prepaid expenses and deferred charges	3,009,835.	9	2,744,365.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 388,003,150.			
	b	Less: accumulated depreciation — 10b: 253,974,245.	136,941,965.	10c	134,028,905.
	11	Investments - publicly traded securities	97,025,875.	11	58,382,241.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	362,787.	13	185,559.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,076,264.	15	605,781.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	292,245,893.	16	253,630,584.
Liabilities	17	Accounts payable and accrued expenses	42,195,089.	17	53,376,225.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	61,988,181.	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,373,908.	25	22,267,666.
	26	**Total liabilities.** Add lines 17 through 25	115,557,178.	26	75,643,891.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	173,420,185.	27	174,613,384.
	28	Temporarily restricted net assets	3,268,530.	28	3,373,309.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	176,688,715.	33	177,986,693.
	34	Total liabilities and net assets/fund balances	292,245,893.	34	253,630,584.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ... X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	219,124,288.
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,897,756.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,226,532.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	176,688,715.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-3,712,754.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-215,800.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	177,986,693.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
HIGH POINT REGIONAL HEALTH	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 - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** 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 - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** 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 - 2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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.** 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).

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

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 35c (Proxy Tax), then

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

Name of organization	Employer identification number
HIGH POINT REGIONAL HEALTH	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 function 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		11,046.
j Total. Add lines 1c through 1i			11,046.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: SCHEDULE C, PART II-B, LINE 1: HIGH POINT REGIONAL HEALTH (HPRH) BELIEVES IN MAINTAINING STRONG, OPEN AND EFFECTIVE RELATIONSHIPS WITH ELECTED OFFICIALS AND POLICY MAKERS AT THE LOCAL, STATE AND NATIONAL LEVELS. THE OBJECTIVE IS TO EDUCATE THESE GROUPS ON HEALTHCARE ISSUES, TO SERVE AS A RESOURCE AND TO COMMUNICATE HPRH'S

Part IV Supplemental Information *(continued)*

POSITION IN SUPPORT OF ITS MISSION. AS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND NORTH CAROLINA HOSPITAL ASSOCIATION, A PERCENTAGE OF HPRH'S MEMBERSHIP DUES ARE ATTRIBUTED TO LOBBYING ACTIVITIES.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

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

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

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

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

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

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

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

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	14,661,458.	14,449,810.	14,222,394.	13,910,563.	13,673,783.
b Contributions	158,044.	211,648.	227,416.	311,831.	236,780.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	14,819,502.	14,661,458.	14,449,810.	14,222,394.	13,910,563.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(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		161,549,251.	93,554,315.	67,994,936.
c Leasehold improvements		763,815.	763,815.	0.
d Equipment		187,144,658.	154,295,913.	32,848,745.
e Other		25,535,721.	5,360,202.	20,175,519.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				134,028,905.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED THIRD PARTY PAYOR	
(3) SETTLEMENTS	7,948,073.
(4) OTHER LIABILITIES	873,753.
(5) OTHER NOTES PAYABLE	13,445,840.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	22,267,666.

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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 XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: HIGH POINT REGIONAL HEALTH'S (HPRH) 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. HPRH HAS ADOPTED INVESTMENT AND SPENDING POLICIES FDR 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.

Part XIII Supplemental Information *(continued)*

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. THESE ENDOWMENT FUNDS CURRENTLY RESIDE ON THE BOOKS OF THE HIGH POINT REGIONAL HEALTH FOUNDATION AND ARE REFLECTED ON THEIR RETURN.

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

HIGH POINT REGIONAL HEALTH

Employer identification number

56-0532309

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

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

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

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

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

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

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 LOVELINE TREELIGHTING (event type)	(b) Event #2 RIVES RACE (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	57,255.	39,485.		96,740.
	2 Less Contributions	57,255.	36,885.		94,140.
	3 Gross income (line 1 minus line 2)		2,600.		2,600.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,967.	3,770.		7,737.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	7,737.
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	-5,137.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary Subtract line 7 from line 1, 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 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: HIGH POINT REGIONAL HEALTH

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	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care [ ] 100% [ ] 150% [ ] 200% [X] Other 250 %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care. [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [ ] Other _____ %	3b		X
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining 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	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
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 eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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 Worksheet 1)			3123802.		3123802.	1.46%
b Medicaid (from Worksheet 3, column a)			19620138.	16681268.	2938870.	1.37%
c Costs of other means-tested government programs (from Worksheet 3, column b)			41,067.		41,067.	.02%
d **Total** Financial Assistance and Means-Tested Government Programs			22785007.	16681268.	6103739.	2.85%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			631,650.		631,650.	.30%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			77,248.		77,248.	.04%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			182,648.		182,648.	.09%
j **Total.** Other Benefits			891,546.		891,546.	.43%
k **Total.** Add lines 7d and 7j			23676553.	16681268.	6995285.	3.28%

Part II Community Building Activities Complete this table if the organization conducted any 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			22,403.		22,403.	.01%
3	Community support			24,173.		24,173.	.01%
4	Environmental improvements						
5	Leadership development and training for community members			3,597.		3,597.	.00%
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total			50,173.		50,173.	.02%

Part III Bad Debt, Medicare, & Collection Practices

			Yes	No
Section A. Bad Debt Expense				
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 42,246,977.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5 74,804,645.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 87,313,695.		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7 -12,509,050.		
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	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(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 HIGH POINT SURGERY CENTER	AMBULATORY SURGERY	50.00%	.00%	50.00%

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

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

Name, address, primary website address, and state license number	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 HIGH POINT REGIONAL HEALTH SYSTEM 601 NORTH ELM STREET HIGH POINT, NC 27262 WWW.HIGHPOINTREGIONAL.COM	X	X					X		DISPROPORTIONATE SHARE HOSPITAL	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group HIGH POINT REGIONAL HEALTH

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j [ ] Other (describe in Section C)			
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4	X	
5 Did the hospital facility make its CHNA report widely available to the public?	5	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url). WWW.HIGHPOINTREGIONAL.COM			
b [ ] Other website (list url):			
c [X] Available upon request from the hospital facility			
d [ ] Other (describe in Section C)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a [X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b [X] Execution of the implementation strategy			
c [X] Participation in the development of a community-wide plan			
d [X] Participation in the execution of a community-wide plan			
e [ ] Inclusion of a community benefit section in operational plans			
f [X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g [X] Prioritization of health needs in its community			
h [X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i [ ] Other (describe in Section C)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)* HIGH POINT REGIONAL HEALTH

Financial Assistance Policy		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 250 %		
	If "No," explain in Section C the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing *discounted* care?		X
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: ____ %		
	If "No," explain in Section C the criteria the hospital facility used		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)		
a	☐ Income level		
b	☐ Asset level		
c	☒ Medical indigency		
d	☐ Insurance status		
e	☒ Uninsured discount		
f	☐ Medicaid/Medicare		
g	☒ State regulation		
h	☐ Residency		
i	☐ Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The policy was posted on the hospital facility's website		
b	☐ The policy was attached to billing invoices		
c	☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	☐ The policy was posted in the hospital facility's admissions offices		
e	☐ The policy was provided, in writing, to patients on admission to the hospital facility		
f	☒ The policy was available on request		
g	☐ Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged		
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Section C)		

Part V Facility Information *(continued)* HIGH POINT REGIONAL HEALTH

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a ☐ Notified individuals of the financial assistance policy on admission
- b ☒ Notified individuals of the financial assistance policy prior to discharge
- c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	X	

If "No," indicate why.

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d ☐ Other (describe in Section C)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b ☒ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d ☐ Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	21		X
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	22		X

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

HIGH POINT REGIONAL HEALTH:

PART V, SECTION B, LINE 3: HIGH POINT REGIONAL HEALTH (HPRH) TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE COMMUNITY THROUGH PARTICIPATION IN BOTH A HEALTH ISSUE PRIORITIZATION SURVEY AND FOCUS GROUPS. THE HEALTH ISSUE PRIORITIZATION SURVEY WAS COMPLETED AT COMMUNITY-WIDE FORUMS THAT TOOK PLACE FROM OCTOBER 2012 THROUGH JANUARY 2013. THE FORUMS, OPEN TO THE PUBLIC AT LARGE, WERE ADVERTISED IN THE NEWSPAPERS AND ON THE LOCAL NEWS. OF THE SIX FOCUS GROUPS, THREE WERE HELD ADDRESSING SPECIFIC HEALTHCARE TOPICS,INCLUDING MENTAL HEALTH AND WOMEN'S HEALTH ISSUES, AND THREE WERE HELD WITH IMMIGRANTS AND REFUGEES, INCLUDING SPANISH, FRENCH AND NAPALI, CURRENTLY LIVING IN THE SERVICE AREA.

HIGH POINT REGIONAL HEALTH:

PART V, SECTION B, LINE 4: THE ORGANIZATION'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED WITH CONE HEALTH, CONSISTING OF MOSES CONE HOSPITAL, WOMEN'S HOSPITAL, WESLEY LONG HOSPITAL AND BEHAVIORAL HEALTH HOSPITAL.

HIGH POINT REGIONAL HEALTH:

PART V, SECTION B, LINE 7: THE ORGANIZATION DID NOT ADDRESS THE FOLLOWING FOCUS AREAS IDENTIFIED IN THE CHNA: SEXUALLY TRANSMITTED INFECTIONS, ACCESS TO CLINICAL CARE, POVERTY AND UNEMPLOYMENT, VIOLENT CRIME AND ACCESS TO HEALTHY FOOD. WHILE THE ORGANIZATION IS WORKING CLOSELY WITH ITS CHNA PARTNERS ON THE TOP IDENTIFIED PRIORITY AREAS, HPRH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

ALSO PLANS TO PLACE EMPHASIS ON MENTAL HEALTH SERVICES, HEALTHY PREGNANCY, AND CHRONIC DISEASE MANAGEMENT AND PREVENTION. THE ORGANIZATION WEIGHED SEVERAL FACTORS, SUCH AS BURDEN TO THE SERVICE AREA, SCOPE AND SEVERITY OF THE PROBLEM, URGENCY TO SOLVE THE PROBLEM AND HPRH'S EXPERTISE AND RESOURCES, WHEN IDENTIFYING THE HPRH'S FOCUS AREAS.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 REGIONAL PSYCHIATRIC ASSOCIATION 320 BOULEVARD ST HIGH POINT, NC 27262	BEHAVIORAL HEALTH
2 THOMASVILLE MEDICAL OFFICE BUILDING 711 NATIONAL HWY THOMASVILLE, NC 27360	REHABILITATION
3 PHYSICIANS OFFICES 222 W. RAY ST HIGH POINT, NC 27262	PATHOLOGY
4 PREMIER PHYSICIAN OFFICES 4590 PREMIER DR HIGH POINT, NC 27265	REHABILITATION

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

PART I, LINE 3C:

EXPLANATION: PERSONS WHO HAVE NO HEALTH INSURANCE, NO COVERAGE FROM ANY OTHER THIRD PARTY, OR WHO OBTAIN SERVICES NOT COVERED BY THEIR HEALTH INSURANCE, WILL BE ELIGIBLE FOR A 40% DISCOUNT ON CHARGES, EXCLUDING CERTAIN EXCEPTIONS. THIS DISCOUNT WILL BE GIVEN REGARDLESS OF INCOME OR NORTH CAROLINA RESIDENCY. THE FINANCIAL ASSISTANCE OVERSIGHT COMMITTEE WILL REVIEW THE DISCOUNT AMOUNT ON AN INTERIM BASIS TO INSURE CHARGE AMOUNT PARITY AMONG ALL PATIENTS -- THOSE WITH INSURANCE, THOSE WITHOUT INSURANCE, AND THOSE RECEIVING FINANCIAL ASSISTANCE.

PART I, LINE 6A:

EXPLANATION: N/A

PART I, LINE 7:

EXPLANATION: 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,

Part VI Supplemental Information *(Continuation)*

UNREIMBURSED MEDICAID AND OTHER AMOUNTS.

PART I, LINE 7G:

EXPLANATION: TOTAL EXPENSES REPORTED ON FORM 990, PART XI, LINE 25 INCLUDES A BAD DEBT EXPENSE OF $42,246,977 WHICH HAS BEEN REMOVED FOR PURPOSES OF CALCULATING COMMUNITY BENEFIT PERCENTAGE ON LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

EXPLANATION: HIGH POINT REGIONAL HEALTH (HPRH) PROMOTED THE HEALTH OF THE COMMUNITY IT SERVES BY SUPPLYING MEETING SPACE FOR NON-PROFIT ORGANIZATIONS SUCH AS LEADERSHIP HIGH POINT. IN ADDITION, HPRH COORDINATED EVENTS TO PROVIDE INFORMATION, COUNSELING, AND DEMOMSTRATIONS RELATED TO CHILD PASSENGER SAFETY IN THE COMMUNITY THROUGH ATTENDANCE AT SAFE KIDS MEETINGS AND COMMUNITY EVENTS AT SOUTHSIDE RECREATION CENTER. CHECKING, TRAINING AND EDUCATING PARENTS ON THE IMPORTANCE OF CHILD PASSENGER SAFETY AND ENSURING PROPER INSTALLATION OF CAR SEATS ARE COVERED AT A CHECKING STATION ONCE A MONTH. CHILD PASSENGER SAFETY CLASSES ARE ALSO TAUGHT ONCE PER MONTH AT THE EXPECTANT PARENTS CLASS. PARENTS ARE GIVEN DIRECTION AND EDUCATION REGARDING THE CORRECT INSTALLATION OF CAR SEATS AND PROPER POSITIONS IN THE VEHICLE VIA THE USE OF A VEHICLE SIMULATOR SEAT. SEXUAL ASSUALT AND PREVENTION LECTURES ARE PRESENTED WITH A FOCUS ON DRUGS/ALCOHOL (KNOW YOUR LIMITS), DATE RAPE DRUGS AND SEX/SEXUAL ASSAULT/RAPE/SAFE SEX.

PART III, LINE 8:

EXPLANATION: MEDICARE ALLOWABLE COSTS OF CARE IS CALCULATED USING THE ANDI (ADVOCACY NEEDS DATA INITIATIVE) METHODOLOGY, WHICH USES A FACILITY-WIDE

Part VI Supplemental Information *(Continuation)*

RATIO OF COST TO CHARGE. 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, THE HOSPITAL CONTINUES TO SERVE THE MEDICARE POPULATION. IN FY 2014, MEDICARE ACCOUNTED FOR APPROXIMATELY HALF OF THE HOSPITAL'S BUSINESS. WITHOUT THIS SERVICE, THESE PATIENTS WOULD BECOME AN OBLIGATION TO THE GOVERNMENT. ANY UNREIMBURSED COST OF THIS CARE REPRESENTS A COMMUNITY BENEFIT PROVIDED BY THE HOSPITAL TO THE COMMUNITY AND GOVERNMENT.

PART III, LINE 9B:

EXPLANATION: PART III, LINE 9B: AFTER SCREENING FOR CHARITY CARE ELIGIBILITY, THE HOSPITAL'S BILLING DEPARTMENT WILL WORK WITH INDIVIDUALS TO PROVIDE THEM WITH DIFFERENT OPTIONS FOR PAYING THEIR BILLS, INCLUDING TWELVE-MONTH NO INTEREST PAYMENT PLANS AND EXTENDED PAYMENT PLANS UP TO FIVE YEARS. THE HOSPITAL USES A THIRD-PARTY VENDOR, PARAGON, TO COLLECT ALL PATIENT PAYMENTS BEGINNING TEN DAYS AFTER THE PATIENT'S FINAL BILL DATE. IF THE PATIENT HAS NOT PAID WITHIN 120 DAYS, THE BALANCE IS TRANSFERRED TO PARAGON OR PROFESSIONAL RECOVERY CONSULTANTS FOR DEBT COLLECTION. FOR THOSE FEW DEBTORS WHO CONTINUE TO REFUSE TO MAKE PAYMENT, THE HOSPITAL WILL SEEK LEGAL REMEDIES, INCLUDING GARNISHMENT OF WAGES AND LIENS. IF AN APPLICATION FOR FINANCIAL ASSISTANCE IS RECEIVED WITHIN 240 DAYS OF THE FIRST BILL, LEGAL REMEDIES WILL BE HALTED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE HOSPITAL DISCONTINUED THE PRACTICE OF PURSUING ANY LEGAL REMEDIES DURING THE FISCAL YEAR.

PART VI, LINE 2:

EXPLANATION: AS A PART OF THE YEARLY STRATEGIC PLANNING PROCESS,

Part VI Supplemental Information *(Continuation)*

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 ORGANIZATION'S PLANNING DEPARTMENT. 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 THE HOSPITAL WITH A METHOD FOR SHARING THE DATA GATHERED THROUGH THEIR ANNUAL COMMUNITY NEEDS ASSESSMENT. ADDITIONALLY, THERE IS EVALUATION OF SERVICE GROWTH OPPORTUNITES 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 SATISFACTION SURVEYS AND THROUGH OUR SERVICE RECOVERY PROCESS. THIS DATA INFORMS THE ORGANIZATION'S STRATEGIC DECISION-MAKERS REGARDING NEW OR IMPROVED HEALTH CARE ACCESS POINTS, PROGRAMS, COLLABORATIVE EFFORTS AND TECHNOLOGY NEEDED TO SERVE CHANGING POPULATION DEMOGRAPHICS.

PART VI, LINE 3:

EXPLANATION: 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'S (HPRH) 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 FOR CANCER AND ANY OTHER STATE, LOCAL OR FEDERAL PROGRAM

Part VI Supplemental Information *(Continuation)*

OFFERED TO ASSIST PEOPLE WITH THEIR MEDICAL BILLS OR ACCESS TO CONTINUED CARE.

FOR PATIENTS WITH UNSCHEDULED CARE THAT IS EMERGENT 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, HPRH PROVIDES AN OVERALL SUMMARY OF THE CHARITY POLICY AND HOW TO APPLY ON THE HPRH'S WEBSITE AT HTTP://WWW.HIGHPOINTREGIONAL.COM/PATIENTSANDVISITORS/PAYMENT/PAY.ASP.

THE HPRH 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, 8AM TO 5PM TO ANSWER ACCOUNT QUESTIONS.

PART VI, LINE 4:

EXPLANATION: HIGH POINT REGIONAL HEALTH (HPRH) HAS A PRIMARY SERVICE AREA COMPRISED OF THE GEOGRAPHIC AREA THAT INCLUDES HIGH POINT, ARCHDALE, TRINITY, THOMASVILLE AND JAMESTOWN, NORTH CAROLINA. THE SECONDARY SERVICE AREA INCLUDES COLFAX, DENTON, SOUTHWESTERN GREENSBORO, KERNERSVILLE, LEXINGTON, ASHEBORO, RANDLEMAN, SOPHIA AND SOUTHEASTERN WINSTON-SALEM, NORTH CAROLINA. HPRH'S COMBINED PRIMARY AND SCONDARY SERVICE AREAS SERVE AN ESTIMATED DEPENDENT POPULATION OF 145,000 OF THE COMBINED PRIMARY AND SECONDARY SERVICE AREAS ESTIMATED TOTAL POPULATION OF 513,000. THE UNEMPLOYMENT RATE FOR GUILFORD COUNTY, WHICH INCLUDES THE LARGEST PERCENTAGE OF HPRH'S COMBINED SERVICE AREA, WAS LESS THAN THE UNEMPLOYMENT

RATE FOR NORTH CAROLINA.

PART VI, LINE 5:

EXPLANATION: A MAJORITY OF HIGH POINT REGIONAL HEALTH'S (HPRH) 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. HPRH UTILIZES SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE AND TO UPDATE OUR FACILITES. ONGOING PLANS INCLUDE PREMIER SURGERY CENTER (PSC) AND DEVELOPMENT OF A BEHAVORIAL HEALTH ASSESSMENT AREA WITHIN THE EMERGENCY DEPARTMENT. THE PSC PROJECT ALLOWS FOR THE DEVELOPMENT OF A FREESTANDING AMBULATORY SURGERY CENTER, WHICH WILL IMPROVE ACCESS TO HIGH QUALITY OUTPATIENT SURGICAL CARE IN A LESS EXPENSIVE SETTING WHILE MAINTAINING ALL QUALITY AND SAFETY STANDARDS. THE EMERGENCY DEPARTMENT HOLDING AREA FOR BEHAVIORAL HEALTH PATIENTS PROVIDES A SAFE ENVIRONMENT FOR BEHAVORIAL HEALTH PATIENTS BEING HELD IN THE EMERGENCY DEPARTMENT FOR EXTENDED PERIODS OF TIME AND FACILITATES APPROPRIATE STAFFING FOR PATIENT MONITORING. HPRH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PROFESSIONALLY COMPETENT PHYSICIANS WHO MEET ETHICAL STANDARDS. THIS HOLDS TRUE THROUGHOUT ALL HOSPITAL AREAS AND DEPARTMENTS. A CERTIFICATE OF NEED TO RENOVATE WOMEN'S SERVICES ON THE 5TH FLOOR HAS BEEN 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. ALSO, PLANS ARE IN DEVELOPMENT FOR AN EXPANSION OF THE SURGICAL SUITES. THE FOCUS OF THE RENOVATION WILL BE TO CREATE A STATE-OF-THE-ART SURGICAL SUITE COMPLETE

Part VI Supplemental Information *(Continuation)*

WITH A CARDIOVASCULAR HYBRID OPERATING ROOM, EXPAND AND CONSOLIDATE THE CARDIAC CATH, ELECTROPHYSIOLOGY AND CARDIOLOGY SERVICES. IN CONJUNCTION WITH THE BUILDING RENOVATION, THERE WILL BE A MAJOR FACILITIES INFRASTRUCTURE UPGRADE THAT WILL BE NECESSARY FOR FUTURE HEATING, COOLING, AND ELECTRICAL REQUIREMENTS OF THE FACILITY.

PART VI, LINE 6:

EXPLANATION: HIGH POINT REGIONAL HEALTH (HPRH) IS A SUBSIDIARY OF THE UNC HEALTH CARE SYSTEM IN CHAPEL HILL. THAT SYSTEM SERVES PATIENTS FROM ALL 100 COUNTIES, REGARDLESS OF THEIR ABILITY TO PAY, PROVIDING MORE THAN $300 MILLION A YEAR IN UNCOMPENSATED CARE. AS A PART OF THE INTEGRATED SYSTEM, HPRH STRIVES TO IMPROVE ACCESS AND SERVICES TO ITS GROWING AND UNDERSERVED SERVICE AREAS. HPRH CAREGIVERS ALSO WORK CLOSELY WITH THEIR COUNTERPARTS AT UNC HEALTH CARE TO FIND WAYS TO IMPROVE CARE AND QUALITY, REACH MORE UNINSURED PATIENTS AND MORE. HPRH'S BOARD REPRESENTS A CROSS-SECTION OF THE COMMUNITY, WITH VOLUNTEERS THAT INCLUDE BUSINESS LEADERS, COMMUNITY PHYSICIANS AND OTHERS. THIS BOARD WORKS CLOSELY WITH UNC HEALTH CARE TO DETERMINE THE BEST WAYS TO PLAY A LARGER ROLE IN IMPROVING THE COMMUNITY'S HEALTH AND HPRH'S ROLE IN THE BIGGER SYSTEM'S MISSION.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NC

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

HIGH POINT REGIONAL HEALTH

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? . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIAD ADULT & PEDIATRIC MEDICINE 1046 E. WENDOVER AVE. GREENSBORO, NC 27405	56-1991438	501(C)(3)	389,562.	0.			SUPPORT FOR HEALTH CARE OF INDIGENT POPULATION.
THE COMMUNITY CLINIC OF HIGH POINT INC - PO BOX 5607 - HIGH POINT, NC 27262	56-1795022	501(C)(3)	66,000.	430,202.	GROSS CHARGES	PATIENT SERVICES	SUPPORT FOR HEALTH CARE OF INDIGENT POPULATION.
HIGH POINT CHAMBER OF COMMERCE 1634 NORTH MAIN STREET HIGH POINT, NC 27262	56-0473292	501(C)(6)	20,720.	0.			SPONSORSHIP & DUES
THOMASVILLE CHAMBER OF COMMERCE PO BOX 1400 THOMASVILLE, NC 27361	56-0511747	501(C)(6)	5,500.	0.			SPONSORSHIP & DUES
HITOMS BASEBALL CLUB 7003 BALLPARK ROAD THOMASVILLE, NC 27360		N/A	10,745.	0.			SPONSORSHIP
PIEDMONT SOCCER ALLIANCE 550 HEDGECOCK ROAD HIGH POINT, NC 27265		N/A	8,500.	0.			SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 3.

3 Enter total number of other organizations listed in the line 1 table ▶ 4.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH POINT UNIVERSITY 833 MONTLIEU AVE HIGH POINT, NC 27262	56-0529999	501(C)(3)	5,000.	0.			SPONSORSHIP

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
Part III can be duplicated 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
HEART STRIDES CARDIAC & PULMANARY REHAB: SCHOLARSHIPS FOR HEART AND LUNG PAT	43	38,444.	0.		
BEHAVIORAL HEALTH/PATIENT PRESCRIPTION ASSISTANCE FOR INDIGENT PATIENTS	312	43,032.	0.		
LOVELINE CANCER SUPPORT	214	99,065.	0.		
MAMMOGRAMS	75	0.	6,938.	COST OF SERVICES	COST MAMMOGRAMS

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: HIGH POINT REGIONAL HEALTH (HPRH) 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

Part IV Supplemental Information

TO BE ELIGIBLE, 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 DEPARTMENT FOR PROCESSING. COMPLETE RECORDS OF EXPENDITURES ARE KEPT IN A CENTRAL LOCATION, THE OFFICE OF THE FOUNDATION. WHEN APPROVAL FOR ASSISTANCE IS GIVEN, THE FOUNDATION 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.

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

HIGH POINT REGIONAL HEALTH

Employer identification number

56-0532309

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☒ 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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRIS ELLINGTON	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	448,166.	78,951.	40,138.	36,405.	5,207.	608,867.	0.
(2) VIJAY GANDLA, MD	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	388,306.	321,881.	0.	8,750.	13,206.	732,143.	0.
(3) GARY PARK	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	758,970.	49,534.	7,098.	281,821.	7,708.	1,105,131.	0.
(4) DAVID STRONG	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	626,252.	157,199.	251,042.	263,723.	11,511.	1,309,727.	229,994.
(5) JEFFREY MILLER	(i)	524,099.	0.	23,232.	194,525.	10,427.	752,283.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KIMBERLY CREWS	(i)	279,880.	0.	40,408.	44,382.	7,603.	372,273.	0.
TREASURER/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GREG TAYLOR	(i)	378,385.	0.	20,556.	88,334.	9,567.	496,842.	0.
VICE PRESIDENT/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LINDA RONEY	(i)	236,174.	0.	43,857.	58,217.	10,427.	348,675.	0.
ASSISTANT TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TAMMI ERVING-MENGEL, RN	(i)	194,532.	0.	20,607.	26,613.	4,311.	246,063.	0.
ASSISTANT SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAWRENCE WILLIAMS	(i)	269,934.	0.	110,806.	23,061.	7,784.	411,585.	0.
VP & CMO	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KATHERINE BURNS	(i)	194,567.	0.	14,741.	18,234.	7,305.	234,847.	0.
VP/PEOPLE SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DENISE POTTER	(i)	185,595.	0.	19,426.	21,523.	7,527.	234,071.	0.
VP/FOUNDATION, PR & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RITA BUNCH	(i)	163,505.	0.	312.	3,152.	4,685.	171,654.	0.
VP/OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BRIAN FARAH	(i)	217,285.	147,023.	5,932.	8,772.	8,533.	387,545.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) EDWARD LOVE	(i)	184,120.	36,055.	6,505.	3,766.	12,339.	242,785.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) SNEZANA CVEJIN	(i)	204,223.	29,366.	254.	4,089.	3,688.	241,620.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ZARINA CHOW	(i)	143,073.	432.	240.	5,530.	3,313.	152,588.	0.
PHARMACIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINE 4B:

EXPLANATION: HIGH POINT REGIONAL HEALTH 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. THE FOLLOWING INDIVIDUALS ACCRUED THE FOLLOWING AMOUNTS TO THIS PLAN JEFFREY MILLER $156,813, KIMBERLY CREWS 19,614, GREGORY TAYLOR 59,340, TAMMI ERVING-MENGEL 916, AND LINDA RONEY 30,987, DAVID STRONG 226,442. THESE AMOUNTS ARE REPRESENTED ON SCHEDULE J, PART II, COLUMN (C).

DURING THE YEAR, DAVID STRONG TOOK A DISTRIBUTION OF $229,994 FROM A RELATED ORGANIZATION, WHICH ALSO WOULD HAVE BEEN REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR. HE ALSO EARNED COMPENSATION UNDER THIS PLAN TOTALING $235,196. THE CURRENT YEAR EARNINGS ARE PAYABLE IN THE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

FUTURE.

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

HIGH POINT REGIONAL HEALTH

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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
MICHAEL LUCAS & ELIZABETH	BOARD MEMBERS	2,740,141.	THE ORGANIZ		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL LUCAS & ELIZABETH STAMBAUGH

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION CONTRACTS WITH CORNERSTONE HEALTHCARE

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH

Employer identification number
56-0532309

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND INTEGRITY.

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

OF THIS RETURN FOR DETAILS. HPRH ALSO PROVIDED SEVERAL SUBSIDIZED

SERVICES TO THE COMMUNITY.

THERE ARE SEVERAL GREAT REASONS TO BE PROUD OF HIGH POINT REGIONAL:

- 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 HPRH'S ENDOWMENT

FUNDS.

- THE HOSPITAL HAS A DA VINCI SI SURGICAL SYSTEM, ENHANCED

HIGH-DEFINITTON 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.

- HIGH POINT IS THE ONLY HOSPITAL IN THE TRIAD TO OFFER 24 HOUR

CONTINUOUS ELECTRONIC MONITORING OF CRITICALLY ILL PATIENTS.

Name of the organization: HIGH POINT REGIONAL HEALTH

Employer identification number: 56-0532309

- 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.

- HIGH POINT'S STROKE CENTER WAS RE-CERTIFIED AS A PRIMARY STROKE CENTER BY THE JOINT COMMISSION.

- HIGH POINT HAS 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 STABILLZATION OR RESUSCITATION.

- HIGH POINT HAS RECEIVED MAGNET DESIGNATION FOR THE THIRD TIME.

- HIGH POINT IS THE SECOND LARGEST EMPLOYER OF HIGH PONT, NC, WITH OVER 2,200 TALENTED AND DEDICATED INDIVIDUALS WHO PROVIDE COMPASSIONATE CARE TO MORE THAN 130,000 PEOPLE EVERY YEAR.

- THE HOSPITAL IS RANKED FOURTH BY U.S. NEWS AND REPORT AS ONE OF THE BEST HOSPITALS IN NORTH CAROLINA AND THE HIGHEST RANKED NON-ACADEMIC HOSPITAL IN THE STATE. WE ARE ALSO RANKED 26TH NATIONALLY FOR THE TREATMENT OF DIABETES AND ENDOCRINOLOGY. IN ADDITION, HPRH WAS DESIGNATED AS A 'HIGH PERFORMER' IN GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY, NEPHROLOGY, NEUROSURGERY, PULMONONLOGY, AND UROLOGY.

FORM 990, PART VI, SECTION A, LINE 6:

Name of the organization: HIGH POINT REGIONAL HEALTH

Employer identification number: 56-0532309

EXPLANATION: THE ORGANIZATION'S SOLE MEMBER IS UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM HAS THE POWER TO APPOINT AND TO REMOVE OFFICERS OF THE ORGANIZATION AND INDIVIDUAL MEMBERS OF THE ORGANIZATION'S BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: THE ORGANIZATION'S BOARD REQUIRES PRIOR APPROVAL OF THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM FOR CERTAIN POWERS, INCLUDING BUT NOT LIMITED TO PLANNING AND ESTABLISHING POLICY, ADDITION OF NEW ENTITIES, IMPLEMENTAION OF CONSTRUCTION AND RENOVATION PROJECTS AND APPROVAL OF ALL MANAGED CARE AGREEMENTS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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 PRLOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: HIGH POINT REGIONAL HEALTH 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

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

MEASURES ARE TAKEN AT THE BOARD'S DISCRETION.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: 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.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: PHOTOCOPIES OF THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY TRANSFER FROM UNC	9,550,000.
EQUITY TRANSFER TO AFFILIATE	-9,815,800.
CAPITAL CONTRIBUTION	50,000.
TOTAL TO FORM 990, PART XI, LINE 9	-215,800.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

HIGH POINT REGIONAL HEALTH

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 (if applicable) 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 entity? Yes	(g) Section 512(b)(13) controlled entity? No
HIGH POINT REGIONAL HEALTH SERVICES, INC. - 56-1497163, 601 N ELM ST. PO BOX HP-5, HIGH POINT, NC 27261	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 11A, I	HIGH POINT REGIONAL HEALTH	X	
HIGH POINT REGIONAL HEALTH SYSTEM FOUNDATION, INC. - 27-2854711, 601 N ELM ST. PO BOX HP-5, HIGH POINT, NC 27261	SUPPORT/FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 11A, I	HIGH POINT REGIONAL HEALTH	X	
UNC HEALTH CARE SYSTEM - 56-2206970 101 MANNING DRIVE CHAPEL HILL, NC 27514	HEALTHCARE	NORTH CAROLINA	SECTION 115	N/A	N/A		X
UNC HOSPITAL - 56-1118388 211 FRIDAY CENTER DRIVE CHAPEL HILL, NC 27517	HEALTHCARE	NORTH CAROLINA	SECTION 115	N/A	N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
CALDWELL MEMORIAL HOSPITAL FOUNDATION - 58-1935514, PO BOX 1890, LENOIR, NC 28645	SUPPORT OF CALDWELL MEMORIAL HOSPITAL	NORTH CAROLINA	501(C)(3)	LINE 7	N/A		X
CALDWELL MEMORIAL HOSPITAL - 56-0554202 321 MULBERRY STREET SW LENOIR, NC 28645	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	N/A		X
CHATHAM HOSPITAL, INC. - 56-0611546 PO BOX 649 SILER CITY, NC 27344	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	N/A		X
REX HEALTHCARE, INC. - 56-1509129 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	SUPPORT OF REX HOSPITAL	NORTH CAROLINA	501(C)(3)	LINE 11A, I	REX HOSPITAL, INC.		X
REX HOSPITAL, INC. - 56-1509260 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	N/A		X
THE REX HEALTHCARE FOUNDATION - 56-6052117 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	SUPPORT OF REX HOSPITAL	NORTH CAROLINA	501(C)(3)	LINE 11B, II	N/A		X
UNCPN - 27-1081647 1600 PERIMETER PARK DRIVE, STE 225 MORRISVILLE, NC 27560	HEALTHCARE	NORTH CAROLINA	SECTION 115/501(C)(3)	LINE 9	N/A		X

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) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
HIGH POINT SURGERY CENTER - 56-1867005, 600 NORTH LINDSAY STREET, HIGH POINT, NC 27260	HEALTHCARE	NC	N/A	RELATED				X	N/A		X	
REX SURGERY CENTER OF CARY - 27-3684056, 4420 LAKE BOONE TRAIL, RALEIGH, NC 27607	AMBULATORY SURGERY CENTER	NC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
JRH VENTURES LLC - 27-4092967 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	MED CAMPUS DEVELOPMENT	NC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
REX HEALTH VENTURES I, LP - 37-1690478, 4420 LAKE BOONE TRAIL, RALEIGH, NC 27607	VENTURE CAPITAL INVESTMENT	NC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
HIGH POINT HEALTHCARE VENTURES, INC. - 56-1343468, 601 N ELM ST. PO BOX HP-5, HIGH POINT, NC 27261	HOLDING COMPANY	NC	N/A	C CORP					X
UNC PHYSICIANS NETWORK GROUP PRACTICES LLC - 46-1416986, 1600 PERIMETER PARK DRIVE, MORRISVILLE, NC 27560	HEALTHCARE	NC	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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
ORTHOPAEDIC SURGERY CENTER OF RALEIGH LLC - 27-1740526, 4420 LAKE BOONE TRAIL, RALEIGH, NC 27607	ORTHOPAEDIC SURGERY	NC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f	X	
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HIGH POINT REGIONAL HEALTH SERVICES, INC.	B	9,815,800.	FMV
(2) HIGH POINT REGIONAL HEALTH SERVICES, INC.	D	409,185.	LOAN
(3) HIGH POINT REGIONAL HEALTH SERVICES, INC.	J	1,223,527.	FMV
(4) HIGH POINT REGIONAL HEALTH SERVICES, INC.	M	2,320,556.	FMV
(5) HIGH POINT REGIONAL HEALTH SERVICES, INC.	L	176,416.	FMV
(6) HIGH POINT REGIONAL HEALTH FOUNDATION	C	166,000.	FMV

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) HIGH POINT REGIONAL HEALTH FOUNDATION	C	130,866.	FMV
(8) HIGH POINT REGIONAL HEALTH FOUNDATION	E	2,500,000.	FMV
(9) HIGH POINT HEALTH CARE VENTURES, INC	L	130,000.	FMV
(10) HIGH POINT HEALTH CARE VENTURES, INC	D	526,964.	FMV
(11) HIGH POINT SURGERY CENTER	Q	2,787,428.	FMV
(12) HIGH POINT SURGERY CENTER	F	180,000.	
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

PART V, LINES 1N AND 1O

EXPLANATION: ADMINISTRATIVE SUPPORT SUCH AS EXECUTIVE MANAGEMENT, ACCOUNTING, HUMAN RESOURCES AND IT, FOR EACH OF THESE ENTITIES, IS PROVIDED BY HIGH POINT REGIONAL HEALTH (HPRH) PERSONNEL UTILIZING HPRH FACILITIES AND OTHER ASSETS. ESTIMATING THE VALUE OF THESE SHARED PERSONNEL AND ASSETS CANNOT BE READILY DETERMINED.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) KATHERINE BURNS VP/PEOPLE SERVICES	60.00				X			209,308.	0.	25,539.
(28) DENISE POTTER VP/FOUNDATION, PR & MARKETING	60.00				X			205,021.	0.	29,050.
(29) RITA BUNCH VP/OPERATIONS	60.00				X			163,817.	0.	7,837.
(30) BRIAN FARAH PHYSICIAN	36.00					X		370,240.	0.	17,305.
(31) EDWARD LOVE PHYSICIAN	36.00					X		226,680.	0.	16,105.
(32) SNEZANA CVEJIN PHYSICIAN	36.00					X		233,843.	0.	7,777.
(33) ZARINA CHOW PHARMACIST	40.00					X		143,745.	0.	8,843.
(34) ROBERT OFTRING PHARMACIST	40.00					X		136,630.	0.	12,641.
Total to Part VII, Section A, line 1c								1,689,284.		125,097.

HIGH POINT REGIONAL HEALTH AND AFFILIATES
(A COMPONENT UNIT OF THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM)

COMBINED FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

NINE MONTHS ENDED JUNE 30, 2014
AND THE
SIX MONTHS ENDED SEPTEMBER 30, 2013

HIGH POINT REGIONAL HEALTH AND AFFILIATES
TABLE OF CONTENTS
JUNE 30, 2014 AND SEPTEMBER 30, 2013

CliftonLarsonAllen

CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying combined financial statements of High Point Regional Health and Affiliates (the "Health System"), a component unit of the University of North Carolina Health Care System ("UNCHCS"), which comprise the combined statements of net position as of June 30, 2014 and September 30, 2013 and the related combined statements of revenues, expenses, and changes in net position, and cash flows for the nine months ended June 30, 2014 and the six months ended September 30, 2013, and the related notes to the combined financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these combined 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 combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of High Point Regional Health System and Affiliates as of June 30, 2014 and September, 30, 2013, and the changes in its financial position, and its cash flows for the nine months ended June 30, 2014 and the six months ended September 30, 2013 in accordance with accounting principles generally accepted in the United States of America.

Other Matters

As discussed in Note 2 to the combined financial statements, effective April 1, 2013, UNCHCS became the Health System's sole member. As a result, the Health System became a component unit of UNCHCS and began following the pronouncements of the Governmental Accounting Standards Board ("GASB"). The Health System reported a cumulative effect adjustment related to this change in accounting principles as of April 1, 2013.

Report on Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis listed in the Table of Contents be presented to supplement the basic combined financial statements. Such information, although not a part of the basic combined financial statements, is required by the GASB, who considers it to be an essential part of financial reporting for placing the basic combined financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic combined financial statements, and other knowledge we obtained during our audit of the basic combined financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplemental combining schedules listed in the Table of Contents are presented for purposes of additional analysis and are not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Charlotte, North Carolina
December 23, 2014

HIGH POINT REGIONAL HEALTH AND AFFILIATES
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2014 AND SEPTEMBER 30, 2013

Overview

The Management's Discussion and Analysis section of High Point Regional Health and Affiliates (the "Health System") financial report is designed to provide a general overview of the combined financial position and operating results as of June 30, 2014 and for the nine months then ended, and as of September 30, 2013 and for the six months then ended. This discussion and analysis should be read in conjunction with the combined financial statements and related notes which follow this discussion and analysis.

As a not-for-profit health system governed by a volunteer, community-based Board of Trustees, High Point Regional Health ("HPRH" or the "Health System") in High Point, North Carolina offers a network of services that include inpatient and outpatient care, as well as primary and specialty physician services. The current inpatient facility (the "Hospital") officially opened in 1986 and consists of an eight-story, high-rise facility situated downtown in High Point. The Hospital contains approximately 340,000 square feet of patient care space and is located on a 16-acre campus.

High Point Regional Health is a North Carolina nonstock, not-for-profit corporation, and a component unit of the University of North Carolina Health Care System ("UNCHCS"). The Health System is organized to own and operate a 351-bed general acute care hospital facility to promote and provide high-quality health services to the community. High Point Regional Health is the parent holding company of High Point Regional Health Services, Inc., High Point Health Care Ventures, Inc., and High Point Regional Health System Foundation.

With 351 private beds for medical and surgical patients, High Point Regional Health has its foundation in six primary services areas: 1) Carolina Regional Heart Center, 2) The Hayworth Cancer Center, 3) The Neuroscience Center, 4) The Culp Women's Center, 5) The Emergency Center, and 6) The Piedmont Joint Replacement Center.

Other services offered through the Health System include, among others, the following: the Rehab Center; the Millis Regional Health Education Center, the Regional Wound Center; the Regional Center for Bariatric Surgery; the Stroke Center; the Diabetes Self Care Management Center; the Vascular Center and High Point Behavioral Health.

Current Period Highlights

For the nine months ended June 30, 2014:

- The Health System's net position increased by approximately $12,500,000, or 5.5%, primarily due to a $10,000,000 contribution for capital assets from UNCHCS.
- Annualized operating revenues increased approximately 2.1% from the six months ended September 30, 2013.
- Annualized operating expenses decreased approximately 7.5% from the six months ended September 30, 2013.
- Operating expenses exceeded operating revenues by approximately $4,000,000, or 2.0%.

Using this Financial Report

The Health System's combined financial statements report information of the Health System using accounting methods similar to those used by private-sector health organizations. These statements offer short and long-term financial information about its activities.

Combined Statements of Net Position

The combined statements of net position show the financial position of the Health System and includes all of the Health System's assets (resources), deferred outflows of resources, liabilities (claims to resources), deferred inflows of resources, and net position (equity). The combined statements of net position also provide the basis for evaluating the capital structure, liquidity and financial flexibility of the Health System.

Combined Statements of Revenues, Expenses and Changes in Net Position

Revenues and expenses are accounted for in the combined statements of revenues, expenses and changes in net position. These statements measure the success of the Health System's operations and can be used to determine whether the Health System has successfully recovered all of its costs through its fees and other sources of revenue, profitability and credit worthiness.

Combined Statements of Cash Flows

The final required combined statements are the combined statements of cash flows. The combined statements reports cash receipts, cash payments and net changes in cash resulting from operating, investing and capital and related financing activities, and noncapital related financing activities. They also provide answers to such questions as where cash comes from, what cash was used for and what the change in the cash balance was during the reporting period.

Notes to the Combined Financial Statements

Notes to the combined financial statements are designed to give the reader additional information concerning the Health System and further supports the combined financial statements noted above.

Financial Analysis

The combined statements of revenues, expenses and changes in net position report the net position of the Health System and the changes affecting them. The Health System's net position, the difference between assets and liabilities, is a way to measure financial health or financial position. Over time, increases or decreases in the Health System's net position is one indicator of whether its financial health is improving or deteriorating. However, one will also need to consider other non-financial factors such as changes in economic conditions, population growth and new or changed governmental legislation and regulations.

Condensed Combined Statements of Net Position

The following condensed combined statements of net position show the combined financial position at June 30, 2014 and September 30, 2013:

	2014	2013
ASSETS		
Current Assets	$ 65,079,558	$ 59,739,853
Capital Assets, Net	154,733,540	156,422,351
Noncurrent Assets	100,898,225	134,616,761
Total Assets	$ 320,711,323	$ 350,778,965
LIABILITIES		
Long-Term Debt, including Current Portion	$ 9,785,537	$ 50,954,703
Other Liabilities	70,352,132	71,737,317
Total Liabilities	80,137,669	122,692,020
NET POSITION		
Net Investment in Capital Assets	144,864,013	105,453,783
Restricted	20,502,446	19,970,622
Unrestricted	75,207,195	102,662,540
Total Net Position	240,573,654	228,086,945
Total Liabilities and Net Position	$ 320,711,323	$ 350,778,965

The Health System's total assets exceeded liabilities by approximately $240,600,000 at June 30, 2014, and approximately $228,100,000 at September 30, 2013. Long-term debt to total assets was 3.0% and 14.5% at June 30, 2014 and September 30, 2013, respectively, which means the Health System is not highly leveraged with debt burden. A total of 20.9% and 17.2% of the Health System's total assets are current and 79.1% and 82.8% are non-current at June 30, 2014 and September 30, 2013, respectively. The current ratio, which is a measure of the Health System's liquidity, was 0.93 and 0.82, which is unfavorable at June 30, 2014 and September 30, 2013, respectively.

Capital Assets

The Health System's investment in capital assets consisted of the following at June 30, 2014 and September 30, 2013:

	2014	2013
Land and Land Improvement	$ 21,857,150	$ 21,857,150
Buildings and Building Improvements	177,104,382	175,805,378
Equipment	199,897,481	195,131,136
Total Capital Assets	398,859,013	392,793,664
Accumulated Depreciation and Amortization	(262,887,151)	(250,485,354)
	135,971,862	142,308,310
Construction in Progress	18,761,678	14,114,041
Total Capital Assets, Net	$ 154,733,540	$ 156,422,351

Condensed Combined Statements of Revenues, Expenses and Changes in Net Position

While the combined statements of net position show the financial position of the Health System at June 30, 2014 and September, 30, 2013, the following condensed combined statements of revenues, expenses and changes in net position provide answers to the nature and source of changes in net position for the nine months ended June 30, 2014 and the six months ended September 30, 2013:

	2014	2013
Operating Revenues	$ 196,435,189	$ 128,096,466
Operating Expenses	200,394,485	144,180,061
Loss from Operations	(3,959,296)	(16,083,595)
Non-Operating Income (Loss), Net	6,846,005	(72,341)
Contributions for Capital Assets	9,600,000	25,038,208
Increase in Net Position	12,486,709	8,882,272
Net Position, Beginning of Period, as Originally Reported	228,086,945	220,925,363
Cummulative Effect Adjustment	-	(1,720,690)
Net Position, Beginning of Period	228,086,945	219,204,673
Net Position, End of Period	$ 240,573,654	$ 228,086,945

Finance Contact

The Health System's combined financial statements are designed to present users with a general overview of the Health System's finances and to demonstrate the Health System's financial accountability. If you have any questions about this report or need additional financial information, inquiries may be sent to:

Chief Financial Officer
High Point Regional Health System and Affiliates
601 North Elm Street
High Point, North Carolina 27262

HIGH POINT REGIONAL HEALTH AND AFFILIATES
COMBINED STATEMENTS OF NET POSITION
JUNE 30, 2014 AND SEPTEMBER 30, 2013

	2014	2013
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	$ 3,817,573	$ 9,005,683
Noncurrent Cash and Investments, Required for Current Liabilities	-	4,501,235
Patient Accounts Receivable, Less Allowance for Doubtful Accounts of Approximately $22,670,000 in 2014 and $16,396,000 in 2013	34,998,400	33,284,967
Other Receivables	4,078,256	5,366,878
Estimated Third-Party Payor Settlements	10,833,651	-
Inventories	5,006,891	3,216,441
Other Current Assets	6,344,787	4,364,649
Total Current Assets	65,079,558	59,739,853
Noncurrent Cash and Investments, Less Current Portion	89,497,791	124,720,274
Investments in Affiliated Entities	10,232,328	8,976,503
Capital Assets, Net	154,733,540	156,422,351
Other Assets	1,168,106	919,984
Total Assets	$ 320,711,323	$ 350,778,965
LIABILITIES AND NET POSITION		
CURRENT LIABILITIES		
Line of Credit	$ 12,330,918	$ 20,000,000
Current Portion of Long-Term Debt	741,047	41,818,942
Accounts Payable	36,692,488	29,665,004
Accrued Expenses	12,422,910	9,693,306
Accrued Interest	-	991,234
Estimated Third-Party Payor Settlements	7,948,073	7,011,026
Total Current Liabilities	70,135,436	109,179,512
Long-Term Debt, Less Current Portion	9,044,490	9,135,761
Derivative Financial Instrument	83,990	13,865
Other Long-Term Liabilities	873,753	4,362,882
Total Liabilities	80,137,669	122,692,020
NET POSITION		
Net Investment in Capital Assets	144,864,013	105,453,783
Unrestricted	75,207,195	102,662,540
Restricted	20,502,446	19,970,622
Total Net Position	240,573,654	228,086,945
Total Liabilities and Net Position	$ 320,711,323	$ 350,778,965

See accompanying Notes to Combined Financial Statements.

HIGH POINT REGIONAL HEALTH AND AFFILIATES
COMBINED STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
NINE MONTHS ENDED JUNE 30, 2014 AND SIX MONTHS ENDED SEPTEMBER 30, 2013

	2014	2013
OPERATING REVENUES		
Net Patient Service Revenue (Net of Provision for Uncollectible Accounts of Approximately $43,397,000 in 2014 and $11,094,000 in 2013)	$ 187,759,727	$ 125,509,667
Other Operating Revenue	8,675,462	2,586,799
Total Operating Revenues	196,435,189	128,096,466
OPERATING EXPENSES		
Salaries and Wages	82,673,087	57,695,937
Employee Benefits	19,030,783	12,406,889
Medical Supplies and Other Expenses	47,770,031	35,763,405
General Services	36,189,314	27,681,502
Depreciation and Amortization	12,864,699	9,259,829
Interest Expense	1,866,571	1,372,499
Total Operating Expenses	200,394,485	144,180,061
Operating Loss	(3,959,296)	(16,083,595)
NONOPERATING INCOME (LOSS)		
Investment Income, Net	7,771,313	639,009
Other, Net	(925,308)	(711,350)
Nonoperating Income (Loss), Net	6,846,005	(72,341)
Excess of Revenues and Gains Over (Under) Expenses	2,886,709	(16,155,936)
Contributions for Capital Assets	50,000	188,208
Contributions from Related Party, Net	9,550,000	24,850,000
Change in Net Position	12,486,709	8,882,272
Net Position - Beginning of Period, as Originally Reported	228,086,945	220,925,363
Cummulative Effect Adjustment for Change in Accounting Principles	-	(1,720,690)
Net Position - Beginning of Period	228,086,945	219,204,673
Net Position - End of Period	$ 240,573,654	$ 228,086,945

See accompanying Notes to Combined Financial Statements.

HIGH POINT REGIONAL HEALTH AND AFFILIATES
COMBINED STATEMENTS OF CASH FLOWS
NINE MONTHS ENDED JUNE 30, 2014 AND SIX MONTHS ENDED SEPTEMBER 30, 2013

	2014	2013
OPERATING ACTIVITIES		
Receipts from Third-Party Payors and Patients	$ 186,968,512	$ 123,916,573
Payments to and on Behalf of Employees	(98,974,266)	(70,783,304)
Payments to Suppliers	(77,659,558)	(70,713,489)
Other Receipts	(8,560,185)	12,257,371
Net Cash Provided by (Used in) Operating Activities	1,774,503	(5,322,849)
CAPITAL AND RELATED FINANCING ACTIVITIES		
Checks Written in Excess of Cash	-	(3,601,794)
Purchases of Capital Assets	(11,175,888)	(6,843,074)
Contributions for Capital Assets	10,050,000	25,188,208
Proceeds (Repayments) on Line of Credit, Net	(7,669,082)	4,227,258
Principal Repayments of Long-Term Debt	(40,803,722)	(1,517,671)
Cash Paid for Interest on Long-Term Debt	(2,857,805)	(1,372,499)
Net Cash (Used in) Provided by Capital and Related Financing Activities	(52,456,497)	16,080,428
INVESTING ACTIVITIES		
Purchases and Sales of Investments, Net	31,921,239	(350,083)
Investment Income	8,151,612	972,350
Other Nonoperating Income, Net	(2,001,147)	(314,684)
Net Cash Provided by Investing Activities	38,071,704	307,583
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(12,610,290)	11,065,162
Cash and Cash Equivalents - Beginning of Year	23,100,846	12,035,684
CASH AND CASH EQUIVALENTS - END OF YEAR	$ 10,490,556	$ 23,100,846
RECONCILIATION OF CASH AND CASH EQUIVALENTS TO COMBINED STATEMENTS OF NET POSITION:		
Cash and Cash Equivalents in Current Assets	$ 3,817,573	$ 9,005,683
Cash and Cash Equivalents in Noncurrent Cash and Investments	6,672,983	14,095,163
Total Cash and Cash Equivalents	$ 10,490,556	$ 23,100,846

See accompanying Notes to Combined Financial Statements.

HIGH POINT REGIONAL HEALTH AND AFFILIATES
COMBINED STATEMENTS OF CASH FLOWS (CONTINUED)
NINE MONTHS ENDED JUNE 30, 2014 AND SIX MONTHS ENDED SEPTEMBER 30, 2013

	2014	2013
RECONCILIATION OF OPERATING LOSS TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES		
Operating Loss	$ (4,519,158)	$ (16,316,168)
Interest Expense Considered Capital Financing Activity	1,501,127	1,363,122
Adjustments to Reconcile Operating Loss to Net Cash Provided by (Used in) Operating Activities:		
Provision for Uncollectible Accounts	43,397,436	11,100,784
Depreciation and Amortization	12,864,699	9,259,829
Changes in Assets and Liabilities:		
Patient and Other Receivables, Net	(56,263,685)	(6,968,715)
Accounts Payable and Accrued Expenses	11,364,877	(7,576,561)
Estimated Third-Party Payor Settlements	937,047	674,837
Other Assets and Liabilities, Net	(7,507,840)	3,140,023
Net Cash Provided by (Used in) Operating Activities	$ 1,774,503	$ (5,322,849)
SUPPLEMENTAL DISCLOSURE OF NON-CASH INFORMATION		
Net Change in Unrealized Gains on Investments	$ (380,299)	$ (333,341)
Additions to Capital Assets Included in Current Liabilities	1,873,610	1,087,867
Capital Assets Acquired through Capital Lease Obligations	-	36,215

See accompanying Notes to Combined Financial Statements.

NOTE 1 ORGANIZATION

High Point Regional Health ("Health System"), formerly High Point Regional Health System, is a North Carolina non-stock, not-for-profit corporation organized to own and operate a 351-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 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.

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

Effective April 1, 2013, the Health System, the University of North Carolina Health Care System ("UNCHCS"), and the newly created High Point Community Health Fund, Inc. (the "Community Health Fund"), an unrelated not-for-profit entity, entered into the Member Substitution Agreement (the "Agreement") whereby UNCHCS became the sole member of the Health System. Consideration in the Agreement includes:

- Closing Contribution – UNCHCS will make a $50,000,000 contribution to the Community Health Fund, $30,000,000 payable at closing, and $10,000,000 at the first and second anniversary of the closing date. The Community Health Fund is to use the Closing Contribution for the delivery of health care services in the Health System's service area as determined by its Board of Directors.
- Capital Commitment – UNCHCS shall make capital expenditures at the Health System of not less than $150,000,000 within five years after the closing date. No more than $20,000,000 of the Capital Commitment shall be used for non-capital expenditures such as strategic initiatives or joint ventures. The Capital Commitment may be reduced dollar-for-dollar up to $10,000,000 in the event certain liabilities arise post-closing, as defined in the Agreement.

Effective May 2, 2013 the Health System changed its name from High Point Regional Health System to High Point Regional Health.

The combined financial statements of the Health System present the financial position and results of operations of the primary enterprise, High Point Regional Health and its blended component units. The combined component units discussed below are included in the Health System's reporting entity because of their operational or financial relations with the Health System, including sharing the same governance, or the Health System being the sole member of the component unit.

- 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 through the support of the services and mission of High Point Regional Health.

NOTE 1 ORGANIZATION (CONTINUED)

- 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 laboratory services and joint ventures. Health Care Ventures has combined the following 100%-owned subsidiary at June 30, 2014: High Point Regional Health System Reference Lab and Regional Wellness, LLC.
- 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, imaging services and partnerships to provide durable medical equipment, various therapies, home health care services, and adult clinic services. Health Services has combined the following 100%-owned subsidiaries as of June 30, 2014: Regional Physicians, LLC and Premier Imaging, LLC.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

As a result of the transfer of membership interest to UNCHCS, a component unit of the State of North Carolina, the Health System ceased following the accounting principles prescribed by the Financial Accounting Standards Board and began following the principles prescribed by the Governmental Accounting Standards Board ("GASB"). As a result, the Health System reported a cumulative effect of a change in accounting principles and decreased previously reported Net Assets under FASB as of April 1, 2013 by approximately $1,721,000 for the following changes in accounting principles under GASB (Net Position):

	Under FASB	Cummulative Effect	Under GASB
Other Assets	$ 2,952,149	$ (1,720,690)	$ 1,231,459
Net Position, Beginning of Period	220,925,363	(1,720,690)	219,204,673

The accompanying basic combined financial statements are presented in conformity with accounting principles generally accepted in the United States of America ("generally accepted accounting principles") in accordance with the American Institute of Certified Public Accountants' Audit and Accounting Guide: *Health Care Entities,* and other pronouncements applicable to health care organizations and guidance from the GASB, where applicable. The basic combined financial statements include all of the accounts of the Health System. Intercompany accounts and transactions have been eliminated in combination.

The Health System utilizes proprietary fund accounting whereby revenues and expenses are recognized on an accrual basis. In December 2010, the GASB issued Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements.* This statement incorporates into the GASB's authoritative literature certain accounting and financial reporting guidance that

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Basis of Presentation (Continued)

is included in the Financial Accounting Standards Board Statements and other pronouncements issued on or before November 30, 1989, which does not conflict with or contradict GASB pronouncements.

Use of Estimates

The preparation of the combined 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 combined financial statements, and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from these estimates.

Cash and Cash Equivalents

Cash and cash equivalents include all highly liquid investments with an original maturity of three months or less when purchased, and which are not designated as noncurrent cash and investments, and are recorded at cost which approximates market value.

Patient Accounts Receivables

Patient accounts receivable are carried at the original charge less an estimate made for contractual discounts and uncollectible accounts. The allowance is based upon a review of the outstanding balances aged by financial class and historical collection experience. Patient accounts receivable are written off when deemed uncollectible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Recoveries of accounts previously written off are recorded as a reduction to the provision for uncollectible accounts when received.

Inventories

Inventories consist of medical supplies, surgical supplies, and pharmaceuticals and are stated at the lower of average cost or market.

Noncurrent Cash and Investments

Noncurrent cash and investments 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 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 classified as current assets in the accompanying combined statements of net position.

Investments in marketable securities are presented as noncurrent cash and investments in the combined statements of net position. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Noncurrent Cash and Investments (Continued)

the combined statements of net position. 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 noncurrent cash and investments 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 over (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.

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.

Investments in Affiliates

High Point Surgery Center, Inc. – the Health System owns a 50% interest in High Point Surgery Center ("HPSC"), a partnership, that provides outpatient surgery procedures for medical patients from the High Point, North Carolina area. The Health System accounts for its investment in HPSC under the equity method of accounting since it exercises significant influence over HPSC but does not have financial accountability. The Health System's equity in the earnings of HPSC totaled approximately $3,000 and ($25,000) for the nine months ended June 30, 2014 and six months ended September 30, 2013, respectively, and is reported in other operating revenues. The Health System also received dividends of approximately $180,000, and $60,000 for the nine months ended June 30, 2014 and six months ended September 30, 2013, respectively. The Health System's investment in HPSC totaled approximately $86,000 and $263,000 as of June 30, 2014 and September 30, 2013, respectively. Separate financial statements for HPSC are not publicly available.

Guilford Adult Health, Inc. – Guilford Adult Health, Inc. ("GAH") is a 50/50 not-for-profit joint venture that was formed between the Health System and Cone Health in 2003. Its purpose is to be the parent organization for the Guilford County Community Network which includes 12 different entities serving the indigent population of Guilford County. The Health System accounts for its investment in GAH under the equity method of accounting since it exercises significant influence over GAH but does not have financial accountability. The Health System's equity in the earnings of GAH totaled approximately $29,000 and $38,000 for the nine months ended June 30, 2014 and six months ended September 30, 2013, respectively, and is reported in other operating revenues. The Health System made additional capital contributions in GAH of approximately $39,000 during the six months ended September 30, 2013. The Health System's investment in GAH totaled approximately $557,000 and $527,000 as of June 30, 2014 and September 30, 2013, respectively. Separate financial statements for GAH are not publicly available.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments in Affiliates (Continued)

Advanced Home Care, Inc. – Advanced Home Care, Inc. ("AHC"), incorporated in 1993, and was formed to provide home health services to patients in their homes, including durable medical equipment, infusion therapy services, skilled nursing care, rehabilitation services, nursing assistance, pediatric services, and respiratory services. The Health System is one of AHC's 12 members and as of June 30, 2014 and September 30, 2013, the Health System's ownership percentage was 17.2% and 17.5%, respectively. The Health System accounts for its investment in AHC under the equity method of accounting since it exercises significant influence over AHC but does not have financial accountability. The Health System's equity in the earnings of AHC totaled approximately $1,402,000 and $388,000 for the nine months ended June 30, 2014 and six months ended September 30, 2013, respectively, and is reported in other operating revenues. The Health System received dividends of approximately $1,039,000 for the six months ended September 30, 2013. The Health System's investment in AHC totaled approximately $9,489,000 and $8,087,000 as of June 30, 2014 and September 30, 2013, respectively. Separate financial statements for AHC are not publicly available.

The Health System has a $100,000 investment in Voluntary Hospitals of America ("VHA"), a group purchasing organization. The Health System accounts for this investment under the cost method. There was no change in value of this investment for the nine months ended June 30, 2014 and the six months ended September 30, 2013.

The following table presents summarized unaudited financial information related to the affiliates as of and for the nine months ended June 30, 2014 and, as of and for the six months ended September 30, 2013:

	2014	2013
Assets	$ 106,700,000	$ 103,100,000
Liabilities	$ 26,900,000	$ 33,900,000
Equity	79,800,000	69,200,000
	$ 106,700,000	$ 103,100,000
Total Revenue	$ 131,800,000	$ 136,300,000
Total Expenses	(123,600,000)	(129,800,000)
	8,200,000	6,500,000
Other Comprehensive Income (Loss)	(2,400,000)	12,200,000
	$ 5,800,000	$ 18,700,000

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments in Affiliates (Continued)

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.

Capital Assets

Capital asset acquisitions are recorded at cost and include interest on funds used to finance the acquisition or construction of major capital projects. Assets under capital lease are stated at the present value of the minimum lease payments at the inception of the lease. Depreciation is provided on both straight-line and accelerated methods over the estimated useful lives of the depreciable assets which is generally 5 to 15 years for equipment, 5 to 15 years for building improvements, and 30 to 40 years for buildings.

Expenditures for repairs and maintenance are charged to expense as incurred. The costs for major renewals and betterments are capitalized and depreciated over the estimated useful lives. Upon disposition, the asset and related accumulated depreciation accounts are relieved and any gain or loss is credited or charged to non-operating revenues and expenses.

Assets under capital leases and leasehold improvements are depreciated over the estimated useful life or the related lease term, whichever is shorter; generally periods ranging from 5 to 7 years. Depreciation of assets under capital leases and leasehold improvements is included in depreciation and amortization expense in the accompanying combined statements of revenues, expenses and changes in net assets.

Gifts of long-lived assets and assets to purchase long-lived assets, such as land, buildings, or equipment are reported as unrestricted net position, 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.

Other Assets

Other assets consisted primarily of long-term notes receivable and deferred lease assets for the nine months ended June 30, 2014 and the six months ended September 30, 2013.

Other Long-Term Liabilities

Other long-term liabilities consist of the non-contributory Supplemental Executive Retirement Plan and other supplemental death benefits and life insurance policies on certain members of the Health System's executive leadership.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Position

In accordance with GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position,* net position is categorized as net investment in capital assets, restricted and unrestricted. Net investment in capital assets is intended to reflect the portion of net position that is associated with nonliquid capital assets less outstanding capital-related debt. Restricted net position is assets generated from revenues that have third-party limitations as to their use. Unrestricted net position has no third-party restrictions as to use.

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 restricted net position, depending on the nature of the restrictions. When a restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, restricted net position is reclassified to unrestricted net position.

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.

Restricted net position included the following at June 30, 2014 and September 30, 2013:

	2014	2013
Expendable:		
Patient Services	$ 2,718,831	$ 1,976,020
Property and Equipment	1,419,951	1,324,659
Other	1,544,162	1,984,880
Total Expendable	5,682,944	5,285,559
Nonexpendable:		
Endowments	14,819,502	14,685,063
Total Restricted Net Position	$ 20,502,446	$ 19,970,622

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 due to future audits, reviews, and investigations. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as adjustments become known, or as years are no longer subject to such audits, reviews, and investigations.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Charity Care

The Health System provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because the Health System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue or accounts receivable in the accompanying financial statements. The Health 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. Effective January 1, 2014, the Health System adopted the financial assistance policy of UNCHCS, resulting in significant changes in the determination of charity care. Changes were made to eligibility requirements and qualification criteria. The amount of charity care provided, based on charges foregone, was approximately $4,044,000 and $27,913,000 for the nine months ended June 30, 2014 and the six months ended September 30, 2013, respectively. The Health System has estimated costs associated with amounts foregone, utilizing the most recent Medicare cost report cost-to-charge ratio, to be approximately $1,278,000 and $8,829,000 for the nine months ended June 30, 2014 and the six months ended September 30, 2013, respectively.

Operating Income

The Health System classifies all revenues and expenses earned or incurred in the course of providing health care to patients as operating activities.

Nonoperating Income (Loss)

Nonoperating income (loss) consists primarily of investment income and other miscellaneous income and expense items.

Capitalized Interest

Interest incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Electronic Health Record ("EHR")

The Health System recognizes revenue at the completion of the EHR reporting period and all meaningful use objectives and any other specific grant requirements that are applicable (such as electronic transmission of quality measures in the second and subsequent payment years) are met.

Tax-Exempt Status

The Health System and its affiliates, 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)

Tax-Exempt Status (Continued)

Health Care Ventures and its subsidiaries are for-profit entities. Income taxes are provided for the tax effects of transactions reported in the combined 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 June 30, 2014. Fiscal years ending on or after September 30, 2010 remain subject to examination by federal and state tax authorities.

NOTE 3 NET PATIENT SERVICE REVENUE

The Health System has agreements with third-party payors that provide for payments to the Health System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. A summary of the payment arrangements with major third-party payors follows:

Medicare – Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient non-acute services, and defined capital and medical education costs related to Medicare beneficiaries, are paid based on a cost reimbursement methodology. Outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates based on the Ambulatory Payment Classification System ("APC"). The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Medicare cost reports have been final settled for the years ended September 30, 2005, and September 30, 2011, and tentatively settled for the years ended September 30, 2004, September 30, 2006-2010, and September 30, 2012.

Medicaid – Inpatient acute care services are paid at prospectively determined rates per discharge. Amounts received for Medicaid outpatient services are generally cost-based at standard per encounter rates established by state regulations. 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 Medicaid fiscal intermediary. The Medicaid cost reports have been settled by the Medicaid fiscal intermediary for the years through September 30, 2006-2010.

NOTE 3 NET PATIENT SERVICE REVENUE (CONTINUED)

Managed Care Agreements – Net patient service revenue includes amounts determined to be reimbursable under contractual agreements with managed care organizations, area businesses and insurance companies. The Agreements provide for various discounts, per diem rates, and/or per case rates. Allowances are provided for adjustments under these agreements.

Revenues from the Medicare and Medicaid programs accounted for approximately 50% and 57% of the Health System's net patient service revenue for the nine months ended June 30, 2014 and the six months ended September 30, 2013, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates could change by a material amount in the near term. The 2014 and 2013 net patient service revenue increased approximately $129,000 and $1,000, respectively, as a result of changes in estimates related to various third-party accruals and reserves.

Contractual adjustments totaled approximately $343,000,000 and $242,000,000 for the nine months ended June 30, 2014 and the six months ended September 30, 2013, respectively.

Prior to the Agreement, the Health System has historically participated in the voluntary North Carolina Medicaid Reimbursement Initiative Program (the "MRI Program"). The MRI Program allowed the Hospital to receive additional annual Medicaid funding for its disproportionate share costs. In March 2012, the Center for Medicare and Medicaid Services ("CMS") approved two new disproportionate share plans for North Carolina.

The first plan covers the UNCHCS hospitals (The UNC Upper Payment Limit or "UPL Plan"), including the Health System. The second plan covers all other non-state government hospitals and private hospitals in North Carolina (the "GAP Plan") and is essentially a supplemental upper payment limit plan to the existing MRI Program. Under the UNC UPL Plan, the Health System does not participate in the GAP Plan and no longer participates in the MRI Program.

Under the provisions of the UPL Plan, the Health System is assessed an inter-governmental transfer ("IGT Payment") by the North Carolina Medicaid program ("Medicaid"); in return Medicaid makes a UPL payment to the Health System. When both amounts are reasonably estimable and probable of payment, the Health System recognizes the revenues related to the UPL Plan as net patient service revenue.

NOTE 3 NET PATIENT SERVICE REVENUE (CONTINUED)

The following table summarized the revenue recognized by the Health System related to these plans for the nine months ended June 30, 2014 and the six months ended September 30, 2013:

	2014	2013
UPL Plan Year - 2013:	$ -	$ (9,216,000)
IGT Payment	-	13,646,000
UPL Revenue	-	4,430,000
UPL Plan Year - 2014:		
IGT Payment	(5,100,000)	-
UPL Revenue	10,834,000	-
	5,734,000	-
	$ 5,734,000	$ 4,430,000

NOTE 4 ACCOUNTS RECEIVABLE AND ACCRUED EXPENSES

Patient accounts receivable consists of the following at June 30, 2014 and September 30, 2013:

	2014	2013
Gross Receivables		
Medicare	$ 49,854,472	$ 50,010,980
Medicaid	19,487,822	17,849,969
Managed Care/Other	32,222,518	29,774,624
Self Pay	18,207,999	14,320,030
	119,772,812	111,955,604
Less:		
Contractual Allowances	(62,104,412)	(62,274,637)
Allowance for Uncollectible Accounts	(22,670,000)	(16,396,000)
	$ 34,998,400	$ 33,284,967

NOTE 4 ACCOUNTS RECEIVABLE AND ACCRUED EXPENSES (CONTINUED)

Other receivables consist of the following at June 30, 2014 and September 30, 2013:

	2014	2013
Sales Tax Receivable	$ 1,516,627	$ 3,313,694
Pledges Receivable	611,491	729,888
Other	1,950,138	1,323,296
	$ 4,078,256	$ 5,366,878

Accrued expenses consist of the following at June 30, 2014 and September 30, 2013:

	2014	2013
Accrued Salaries, Wages and Withholdings	$ 5,627,397	$ 2,839,157
Accrued Paid Time Off	4,790,283	4,843,383
Reserve for Workers Compensation Claims	889,247	925,106
Other	1,115,983	1,085,660
	$ 12,422,910	$ 9,693,306

NOTE 5 NONCURRENT CASH AND INVESTMENTS

Noncurrent cash and investments consist of the following at June 30, 2014 and September 30, 2013:

	2014	2013
Noncurrent Cash and Investments:		
Held Under Indenture by Bond Trustee	$ -	$ 4,501,235
Held by Trustee - SERP	1,509,830	1,419,339
Board-Designated for Capital Improvement	49,902,295	85,494,155
Board-Designated for Insurance Deductibles	3,655,798	3,503,446
Board-Designated for Investment Earnings	14,538,912	15,062,600
Donor-Restricted for Specific Purposes	19,890,955	19,240,734
	89,497,791	129,221,509
Less Current Portion	-	(4,501,235)
	$ 89,497,791	$ 124,720,274

NOTE 5 NONCURRENT CASH AND INVESTMENTS (CONTINUED)

Noncurrent cash and investments consist of the following types of investments at June 30, 2014 and September 30, 2013:

	2014	2013
Cash and Cash Equivalents	$ 6,672,983	$ 14,095,163
Marketable Equity Securities		
U.S. Equities	16,977,965	21,909,872
International Equities	17,164,486	26,350,744
Fixed-Income Securities		
United States Governmental Corporate	3,363,738	8,623,316
Corporate	9,702,447	13,883,823
Asset-Backed	3,430,525	-
Taxable Municipal	209,236	894,843
Non-Taxable Municipal	2,339,596	4,978,755
Hedge Funds (by Investment Strategy)		
Long/Short Equity, Global Sector	5,396,975	7,096,975
Credit Opportunities, Long/Distressed Securities	2,239,078	2,239,078
Multi-Strategy - Open Mandate	5,319,705	5,319,705
Multi-Strategy - Event Driven	3,919,602	4,052,204
Multi-Strategy - Diversified Multi-Strategy, Global Sector	4,569,519	1,929,180
Long/Short Equity, Value Hedge Fund, U.S. Sector	1,646,869	1,646,869
Long/Short Equity, European Sector	2,195,272	2,008,339
Long/Short Equity, Asia Pacific Sector	228,370	1,311,712
Long/Short Equity, Growth Fund, Global Sector	-	1,300,000
Long/Short Equity, Sector-Specific Fund, Global Sector	1,576,990	1,576,990
Real Assets	2,544,436	10,003,944
Total Noncurrent Cash and Investments	$ 89,497,791	$ 129,221,509

The Health System's investment policy is intended to ensure that the future growth of the investment assets is sufficient to: (1) meet any expenditures deemed necessary and in the best interests of the Health System, (2) offset normal inflation, oversight costs and expenses, and (3) exceed the Health System's average cost of capital on a long-term basis.

Interest Rate Risk – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of a fixed income investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The Health System's investment policy provides for the impact of interest fluctuations by utilizing a diversified portfolio.

Credit Risk – The Health System's investment policy allows it to invest in cash equivalents, U.S. equities, Non-U.S. developed equities, Non-U.S. emerging markets equities, marketable alternatives, certain real assets, and fixed income obligations.

Fixed income investments should be limited to investment grade securities, i.e., securities with ratings of BBB- (Standard & Poor's) or Baa3 (Moody's) or higher. Unrated securities of the U.S. Treasury, government agencies and government sponsored entities are permissible investments. The average portfolio quality should be "A."

NOTE 5 NONCURRENT CASH AND INVESTMENTS (CONTINUED)

Alternative investments are investments in the common stock of limited investment companies that offer a pattern of returns different from that of the overall market and occasionally have lesser levels of liquidity. Examples of alternative investments allowed by the Health System's investment policy include hedge funds, hedge fund-of-funds, private equity funds, managed futures and structured alternatives.

Concentration of Credit Risk – The Health System's investment policy requires a diversified investment portfolio as follows:

Investment Class:	Range	Strategic Target	Benchmark
U S. Equity	10-30%	20%	Russell 3000 Index
Global ex-U.S. Equity	10-30%	20%	MCSI / EAFE Index
Emerging Markets Equity	0-10%	5%	MCSI EM Index
Absolute Return	5-15%	11%	T-Bills + 5%
Equity Hedge Funds	5-15%	9%	T-Bills + 5%
Real Assets	5-15%	10%	CPI-U + 5%
Fixed Income Obligations	15-35%	25%	Barclay's Capital U.S. Aggregate Bond Index
Cash and Cash Equivalents	0-5%	-	91-Day T-Bill

Custodial Credit Risk – For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Health System will not be able to recover the value of its investments of collateral securities that are in the possession of an outside party. Fixed income and equity securities may be exposed to custodial credit risk if they are uninsured, are not registered in the name of the Health System and are held by either the counterparty of the counterparty's trust department or agent, but not in the Health System's name. At June 30, 2014 and September 30, 2013, all investments in securities are on deposit with the Health System's Fiduciary agent, which holds these securities by book entry in its fiduciary Federal Reserve Accounts. The Health System's ownership of these securities is identified through the internal records of the fiduciary agent. Certain of these securities are optionally callable at par by the issuer on specified dates.

The Health System does not have a deposit policy for custodial credit risk, but does require cash to be employed productively at all times, by investment in short-term cash equivalents to provide safety, liquidity, and return. At June 30, 2014, the Health System had approximately $2,500,000 on deposit with financial institutions that exceeded the $250,000 FDIC insurance limit.

NOTE 5 NONCURRENT CASH AND INVESTMENTS (CONTINUED)

Investment income (loss) consisted of the following for the nine months ended June 30, 2014 and the six months ended September 30, 2013:

	2014	2013
Interest and Dividend Income	$ 1,732,035	$ 578,190
Realized Gains on Sales of Securities, Net	6,419,577	394,160
Net Change in Unrealized Losses on Marketable Securities	(380,299)	(333,341)
	$ 7,771,313	$ 639,009

NOTE 6 CAPITAL ASSETS

A summary of capital assets for the nine months ended June 30, 2014 is as follows:

	October 1, 2013	Transfers/ Additions	Transfers/ Retirements	June 30, 2014
CAPITAL ASSETS AT COST:				
Non-Depreciable Assets:				
Land	$ 14,582,160	$ -	$ -	$ 14,582,160
Construction in Progress	14,114,041	6,365,516	(1,717,879)	18,761,678
Depreciable Assets:				
Land Improvements	7,274,990	-	-	7,274,990
Buildings and Improvements	171,269,496	-	1,297,176	172,566,672
Leasehold Improvements	4,535,882	1,828	-	4,537,710
Equipment	195,131,136	4,808,544	(42,199)	199,897,481
Totals at Historcal Cost	406,907,705	11,175,888	(462,902)	417,620,691
ACCUMULATED DEPRECIATION AND AMORITIZATION	(250,485,354)	(12,864,699)	462,902	(262,887,151)
	$156,422,351	$ (1,688,811)	$ -	$154,733,540

A summary of capital assets for the six months ended September 30, 2013 is as follows:

	April 1, 2013	Transfers/ Additions	Transfers/ Retirements	September 30. 2013
CAPITAL ASSETS AT COST:				
Non-Depreciable Assets:				
Land	$ 14,185,314	$ -	$ 396,846	$ 14,582,160
Construction in Progress	12,105,104	6,162,003	(4,153,066)	14,114,041
Depreciable Assets:				
Land Improvements	7,274,990	-	-	7,274,990
Buildings and Improvements	170,247,945	-	1,021,551	171,269,496
Leasehold Improvements	4,536,052	-	(170)	4,535,882
Equipment	193,176,367	717,286	1,237,483	195,131,136
Totals at Historical Cost	401,525,772	6,879,289	(1,497,356)	406,907,705
ACCUMULATED DEPRECIATION AND AMORTIZATION	(242,722,881)	(9,259,829)	1,497,356	(250,485,354)
	$158,802,891	$ (2,380,540)	$ -	$156,422,351

NOTE 6 CAPITAL ASSETS (CONTINUED)

The capital acquisitions' figures above are presented net of transfer from construction in progress to operating asset categories and sales and other dispositions. Depreciation expense related to the Health System and its related entities is included in other nonoperating income. Depreciation and amortization expense totaled approximately $12,865,000 and $9,260,000 for the nine months ended June 30, 2014 and the six months ended September 30, 2013, respectively. The expense shown in the table above is net of decreases in accumulated depreciation for sales and other dispositions of capital assets.

As of June 30, 2014, the Health System has entered into construction and equipment purchase contracts on various projects. The total commitment for these contracts was approximately $56,955,000, of which approximately $23,518,000 had been paid.

NOTE 7 LINE OF CREDIT

The Health System has an uncollateralized line of credit with a financial institution with a maximum borrowing amount of $20,000,000, maturing on January 4, 2015. The line of credit bears interest at one-month LIBOR (0.15% at June 30, 2014) plus 1.85% per annum, with a minimum rate of 2.00%. At June 30, 2014, approximately $12,331,000 was outstanding on the line of credit and approximately $7,669,000 was available to be drawn.

High Point Regional Health and High Point Regional Health Services, Inc. are "Guarantors" on the line of credit and are subject to certain restrictive covenants that among other things, limit the issuance of additional debt, and require maintenance of minimum levels of debt service coverage and days cash on hand. At June 30, 2014 and September 30, 2013, the Health System was not in compliance with certain of these covenants. The financial institution waived the Health System's non-compliance in a letter dated December 23, 2014.

NOTE 8 LONG-TERM DEBT

A summary of long-term debt and changes in long-term debt for the nine months ended June 30, 2014 and the six months ended September 30, 2013 is as follows:

	April 1, 2013	Borrowings	Payments and Amortization	September 30, 2013	Borrowings	Payments and Amortization	June 30, 2014
Bonds Payable	$ 39,460,000	$ -	$ -	$ 39,460,000	$ -	$ (39,460,000)	$ -
Bank Qualified Loan	2,450,000	-	(1,050,000)	1,400,000	-	(1,400,000)	-
Notes Payable	9,849,566	-	(184,350)	9,665,216	-	(283,093)	9,382,123
Obligations Under Capital Lease	1,060,791	36,215	(302,075)	794,931	-	(391,517)	403,414
	52,820,357	36,215	(1,536,425)	51,320,147	-	(41,534,610)	9,785,537
Less: Bond Discount	(374,821)	-	9,377	(365,444)	-	365,444	-
	$ 52,445,536	$ 36,215	$ (1,527,048)	$ 50,954,703	$ -	$ (41,169,166)	$ 9,785,537

NOTE 8 LONG-TERM DEBT (CONTINUED)

Bonds Payable and Bank Qualified Loan

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 consisted 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%.

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.

At September 30, 2013, the Health System was not in compliance with certain covenants related to the Bonds Payable. In April 2014, the Health System refunded all outstanding balances of the bonds and bank qualified loan utilizing existing Health System funds; therefore, amounts due for Bonds Payable and Bank Qualified Loan are classified in current portion of long-term debt as of September 30, 2013.

Notes Payable

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 June 30, 2014, the balance of the note was approximately $806,000.

On April 11, 2006, Regional Wellness, LLC entered into a promissory note in the amount of $10,000,000 at a per annum interest rate of 5.98%. Interest only was paid monthly until May 1, 2008, then principal and interest was paid in monthly installments of $64,842. The note was modified on June 23, 2012. The repayment schedule was modified to be monthly interest plus principal with the final payment of all remaining principal and accrued interest due on April 25, 2021. At June 30, 2014, the balance of the note was approximately $8,577,000.

Obligations Under Capital Lease

The Health System leases certain equipment from various vendors under capital leases. The economic substance of the leases is that the Health System is financing the acquisition of the assets through the leases and, accordingly, have recorded the assets under the leasing arrangements in property and equipment and the related liabilities in accounts payable and other long-term liabilities in the combined statements of net position.

NOTE 8 LONG-TERM DEBT (CONTINUED)

Obligations Under Capital Lease (Continued)

The following is an analysis of the leased assets included in property and equipment at June 30, 2014 and September 30, 2013:

	2014	2013
Equipment	$ 1,143,821	$ 1,417,933
Accumulated Amortization	(806,341)	(959,940)
	$ 337,480	$ 457,993

Amortization expense of approximately $277,000 and $213,000 from assets held under capital leases is included in depreciation and amortization expense for the nine months ended June 30, 2014 and the six months ended September 30, 2013, respectively.

Derivative Financial Instrument

In an effort to achieve a desirable mix of fixed and variable rate debt, Regional Wellness, LLC entered into an interest rate swap agreement with Branch Banking and Trust (BB&T) on June 25, 2012. The swap agreement became effective on June 25, 2013 and terminates on April 25, 2021. Beginning June 25, 2013 the notional amount was $8,904,480 and will adjust each month thereafter until termination. By entering into this agreement, Regional Wellness, LLC effectively converted variable-rate debt into fixed-rate debt in order to reduce the risk of incurring higher interest costs in periods of rising interest rates. The agreement fixed the variable interest rate exposure to LIBOR plus 2.50% on the notional amounts stipulated in the agreement to a fixed rate of 4.56% for the duration of the agreement. Based on forecasted market rates for the remaining period of the agreement, the fair value of the interest-rate swap resulted in a liability for Regional Wellness, LLC of approximately $84,000 and $14,000 at June 30, 2014 and September 30, 2013. The change in fair value of the derivative financial instrument was a loss of approximately $(70,000) for the nine months ended June 30, 2014 and was a gain of approximately $358,000 for the six months ended September 30, 2013 and is reported in other nonoperating income (loss) in the combined statements of revenues, expenses and changes in net position.

Scheduled principal maturities and interest payments of long-term debt subsequent to June 30, 2014 are as follows:

Year Ending June 30,	Note Payable	Obligations Under Capital Lease	Total Principal Payments	Interest Payments	Interest Rate Swap Payments	Total Payments
2015	$ 394,812	$ 346,235	$ 741,047	$ 429,557	$ 45,127	$ 1,215,731
2016	412,301	40,049	452,350	406,996	43,252	902,597
2017	449,941	17,130	467,071	368,157	41,290	876,518
2018	452,864	-	452,864	361,418	39,235	853,517
2019	474,068	-	474,068	340,226	37,085	851,379
2020-2024	6,965,288	-	6,965,288	587,430	62,080	7,614,798
2025-2030	232,849	-	232,849	1,397	-	234,246
	$ 9,382,123	$ 403,414	$ 9,785,537	$ 2,495,181	$ 268,068	$ 12,548,786

NOTE 9 EMPLOYEE BENEFITS

Tax Deferred Annuity Retirement 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 $4,101,000 and $2,968,000 for the nine months ended June 30, 2014 and the six months ended September 30, 2013, respectively.

Supplemental Executive Retirement Plan

The Health System has established a non-contributory Supplemental Executive Retirement Plan. For the nine months ended June 30, 2014 and the six months ended September 30, 2013, the Health System recognized expenses of approximately $147,000 and $116,000, and had funds on deposit of approximately $1,510,000 and $1,419,000 with a trustee in connection with this plan, respectively. A liability of approximately $315,000 and $3,819,000 is included in other long-term liabilities in the combined statements of net position at June 30, 2014 and September 30, 2013, respectively.

NOTE 10 RELATED PARTY TRANSACTIONS

UNCHCS has provided supplies to the Health System and as of June 30, 2014, and September 30, 2013, there is approximately $4,290,000 and $1,729,000, respectively, accrued in accounts payable on the combined statements of net position. Also, the Health System had accrued $342,000 into accounts payable for various other expenses due to UNCHCS as of June 30, 2014.

The Health System contributed approximately $450,000 and $150,000 during the nine months ended June 30, 2014 and the six months ended September 30, 2013, respectively, to the UNCHCS Enterprise Fund to support the ongoing health care mission of UNCHCS.

During the nine months ended June 30, 2014, and during the six months ended September 30, 2013, the Health System received $10,000,000 and $25,000,000, respectively, from UNCHCS for the purchase of capital assets in accordance with the Member Substitution Agreement.

During the nine months ended June 30, 2014, the Health System received approximately $453,000 from UNCHCS for certain services and rents the Health System provided to UNCHCS.

NOTE 10 RELATED PARTY TRANSACTIONS (CONTINUED)

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 $2,814,000 and $1,949,000 for the nine months ended June 30, 2014 and six months ended September 30, 2013, respectively. High Point Surgery Center also pays a minimum monthly payment of $9,930 to lease land and parking spaces from the Health System. Lease payments from High Point Surgery Center to the Health System totaled approximately $89,000 and $60,000 for the nine months ended June 30, 2014 and six months ended September 30, 2013, respectively. The lease expires in March 2044.

The Health System leases office space from High Point Surgery Center for lithotripsy services and leased a sleep lab through April 2011. Lease expense totaled approximately $47,000 and $32,000 for the nine months ended June 30, 2014 and six months ended September 30, 2013, respectively.

NOTE 11 COMMITMENTS AND CONTINGENCIES

Operating Leases

The Health System leases certain property, medical, office and data processing equipment under non-cancelable operating leases expiring in various years through 2030. The following is a schedule by year of future minimum lease payments subsequent to June 30, 2014:

Year Ending June 30,	
2015	$ 2,791,624
2016	1,753,332
2017	1,461,482
2018	1,047,166
2019	821,681
Thereafter	7,676,569

Contingencies

The Health System self-insures a portion of its workers' compensation exposure up to $550,000 per claim. An accrual for the self-insurance program is established to provide for estimated claims and losses and applicable legal expenses for claims incurred through June 30, 2014 but not reported. This accrual was determined by an actuary and totaled approximately $889,000 and $925,000 at June 30, 2014 and September 30, 2013, respectively. The accrual is included in accrued expenses in the accompanying combined statements of net position. Commercial insurance has been obtained for coverage in excess of the self-insured amounts.

NOTE 11 COMMITMENTS AND CONTINGENCIES (CONTINUED)

Contingencies (Continued)

The Health System self-insures a portion of its employee health benefits exposure up to $259,000 per employee, with stop-loss coverage for claims in excess of $250,000. An accrual for the self-insurance program is established to provide for estimated claims and losses and applicable legal expenses for claims incurred through June 30, 2014 but not reported. This accrual was determined by management and totaled approximately $1,491,000 and $1,204,000 at June 30, 2014 and September 30, 2013, respectively. The accrual is included in accounts payable in the accompanying combined statements of net position. Commercial insurance has been obtained for coverage in excess of the self-insured amounts.

The health care industry is subject to numerous laws and regulations of Federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers.

Management believes the Health System is in compliance with fraud and abuse as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayment for patient services previously billed.

Risk Management

The Health System is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; employee health, dental, and accident benefits; and medical malpractice. Commercial insurance and stop loss coverage is purchased for claims arising from such matters, subject to various deductibles.

The Health System maintains professional and general liability insurance coverage in excess of self-insured retention limits in 2014 and is on a claims-made basis (i.e., $750,000 for any one claim and $2,500,000 for aggregate annual claims). 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

NOTE 11 COMMITMENTS AND CONTINGENCIES (CONTINUED)

Risk Management (Continued)

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 reviewed or replaced with equivalent insurance as the term of such coverage expires.

NOTE 12 CONCENTRATIONS OF CREDIT RISK

The Health System provides services primarily to residents of Davidson, Forsyth, Guilford, and Randolph counties without collateral or other proof of ability to pay. Concentrations of credit risk with respect to patient accounts receivable are limited due to large numbers of patients served and formalized agreements with third-party payors. The Health System has significant accounts receivable whose collectability is dependent upon the performance of certain governmental programs, primarily Medicare. Management does not believe there are significant credit risks associated with these governmental programs.

The aggregate mix of accounts receivable from patients and third-party payors was as follows as of June 30, 2014 and September 30, 2013:

	2014	2013
Medicare	37%	36%
Medicaid	15%	14%
Managed Care / Commercial	24%	23%
Self Pay	24%	27%
	100%	100%

NOTE 13 COMMUNITY BENEFITS

In addition to providing care without charge, or at amounts less than established rates to certain patients identified as qualifying for charity care, the Health System also recognizes its responsibility to provide health care services and programs for the benefit of the community, at no cost or at reduced rates. The Health System sponsors many community health initiatives, including breast and prostate cancer screenings, cardiovascular and pulmonary awareness and diabetes education programs that ultimately result in the overall improved health of our community. The Health System provides emergency aid and medical treatment at special events in its service area. The Health System also provides contributions, cash and in-kind, to various charitable and community organizations. The costs of these programs are included in operating expenses in the accompanying combined statements of revenues, expenses and changes in net position.

NOTE 14 ELECTRONIC HEALTH RECORD INCENTIVE

The Electronic Health Record (EHR) incentive program was enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. These Acts provided for incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified EHR technology. The incentive payments are made based on a statutory formula and are contingent on the Health System's continuing to meet the escalating meaningful use criteria. For the first payment year, the Health System must attest, subject to an audit, that it met the meaningful use criteria for a continuous 90-day period. For the subsequent payment year, the Health System must demonstrate meaningful use for the entire year. The incentive payments are generally made over a four-year period.

The Health System demonstrated meaningful use to the 90-day period ended September 30, 2012 and received the first tentative incentive payments of approximately $45,000 in the six months ended September 30, 2013. It was recognized as other operating revenue in the combined statements of revenues, expenses, and changes in net assets. The Health System received an additional $3,300,000 during the nine months ended June 30, 2014. The final amount of these payments will be determined based on audit of the information from the Health System's Medicare cost report for the year ended 2012. Events could occur that would cause the final payment to differ materially upon final settlement.

SUPPLEMENTARY INFORMATION

HIGH POINT REGIONAL HEALTH AND AFFILIATES
COMBINING STATEMENT OF NET POSITION
JUNE 30, 2014

ASSETS	High Point Regional Health	High Point Regional Health System Foundation	High Point Health Care Ventures, Inc	Regional Wellness, LLC	High Point Regional Health System Reference Lab	Eliminations	Combined High Point Health Care Ventures, Inc	High Point Regional Health Services, Inc	Premier Imaging, LLC	Regional Physicians	Eliminations	Combined High Point Regional Health Services, Inc.	Eliminations	Combined High Point Regional Health
CURRENT ASSETS														
Cash and Cash Equivalents	$ 1,539,003	$ -	$ 21,758	$ 6,498	$ 17,202	$ -	$ 45,458	$ 193,491	$ 248,602	$ 1,791,019	$ -	$ 2,233,112	$ -	$ 3,817,573
Patient Accounts Receivable, Net	31,275,805	-	-	-	9,078		9,078	-	383,372	3,330,145	-	3,713,517	-	34,998,400
Other Receivables	9,028,383	2,834,927	333,832	18,095	-	(319,438)	32,489	3,345,679	1,924	2,383,628	-	5,731,229	(13,548,772)	4,078,256
Estimated Third-Party Payor Settlements	10,833,651	-	-	-	-	-	-	-	-	-	-	-	-	10,833,651
Inventories	5,006,891	-	-	-	-	-	-	-	-	-	-	-	-	5,006,891
Other Current Assets	2,744,365	-	-	123,439	-	-	123,439	-	49,088	3,427,895	-	3,476,983	-	6,344,787
Total Current Assets	60,428,098	2,834,927	355,590	148,032	26,280	(319,438)	210,464	3,539,170	682,986	10,932,686	-	15,154,841	(13,548,772)	65,079,558
Noncurrent Cash and Investments, Net	58,382,241	31,115,550	-	-	-	-	-	-	-	-	-	-	-	89,497,791
Investments in Affiliated Entities	185,559	4,899,362	7,291,753	-	-	(7,291,753)	-	10,046,769	-	-	-	10,046,769	(4,899,362)	10,232,328
Capital Assets, Net	134,028,905	-	1,237,080	9,966,157	-	-	11,203,237	41,299	1,849,418	7,610,681	-	9,501,398	-	154,733,540
Other Assets	605,781	209,885	-	3,000	-	-	3,000	-	543,106	349,440	-	892,546	(543,106)	1,168,106
Total Assets	$ 253,630,584	$ 39,059,724	$ 8,884,423	$ 10,117,189	$ 26,280	$ (7,611,191)	$ 11,416,701	$ 13,627,238	$ 3,075,510	$ 18,892,808	$ -	$ 35,595,554	$ (18,991,240)	$ 320,711,323
LIABILITIES AND NET POSITION														
CURRENT LIABILITIES														
Line of Credit	$ 12,330,918	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,330,918
Current Portion of Long-Term Debt	357,341	-	-	343,116	-	-	343,116	-	-	40,590	-	40,590	-	741,047
Accounts Payable	42,076,706	-	2,005,200	1,379,119	20,437	(319,438)	3,085,318	(4,100)	1,949,343	3,133,990	-	5,079,236	(13,548,772)	36,892,488
Accrued Expenses	11,299,519	-	-	-	-	-	-	8,001	-	1,115,390	-	1,123,391	-	12,422,910
Estimated Third-Party Payor Settlements	7,948,073	-	-	-	-	-	-	-	-	-	-	-	-	7,948,073
Total Current Liabilities	74,012,557	-	2,005,200	1,722,235	20,437	(319,438)	3,428,434	3,901	1,949,343	4,289,973	-	6,243,217	(13,548,772)	70,135,436
Long-Term Debt, Less Current Portion	757,581	-	-	8,233,392	-	-	8,233,392	-	-	53,517	-	53,517	-	9,044,490
Derivative Financial Instrument	-	-	-	83,990	-	-	83,990	-	-	-	-	-	-	83,990
Other Long-Term Liabilities	873,753	-	-	-	-	-	-	-	-	-	-	-	-	873,753
Total Liabilities	75,643,891	-	2,005,200	10,039,617	20,437	(319,438)	11,745,816	3,901	1,949,343	4,343,490	-	6,296,734	(13,548,772)	80,137,669
NET POSITION														
Net Investment in Capital Assets	132,913,983	-	1,237,080	1,305,659	-	-	2,542,739	41,299	1,849,418	7,516,574	-	9,407,291	-	144,864,013
Unrestricted	41,699,401	21,930,587	5,642,143	(1,228,087)	5,843	(7,291,753)	(2,871,854)	13,582,038	(723,251)	7,032,742	-	19,891,529	(5,442,468)	75,207,195
Restricted	3,373,309	17,129,137	-	-	-	-	-	-	-	-	-	-	-	20,502,446
Total Net Position	177,986,693	39,059,724	6,879,223	77,572	5,843	(7,291,753)	(329,115)	13,623,337	1,126,167	14,549,316	-	29,298,820	(5,442,468)	240,573,654
Total Liabilities and Net Position	$ 253,630,584	$ 39,059,724	$ 8,884,423	$ 10,117,189	$ 26,280	$ (7,611,191)	$ 11,416,701	$ 13,627,238	$ 3,075,510	$ 18,892,808	$ -	$ 35,595,554	$ (18,991,240)	$ 320,711,323

HIGH POINT REGIONAL HEALTH AND AFFILIATES
COMBINING STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
NINE MONTHS ENDED JUNE 30, 2014

	High Point Regional Health	High Point Regional Health System Foundation	High Point Health Care Ventures, Inc	Regional Wellness, LLC	High Point Regional Health System Reference Lab	Eliminations	Combined High Point Health Care Ventures, Inc.	High Point Regional Health Services, Inc	Premier Imaging, LLC	Regional Physicians	Eliminations	Combined High Point Regional Health Services, Inc.	Eliminations	Combined High Point Regional Health
OPERATING REVENUES														
Net Patient Service Revenue	$ 165,904,853	$ -	$ -	$ -	$ 159,591	$ -	$ 159,591	$ -	$ 1,832,899	$ 19,862,384	$ -	$ 21,695,283	$ -	$ 187,759,727
Other Operating Revenue	7,027,167	-	-	757,407	-	(163,217)	594,190	1,433,052	-	3,950,857	(180,320)	5,203,589	(4,149,484)	8,675,462
Total Operating Revenues	172,932,020	-	-	757,407	159,591	(163,217)	753,781	1,433,052	1,832,899	23,813,241	(180,320)	26,898,872	(4,149,484)	196,435,189
OPERATING EXPENSES														
Salaries and Wages	63,342,409	-	-	236,865	-	-	236,865	-	571,562	18,522,251	-	19,093,813	-	82,673,087
Employee Benefits	15,346,470	-	-	37,844	-	-	37,844	-	110,066	3,536,403	-	3,646,469	-	19,030,783
Medical Supplies and Other Expenses	45,026,365	-	37,429	175,407	146,363	-	359,199	1,328	778,934	3,817,863	-	4,598,125	(2,213,658)	47,770,031
General Services	35,601,934	-	-	201,407	17,165	-	218,572	-	823,026	2,046,656	(180,320)	2,689,364	(2,320,558)	36,189,314
Depreciation and Amortization	11,847,739	-	97,430	257,269	-	-	354,699	12,817	299,717	349,727	-	662,261	-	12,864,699
Interest Expense	1,556,560	-	-	303,156	-	-	303,156	-	-	6,835	-	6,835	-	1,866,571
Total Operating Expenses	172,721,497	-	134,859	1,211,948	163,528	-	1,510,335	14,145	2,583,305	28,279,737	(180,320)	30,696,867	(4,534,214)	200,394,485
Operating Income (Loss)	210,523	-	(134,859)	(454,541)	(3,937)	(163,217)	(756,554)	1,418,907	(750,406)	(4,466,496)	-	(3,797,995)	384,730	(3,959,296)
NONOPERATING INCOME (LOSS)														
Investment Income, Net	5,784,784	1,984,917	16	-	-	-	16	13	-	1,583	-	1,596	-	7,771,313
Other, Net	(768,775)	257,153	(132,013)	101,760	-	(11,783)	(42,036)	13,080	-	-	-	13,080	(384,730)	(925,308)
Nonoperating Income (Loss), Net	5,016,009	2,242,070	(131,997)	101,760	-	(11,783)	(42,020)	13,093	-	1,583	-	14,676	(384,730)	6,846,005
Excess of Revenues Over (Under) Expenses	5,226,532	2,242,070	(266,856)	(352,781)	(3,937)	(175,000)	(798,574)	1,432,000	(750,406)	(4,464,913)	-	(3,783,319)	-	2,886,709
Contributions for Capital Assets	50,000	-	-	-	-	-	-	-	-	-	-	-	-	50,000
Contributions from Related Party, Net	9,550,000	-	-	-	-	-	-	-	-	-	-	-	-	9,550,000
Transfers	(9,815,800)	-	-	-	-	-	-	-	-	9,815,800	-	9,815,800	-	-
Increase (Decrease) in Net Position	$ 5,010,732	$ 2,242,070	$ (266,856)	$ (352,781)	$ (3,937)	$ (175,000)	$ (798,574)	$ 1,432,000	$ (750,406)	$ 5,350,887	$ -	$ 6,032,481	$ -	$ 12,486,709

HIGH POINT REGIONAL HEALTH AND AFFILIATES
COMBINING STATEMENT OF NET POSITION
SEPTEMBER 30, 2013

ASSETS	High Point Regional Health	High Point Regional Health System Foundation	High Point Health Care Ventures, Inc	Regional Wellness, LLC	High Point Regional Health System Reference Lab	Eliminations	Combined High Point Health Care Ventures, Inc.	High Point Regional Health Services, Inc	Premier Imaging, LLC	Regional Physicians	Eliminations	Combined High Point Regional Health Services, Inc.	Eliminations	Combined High Point Regional Health
CURRENT ASSETS														
Cash and Cash Equivalents	$ 7,631,886	$ -	$ 111,437	$ 23,174	$ 12,943	$ -	$ 147,554	$ 184,342	$ 196,683	$ 845,218	$ -	$ 1,226,243	$ -	$ 9,005,683
Noncurrent Cash and Investments, Required for Current Liabilities	4,501,235	-	-	-	-	-	-	-	-	-	-	-	-	4,501,235
Patient Accounts Receivable, Net	29,634,900	-	-	-	13,063	-	13,063	-	307,680	3,329,324	-	3,637,004	-	33,284,967
Other Receivables	9,195,865	402,056	333,230	18,095	-	(326,334)	24,991	3,343,063	1,366	1,924,279	-	5,268,708	(9,524,742)	5,366,678
Inventories	3,216,441	-	-	-	-	-	-	-	-	-	-	-	-	3,216,441
Other Current Assets	3,009,835	-	-	247,498	-	-	247,498	-	4,186	1,103,132	-	1,107,318	-	4,364,649
Total Current Assets	57,190,162	402,056	444,667	288,765	26,006	(326,334)	433,104	3,527,405	509,915	7,201,953	-	11,239,273	(9,524,742)	59,739,853
Noncurrent Cash and Investments	93,456,624	31,283,650	-	-	-	-	-	-	-	-	-	-	-	124,720,274
Investments in Affiliated Entities	362,787	4,899,362	7,116,753	-	-	(7,116,753)	-	8,613,716	-	-	-	8,613,716	(4,899,362)	8,976,503
Capital Assets, Net	136,941,966	-	1,334,509	10,222,849	-	-	11,557,358	54,116	2,141,983	5,726,928	-	7,923,027	-	156,422,351
Other Assets	597,232	252,586	-	3,583	-	-	3,583	-	543,106	66,583	-	609,689	(543,106)	919,984
Total Assets	$ 288,548,771	$ 36,817,654	$ 8,895,929	$ 10,515,197	$ 26,006	$ (7,443,087)	$ 11,994,045	$ 12,195,237	$ 3,195,004	$ 12,995,464	$ -	$ 28,385,705	$ (14,967,210)	$ 350,778,965
LIABILITIES AND NET POSITION														
CURRENT LIABILITIES														
Line of Credit	$ 20,000,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,000,000
Current Portion of Long-Term Debt	41,425,531	-	-	331,758	-	-	331,758	-	-	61,653	-	61,653	-	41,818,942
Accounts Payable	32,478,041	-	1,749,850	1,248,492	16,226	(326,334)	2,688,234	(4,100)	1,318,431	2,709,140	-	4,023,471	(9,524,742)	29,665,004
Accrued Expenses	8,741,446	-	-	-	-	-	-	8,000	-	943,860	-	951,860	-	9,693,306
Accrued Interest	991,234	-	-	-	-	-	-	-	-	-	-	-	-	991,234
Estimated Third-Party Payor Settlements	7,011,026	-	-	-	-	-	-	-	-	-	-	-	-	7,011,026
Total Current Liabilities	110,647,278	-	1,749,850	1,580,250	16,226	(326,334)	3,019,992	3,900	1,318,431	3,714,653	-	5,036,984	(9,524,742)	109,179,512
Long-Term Debt, Less Current Portion	562,650	-	-	8,490,729	-	-	8,490,729	-	-	82,382	-	82,382	-	9,135,761
Derivative Financial Instrument	-	-	-	13,865	-	-	13,865	-	-	-	-	-	-	13,865
Other Long-Term Liabilities	4,382,882	-	-	-	-	-	-	-	-	-	-	-	-	4,382,882
Total Liabilities	115,572,810	-	1,749,850	10,084,844	16,226	(326,334)	11,524,586	3,900	1,318,431	3,797,035	-	5,119,366	(9,524,742)	122,692,020
NET POSITION														
Net Investment in Capital Assets	94,953,785	-	1,334,509	1,386,497	-	-	2,721,006	54,116	2,141,983	5,582,893	-	7,778,992	-	105,453,783
Unrestricted	74,753,648	20,115,550	5,811,570	(958,144)	9,780	(7,116,753)	(2,251,547)	12,137,221	(265,410)	3,615,536	-	15,487,347	(5,442,468)	102,652,540
Restricted	3,268,528	16,702,094	-	-	-	-	-	-	-	-	-	-	-	19,970,622
Total Net Position	172,975,961	36,817,654	7,146,079	430,353	9,780	(7,116,753)	469,459	12,191,337	1,876,573	9,198,429	-	23,266,339	(5,442,468)	228,086,945
Total Liabilities and Net Position	$ 288,548,771	$ 36,817,654	$ 8,895,929	$ 10,515,197	$ 26,006	$ (7,443,087)	$ 11,994,045	$ 12,195,237	$ 3,195,004	$ 12,995,464	$ -	$ 28,385,705	$ (14,967,210)	$ 350,778,965

HIGH POINT REGIONAL HEALTH AND AFFILIATES
COMBINING STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
SIX MONTHS ENDED SEPTEMBER 30, 2013

	High Point Regional Health	High Point Regional Health System Foundation	High Point Health Care Ventures, Inc	Regional Wellness, LLC	High Point Regional Health System Reference Lab	Eliminations	Combined High Point Health Care Ventures, Inc	High Point Regional Health Services, Inc.	Premier Imaging, LLC	Regional Physicians	Eliminations	Combined High Point Regional Health Services, Inc.	Eliminations	Combined High Point Regional Health
OPERATING REVENUES														
Net Patient Service Revenue	$ 114,787,077	$ -	$ -	$ -	$ 120,546	$ -	$ 120,546	$ -	$ 989,180	$ 9,612,664	$ -	$ 10,602,044	$ -	$ 125,509,667
Other Revenue	2,092,441	-	-	517,032	-	(108,303)	408,729	425,728	-	3,181,436	(102,163)	3,505,001	(3,419,372)	2,586,799
Total Operating Revenues	116,879,518	-	-	517,032	120,546	(108,303)	529,275	425,728	989,180	12,794,300	(102,163)	14,107,045	(3,419,372)	128,096,466
OPERATING EXPENSES														
Salaries and Wages	43,374,298	-	-	186,942	-	-	186,942	-	397,952	13,736,745	-	14,134,697	-	57,695,937
Employee Benefits	10,152,717	-	-	29,415	-	-	29,415	-	73,279	2,151,478	-	2,224,757	-	12,406,889
Medical Supplies and Other Expenses	33,469,734	-	26,617	121,214	96,289	-	244,120	2,271	474,710	2,672,967	-	3,149,948	(1,100,397)	35,763,405
General Services	26,025,821	-	-	139,780	12,319	-	149,099	-	547,180	1,665,156	(102,163)	2,110,173	(2,603,591)	27,681,502
Depreciation and Amortization	8,550,683	-	64,953	176,957	-	-	241,910	8,545	192,979	285,712	-	487,236	-	9,259,829
Interest Expense	1,198,354	-	-	167,323	-	-	167,323	-	-	6,822	-	6,822	-	1,372,499
Total Operating Expenses	124,771,607	-	91,570	818,631	108,608	-	1,018,809	10,816	1,686,100	20,498,880	(102,163)	22,093,633	(3,703,988)	144,180,061
Operating Income (Loss)	(7,892,089)	-	(91,570)	(301,599)	11,938	(108,303)	(489,534)	414,912	(696,920)	(7,704,580)	-	(7,986,588)	284,616	(16,083,595)
NONOPERATING INCOME (LOSS)														
Investment Income, Net	457,618	179,741	44	-	-	-	44	9	-	1,597	-	1,606	-	639,009
Other, Net	(797,354)	(46)	(105,727)	358,336	-	108,303	360,912	9,754	-	-	-	9,754	(284,616)	(711,350)
Nonoperating Income (Loss), Net	(339,736)	179,695	(105,683)	358,336	-	108,303	360,956	9,763	-	1,597	-	11,360	(284,616)	(72,341)
Excess of Revenues, Gains and Other Support Over (Under) Expenses	(8,231,825)	179,695	(197,253)	56,737	11,938	-	(128,578)	424,675	(696,920)	(7,702,983)	-	(7,975,228)	-	(16,155,936)
Contributions for Capital Assets	188,206	-	-	-	-	-	-	-	-	-	-	-	-	188,206
Contributions from Related Party, Net	24,650,000	-	-	-	-	-	-	-	-	-	-	-	-	24,650,000
Transfers	(5,604,600)	-	-	-	-	-	-	(1,325,000)	-	7,129,600	-	5,804,600	-	-
Increase (Decrease) in Net Position	$ 11,001,783	$ 179,695	$ (197,253)	$ 56,737	$ 11,938	$ -	$ (128,578)	$ (900,325)	$ (696,920)	$ (573,383)	$ -	$ (2,170,628)	$ -	$ 8,682,272