



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



Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

## A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CAROMONT HEALTH		<b>D</b> Employer identification number 58-1636959
	Doing Business As		<b>E</b> Telephone number (704) 834-2000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2525 COURT DRIVE PO BOX 1747		
	City or town, state or province, country, and ZIP or foreign postal code GASTONIA, NC 280531747		<b>G</b> Gross receipts \$ 151,975,307
<b>F</b> Name and address of principal officer DAVID O'CONNOR 2525 COURT DRIVE PO BOX 1747 GASTONIA, NC 280531747		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.CAROMONT.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1984	<b>M</b> State of legal domicile NC

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO DELIVER EXCEPTIONAL HEALTH CARE TO THE COMMUNITIES WE SERVE				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9		
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	13		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0		
<b>Revenue</b>	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0		
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	0	<b>Current Year</b>	0
	<b>9</b> Program service revenue (Part VIII, line 2g)	855,035	357,802		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,535,724	36,774,135		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,830	23,521		
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,480,589	37,155,458		
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,089,906	310,000		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	410,155	437,447		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0				
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	519,941	770,094			
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,020,002	1,517,541			
<b>19</b> Revenue less expenses Subtract line 18 from line 12	20,460,587	35,637,917			
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	472,034,433	<b>End of Year</b>	553,732,406
	<b>21</b> Total liabilities (Part X, line 26)		10,168,898		9,754,343
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20		461,865,535		543,978,063

## 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.

<b>Sign Here</b>	***** Signature of officer	2015-04-08 Date			
	DAVID O'CONNOR EVP, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name AMY BIBBY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00445891
	Firm's name $\rightarrow$ DIXON HUGHES GOODMAN LLP			Firm's EIN $\rightarrow$ 56-0747981	
	Firm's address $\rightarrow$ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806			Phone no (828) 254-2254	

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
TO DELIVER EXCEPTIONAL HEALTH CARE TO THE COMMUNITIES WE SERVE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the 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 \$ 1,038,804 including grants of \$ 310,000 ) (Revenue \$ 357,802 )  
CAROMONT HEALTH IS THE PARENT ORGANIZATION OF A REGIONAL, INDEPENDENT HEALTH CARE SYSTEM WHICH PROVIDES INPATIENT, OUTPATIENT, EMERGENCY, SURGICAL, WELLNESS AND PREVENTIVE CARE SERVICES TO THE RESIDENTS OF GASTON COUNTY AND SURROUNDING AREAS THROUGHOUT THE CONTINUUM OF CARE PLEASE SEE SCHEDULE O FOR A CONTINUATION OF OUR PROGRAM SERVICE ACCOMPLISHMENTS

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

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

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

**4e Total program service expenses** 1,038,804

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	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? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3		
<b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
<b>2a</b> 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	13		
<b>2b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
<b>3b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
<b>b</b> If "Yes," enter the name of the foreign country <span style="float: right;">▶CJ</span> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
<b>5b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
<b>5c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
<b>6b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
<b>7b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>7c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>7e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
<b>7f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
<b>7g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>7h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>9a</b> Did the organization make any taxable distributions under section 4966?			
<b>9b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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  
 DAVID O'CONNOR 2525 COURT DRIVE  
 GASTONIA, NC 28054 (704) 834-2000

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

Check if Schedule O contains a response 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

Check this box if 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 dotted 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) MR H SPURGEON MACKIE JR CHAIR - 2013	1 00 1 00	X		X			0	0	0	
(2) SHEILA S REILLY PHD CHAIR - 2014	1 00 1 00	X		X			0	0	0	
(3) MR DONNIE LOFTIS VICE CHAIR - 2014	1 00 1 00	X		X			0	0	0	
(4) MR W BARRY SMITH SECRETARY THROUGH 2013	1 00 1 00	X		X			0	0	0	
(5) MS ANNETTE CARTER SECRETARY AS OF 2014	1 00 1 00	X		X			0	7,340	0	
(6) MR M VINCENT QUINN TREASURER	1 00 1 00	X		X			0	0	0	
(7) MR JAMES R BEAM DIRECTOR	1 00 1 00	X					0	0	0	
(8) MR JAMES W BAILEY DIRECTOR	1 00 1 00	X					0	0	0	
(9) MR WILLIAM ANTHONY DIRECTOR	1 00 1 00	X					0	0	0	
(10) MR W MICHAEL DICKSON DIRECTOR	1 00 1 00	X					0	0	0	
(11) MRS MARY FRANCES FORRESTER DIRECTOR	1 00 1 00	X					0	0	0	
(12) DR CHARLES MEAKIN III DIRECTOR	1 00 1 00	X					0	0	0	
(13) MS SUSIE BROWN DIRECTOR THROUGH 2013	1 00 1 00	X					0	0	0	
(14) MR DAVID ALLEN SMITH DIRECTOR	1 00 1 00	X					0	0	0	
(15) MR R JASON WILLIAMS DIRECTOR	1 00 1 00	X					0	0	0	
(16) DR GE WARD ADCOCK III CHIEF-OF-STAFF CRMC	1 00 39 00	X					0	292,180	26,803	
(17) DAVID O'CONNOR EVP/CFO/ASST TREASURER	10 00 40 00			X			0	475,002	98,510	



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .					
<b>Program Service Revenue</b>	<b>2a</b>	PATIENT SERVICE REVENUE	621110	729,289	729,289		
	<b>b</b>	GAIN ON INV IN MRISC	900099	210,084	210,084		
	<b>c</b>	GAIN ON INV IN STLC	900099	-581,571	-581,571		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		357,802			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		6,486,086		6,486,086
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b>		Royalties . . . . .					
<b>6a</b>		Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
<b>d</b>		Net rental income or (loss) . . . . .					
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities	145,107,898			
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	114,819,849			
			<b>c</b> Gain or (loss)	30,288,049			
<b>d</b>		Net gain or (loss) . . . . .		30,288,049		30,288,049	
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b>		Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code					
<b>11a</b>	SETTLEMENT REVENUE	900099	23,521		23,521		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		23,521				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		37,155,458	357,802	0	36,797,656	

**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
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	310,000	310,000		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	350,421	350,421		
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b>	Other employee benefits	60,752	60,752		
<b>10</b>	Payroll taxes	26,274	26,274		
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal				
<b>c</b>	Accounting				
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees	478,737		478,737	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	108,487	108,487		
<b>12</b>	Advertising and promotion				
<b>13</b>	Office expenses	22,427	22,427		
<b>14</b>	Information technology				
<b>15</b>	Royalties				
<b>16</b>	Occupancy	57,473	57,473		
<b>17</b>	Travel	4,834	4,834		
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings				
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	25,305	25,305		
<b>23</b>	Insurance	16,068	16,068		
<b>24</b>	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)				
<b>a</b>	MEDICAL SUPPLIES	41,399	41,399		
<b>b</b>	BAD DEBT	11,159	11,159		
<b>c</b>	BIOMED EXPENSE	3,908	3,908		
<b>d</b>	MISCELLANEOUS	297	297		
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	1,517,541	1,038,804	478,737	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	30,118,603	<b>2</b>	57,925,249
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	229,965	<b>4</b>	151,651
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			<b>5</b>
	<b>6</b> 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 instructions) Complete Part II of Schedule L . . . . .			<b>6</b>
	<b>7</b> Notes and loans receivable, net . . . . .	1,210,265	<b>7</b>	1,814,793
	<b>8</b> Inventories for sale or use . . . . .	9,833	<b>8</b>	6,959
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	2,497,902		
	<b>b</b> Less accumulated depreciation . . . . .	241,518	<b>10c</b>	2,256,384
	<b>11</b> Investments—publicly traded securities . . . . .	437,831,402	<b>11</b>	491,141,296
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	1,088,969	<b>13</b>	436,074
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	472,034,433	<b>16</b>	553,732,406	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,168,898	<b>17</b>	9,754,343
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	10,168,898	<b>26</b>	9,754,343
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	461,865,535	<b>27</b>	543,978,063
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	461,865,535	<b>33</b>	543,978,063	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	472,034,433	<b>34</b>	553,732,406	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	37,155,458
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,517,541
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	35,637,917
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	461,865,535
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	20,250,505
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	26,224,106
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	543,978,063

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> 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	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CAROMONT HEALTH

Employer identification number  
58-1636959

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

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

- 1  A church, convention of churches, or association of churches 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?
    - (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? 

	Yes	No
<b>11g(i)</b>		No
<b>11g(ii)</b>		No
<b>11g(iii)</b>		No
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
<b>Total</b>									310,000

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

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

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

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

- 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).

**Facts And Circumstances Test**

Return Reference

Explanation

# Additional Data

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

**Form 990, Sch A, Part I, Line 11h - 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 )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) GASTON MEMORIAL HOSPITAL INC	560619359	3	Yes		Yes		Yes		0
(A) GASTON MEMORIAL HOSPITAL FOUNDATION INC	561479699	9	Yes		Yes		Yes		310000
(B) CAROMONT HEALTH SERVICES INC	561455630	3	Yes		Yes		Yes		0
(C) CAROMONT MEDICAL GROUP INC	561479712	9	Yes		Yes		Yes		0
(D) HOSPICE OF GASTON COUNTY INC	581341530	7	Yes		Yes		Yes		0
(E) GASTON EMERGENCY PHYSICIANS INC	562209423	3	Yes		Yes		Yes		0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CAROMONT HEALTH

Employer identification number 58-1636959

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?

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)
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

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

- 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?
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)?
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
1b 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
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

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

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

**b** If "Yes," explain the arrangement in Part 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
<b>1a</b> Beginning of year balance . . . . .			386,892	347,912	311,583
<b>b</b> Contributions . . . . .			1,613	2,120	1,259
<b>c</b> Net investment earnings, gains, and losses			-7,835	60,859	39,320
<b>d</b> Grants or scholarships . . . . .			-22,000	24,000	4,250
<b>e</b> Other expenditures for facilities and programs . . . . .			358,670		
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .			44,000	386,892	347,912

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

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- 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
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part 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
<b>1a</b> Land . . . . .		1,690,565		1,690,565
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		338,342	19,625	318,717
<b>d</b> Equipment . . . . .		468,995	221,893	247,102
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				2,256,384



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	82,830,178
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	20,250,505
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	25,424,215
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	45,674,720
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	37,155,458
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	37,155,458

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	717,645
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	717,645
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	799,896
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	799,896
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,517,541

**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

Return Reference	Explanation
PART V, LINE 4	PART V ENDOWMENT FUNDS DURING THE FISCAL YEAR ENDED 06/30/2012 THE ORGANIZATION TRANSFERRED THE ENDOWMENT FUNDS TO A RELATED ORGANIZATION GASTON MEMORIAL HOSPITAL FOUNDATION THE ENDOWMENT FUNDS WERE USED FOR NURSING SCHOLARSHIPS
PART X, LINE 2	THE SYSTEM IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE THE SYSTEM HAS DETERMINED THAT IT DOES NOT HAVE ANY UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2014 AND 2013, RESPECTIVELY FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2011 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	BAD DEBT EXPENSE NETTED WITH REVENUE -11,159 INVESTMENT FEES INCLUDED IN REVENUE -478,737 CONTRIBUTION EXPENSE INCLUDED IN REVENUE -310,000 INTERCOMPANY TRANSFERS 25,481,227 UNREALIZED GAIN ON INTEREST RATE SWAP CONTRACT 742,884
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE NETTED WITH REVENUE 11,159 INVESTMENT FEES INCLUDED IN REVENUE 478,737 CONTRIBUTION EXPENSE INCLUDED IN REVENUE 310,000



SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization CAROMONT HEALTH

Employer identification number

58-1636959

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in region, (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for and investments in region. Rows include CENTRAL AMERICA AND THE CARIBBEAN with values for investments and insurance services.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1636959

**Name:** CAROMONT HEALTH

---

### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**Schedule I  
(Form 990)**

OMB No 1545-0047

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

**2013**

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

▶ Attach to Form 990

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CAROMONT HEALTH

Employer identification number

58-1636959

**Part I General Information on Grants and Assistance**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GASTON MEMORIAL HOSPITAL FOUNDATION 2525 COURT DRIVE GASTONIA, NC 28053	56-1479699	501(C)(3)	310,000		FMV		OPERATIONS OF THE GRANTMAKING ORGANIZATION

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

**3** Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 2	PROVIDED FUNDS TO THE FOUNDATION TO ASSIST IN THE GRANT MAKING AND BENEVOLENCE INITIATIVES OPERATED BY THE FOUNDATION ALL GRANTS DECISIONS ARE DOCUMENTED

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

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

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

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CAROMONT HEALTH

Employer identification number

58-1636959

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 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.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

**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) DR GE WARD ADCOCK III CHIEF- OF-STAFF CRMC	(i)	0	0	0	0	0	0	0
	(ii)	191,263	94,027	6,890	11,491	15,312	318,983	0
(2) DAVID O'CONNOR EVP/CFO/ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	362,570	111,268	1,164	82,348	16,162	573,512	0
(3) MARIA LONG EVP CHIEF LEGAL OFFICER/ASST SECRET	(i)	0	0	0	0	0	0	0
	(ii)	294,902	85,720	894	70,934	1,998	454,448	0
(4) DOUG LUCKETT CEO/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	590,205	121,154	780	113,546	16,372	842,057	0
(5) RANDALL L KELLEY FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	347,736	0	342,327	43,999	4,063	738,125	0

**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

Return Reference	Explanation
PART I, LINES 4A-B	DURING THE YEAR RELATED ORGANIZATION GASTON MEMORIAL HOSPITAL PAID SEVERANCE PAYMENTS TO THE FORMER OFFICER IDENTIFIED BELOW RANDALL L KELLEY, FORMER OFFICER \$331,138 THE FOLLOWING INDIVIDUALS RECEIVED DEFERRED COMPENSATION ALLOCATIONS BY RELATED ORGANIZATION GASTON MEMORIAL HOSPITAL FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) DAVID O'CONNOR - \$ 69,504 MARIA LONG - 55,601 DOUG LUCKETT - 107,551 RANDALL L KELLEY - 37,456
PART I, LINE 6	EXECUTIVE INCENTIVE COMPENSATION PLAN FOR ALL KEY EMPLOYEES BASED ON THE ACHIEVEMENT OF ANNUAL BUSINESS OBJECTIVES AND FINANCIAL PERFORMANCE OF THE CONSOLIDATED SYSTEM MANAGER INCENTIVE PLAN BASED ON CONSOLIDATED CORPORATE AND INDIVIDUAL PERFORMANCE GOALS

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
CAROMONT HEALTH

**Employer identification number**

58-1636959

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>CAROMONT HEALTH IS A NOT-FOR-PROFIT HEALTH SYSTEM HEADQUARTERED IN GASTONIA, NC THAT PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES WITHIN FIVE COUNTIES AND TWO STATES. CAROMONT HEALTH EMPLOYS NEARLY 4,000 HEALTHCARE PROFESSIONALS WITH A MEDICAL STAFF MEMBERSHIP OF MORE THAN 450. CAROMONT REGIONAL MEDICAL CENTER, A MAGNET DESIGNATED 435-BED ACUTE CARE HOSPITAL, IS THE ANCHOR OF CAROMONT HEALTH AND FEATURES A STATE-OF-THE-ART CANCER CENTER, BIRTHPLACE AND NEONATAL INTENSIVE CARE UNIT, AS WELL AS A LEVEL III TRAUMA CENTER AND A COMPREHENSIVE SYSTEM OF CARE. AS AN INNOVATIVE LEADER IN HEALTH CARE, CAROMONT HEALTH HAS BEEN AWARDED MANY TOP HONORS IN 2014. SOME KEY ACHIEVEMENTS IN 2014 INCLUDE BEING NAMED A 100 TOP HOSPITAL BY BECKER'S HOSPITAL REVIEW AND A BEST REGIONAL HOSPITAL BY THE U.S. NEWS &amp; WORLD REPORT. ADDITIONALLY, CAROMONT HEALTH WAS RECOGNIZED BY PREVENTION PARTNERS FOR OUR COMMITMENT TO PROVIDING COMPREHENSIVE WELLNESS PROGRAMS TO OUR EMPLOYEES, EARNING US THE HEALTHCARE IN EXCELLENCE AWARD. CAROMONT HEALTH'S MISSION IS TO PROVIDE EXCEPTIONAL HEALTH CARE TO THE COMMUNITIES WE SERVE, AND WE STRIVE TO FULFILL THAT MISSION EVERY DAY. THIS REPORT IS INTENDED TO SHARE SOME OF THE MANY WAYS THAT CAROMONT HEALTH GIVES BACK TO OUR COMMUNITY.</p> <p><b>INTERNAL PROGRAMS AND COMMUNITY CARE</b>  CAROMONT HEALTH HAS PROVIDED HEALTH CARE TO RESIDENTS OF GASTONIA, GASTON COUNTY AND SURROUNDING COUNTIES FOR MORE THAN 70 YEARS. WHETHER IT IS THE LATEST TECHNOLOGY, CARE MODEL OR WELLNESS INITIATIVE, CAROMONT HEALTH IS CONSTANTLY LOOKING FOR WAYS TO IMPROVE AND PROVIDE OUR COMMUNITY THE BEST CARE POSSIBLE TO KEEP THEM HEALTHY FOR GENERATIONS TO COME.</p> <p><b>RESEARCH PROGRAMS</b>  CAROMONT HEALTH PARTICIPATED IN A NUMBER OF NATIONAL RESEARCH TRIALS AND PROGRAMS IN 2014. CAROMONT INVESTED \$1.5 MILLION, \$809,000 OF WHICH WAS UNREIMBURSED, IN THESE PROGRAMS FOR TREATMENTS, PROCEDURES, MEDICATIONS AND STAFF TIME. RESEARCH PROGRAMS ARE THE KEY TO INNOVATION AND ADVANCEMENT IN HEALTH CARE AND CAROMONT HEALTH IS DEDICATED TO SUPPORTING OUR MEDICAL PROFESSIONALS IN THE PURSUIT OF NEW TREATMENTS.</p> <p><b>PHYSICIAN RECRUITMENT &amp; RETENTION</b>  CAROMONT BOASTS A ROBUST AND TALENTED MEDICAL STAFF OF MORE THAN 450 PHYSICIANS. MANY CAROMONT HEALTH PHYSICIANS, FROM A NUMBER OF DISCIPLINES, ARE RECOGNIZED REGIONALLY AND NATIONALLY FOR THEIR WORK AND ACHIEVEMENTS. CAROMONT HEALTH CONSISTENTLY SEEKS TO RECRUIT LEADERS IN THE FIELD OF MEDICINE AND INVESTS IN THE MEDICAL STAFF IN A NUMBER OF WAYS, INCLUDING ATTENDANCE AT INDUSTRY CONFERENCES AND OFFERING CONTINUING EDUCATION OPPORTUNITIES. IN 2014, CAROMONT INVESTED \$804,374 TO RECRUIT, TRAIN AND RETAIN HIGHLY-SKILLED PHYSICIANS TO PROVIDE NATIONALLY-RECOGNIZED, HIGH-QUALITY CARE.</p> <p><b>UNREIMBURSED COSTS OF CARE</b>  IN 2014, CAROMONT HEALTH HAD \$67.8 MILLION IN UNREIMBURSED HEALTH CARE COSTS. THIS AMOUNT COVERS ALL FORMS OF UNREIMBURSED CARE, INCLUDING MORE THAN \$11.7 MILLION IN CHARITY CARE, \$37.6 MILLION IN MEDICARE AND MEDICAID LOSSES, AND \$18.5 MILLION IN BAD DEBT. CAROMONT PROVIDES CARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. THE CHARITY CARE AND BAD DEBT TOTALS REFLECT THE AMOUNT THAT IS NOT REIMBURSED, EITHER BY THE INABILITY OR CHOICE NOT TO PAY. THE MEDICARE AND MEDICAID LOSSES REFLECT THE COST OF CARE PROVIDED THAT WAS NOT PAID FOR BY EITHER THE APPLICABLE GOVERNMENT PROGRAM OR THE PATIENT.</p> <p><b>COMMUNITY HEALTH IMPROVEMENT INITIATIVES &amp; INVESTMENTS</b>  CAROMONT HEALTH IS ACTIVE IN OUR COMMUNITY IN A NUMBER OF WAYS INCLUDING DONATIONS, INVESTMENTS AND VOLUNTEERISM. IN THE LAST FISCAL YEAR, CAROMONT INVESTED MORE THAN \$3 MILLION IN OUR COMMUNITY THROUGH HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS, DONATIONS, AND IN-KIND CONTRIBUTIONS OF GOODS AND SERVICES. IN FISCAL YEAR 2014, CAROMONT PROVIDED \$300,000 TO GASTON FAMILY HEALTH SERVICES, A LOCAL FEDERALLY QUALIFIED HEALTHCARE CLINIC THAT PROVIDES HEALTH CARE, HEALTH EDUCATION, AND PREVENTIVE CARE SERVICES TO PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY.</p> <p><b>STUDENT EDUCATION</b>  CAROMONT HEALTH ALSO INVESTS HEAVILY IN THE FUTURE OF HEALTH CARE BY INVESTING IN THE EDUCATION OF LOCAL HEALTH CARE STUDENTS. IN 2014, CAROMONT INVESTED \$3.8 MILLION TO COVER THE COSTS OF STUDENT ROTATIONS AND EDUCATION. THIS INCLUDES THE USE OF EQUIPMENT, STAFF AND INSTRUCTOR TIME, AND PROGRAM DEVELOPMENT FOR HIGH SCHOOL AND COLLEGE CURRICULA.</p> <p><b>SPONSORSHIPS &amp; PARTNERSHIPS</b>  CAROMONT HEALTH IS ALWAYS SEEKING ACTIVE PARTNERS IN OUR JOURNEY TOWARD ACHIEVING BETTER COMMUNITY HEALTH. ONE OF THE WAYS WE IDENTIFY THESE PARTNERS IS THROUGH THE SPONSORSHIP PROGRAM. IN 2014 WE WERE PROUD TO PARTNER WITH SEVERAL ORGANIZATIONS, INCLUDING BOYS &amp; GIRLS CLUB OF GREATER GASTON, COMMUNITY FOUNDATION OF GASTON COUNTY, HEART SOCIETY OF GASTON COUNTY, HOLY ANGELS AND OTHERS. IN ADDITION TO THESE SPONSORED EVENTS, OUR WELLNESS DEPARTMENT IS ACTIVE WITH SEVERAL COMMUNITY ORGANIZATIONS TO IMPROVE THE HEALTH OF THE COUNTY. THESE ACTIVITIES TAKE THE FORM OF HEALTH FAIRS, LUNCH AND LEARNS, FAITH AND HEALTH MINISTRY, P</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>HY S I C I A N P R E S E N T A T I O N S A N D C O M M U N I T Y W E L L N E S S C H A L L E N G E S P A T I E N T A D V O C A C Y - E N R O L L M E N T A S S I S T A N C E C A R O M O N T R E G I O N A L M E D I C A L C E N T E R H A S D E V E L O P E D A P R O G R A M T O A S S I S T U N I N S U R E D A N D U N D E R - I N S U R E D C O M M U N I T Y M E M B E R S W I T H E N R O L L M E N T I N P U B L I C P R O G R A M S S E V E R A L E M P L O Y E E S A S S I S T I N D I V I D U A L S W I T H E N R O L L M E N T I N M E D I C A I D , M E D I C A R E , N C H E A L T H C H O I C E , C R I M E V I C T I M S P R O G R A M S , F O O D S T A M P S , V O C A T I O N A L R E H A B , P U B L I C H O U S I N G , P R E S C R I P T I O N P R O G R A M S , M E A L S O N W H E E L S A N D A D U L T S E R V I C E S T H R O U G H D S S T H E T O T A L C O S T T O C A R O M O N T H E A L T H F O R T H I S P R O G R A M I S \$ 3 8 1 , 1 2 0 E M P L O Y E E I N V O L V E M E N T &amp; S U P P O R T C A R O M O N T H E A L T H E M P L O Y E E S A R E A L S O A M B A S S A D O R S F O R O U R M E S S A G E O F W E L L N E S S A N D G O O D W I L L I N 2 0 1 4 , O U R E M P L O Y E E S W E R E A D R I V I N G F O R C E I N R A I S I N G F U N D S A N D D O N A T I O N S F O R S E V E R A L C A U S E S , I N C L U D I N G 2 0 1 4 C A R O M O N T H E A R T W A L K O N M A Y 1 , M O R E T H A N F O U R H U N D R E D W A L K E R S G A T H E R E D O N T H E F R O N T L A W N O F C A R O M O N T R E G I O N A L M E D I C A L C E N T E R F O R T H E 1 1 T H A N N U A L H E A R T W A L K T H E O N E - M I L E W A L K R A I S E D M O R E T H A N \$ 1 7 , 5 0 0 F O R T H E H E A R T S O C I E T Y O F G A S T O N C O U N T Y U N I T E D W A Y P A C E S E T T E R C A M P A I G N T H E P A C E S E T T E R C A M P A I G N O F F E R S O U R E M P L O Y E E S T H E O P P O R T U N I T Y T O S U P P O R T M O R E T H A N 2 3 L O C A L O R G A N I Z A T I O N S W I T H T H E E A S E O F A S I N G L E D O N A T I O N L A S T F I S C A L Y E A R , C A R O M O N T H E A L T H E M P L O Y E E S C O N T R I B U T E D N E A R L Y \$ 1 6 0 , 0 0 0 T O T H E U N I T E D W A Y C O M M U N I T Y G R O U P S A N D I N I T I A T I V E S C A R O M O N T H E A L T H E M P L O Y E E S A L S O C O N T R I B U T E T I M E T O S U P P O R T L O C A L O R G A N I Z A T I O N S , T H R O U G H B O A R D A P P O I N T M E N T S A N D V O L U N T E E R O P P O R T U N I T I E S S E V E R A L M E M B E R S O F O U R L E A D E R S H I P T E A M S E R V E O N L O C A L B O A R D S A N D W O R K C L O S E L Y W I T H P A R T N E R G R O U P S , S U C H A S G A S T O N T O G E T H E R A N D H E A L T H N E T G A S T O N , T O B E T T E R T H E H E A L T H O F G A S T O N C O U N T Y T H E S E T I E S T O T H E C O M M U N I T Y H E L P U S P A I N T A C L E A R E R P I C T U R E O F T H E R E S I D E N T S N E E D S , A L L O W I N G U S T O T A I L O R O U R P R O G R A M S A N D S E R V I C E S T O B E S T M E E T T H O S E N E E D S</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1B	<p>BOARD MEMBER INDEPENDENCE. IN CALENDAR YEAR 2014, THE BOARD OF DIRECTORS OF CAROMONT HEALTH CONDUCTED A COMPREHENSIVE REVIEW OF BEST PRACTICES REGARDING INDEPENDENCE OF BOARD MEMBERS. THIS REVIEW RESULTED IN THE DEVELOPMENT OF A BOARD POLICY ON INDEPENDENCE OF BOARD MEMBERS. USING IRS REGULATIONS AND GUIDANCE, INDUSTRY BEST PRACTICES, GUIDANCE AND COMMENTARY APPLICABLE TO NON-PROFIT HEALTHCARE INSTITUTIONS, AND ADVICE OF COUNSEL, THE BOARD OF DIRECTORS DEVELOPED AND IMPLEMENTED A ROBUST POLICY THAT DEFINES INDEPENDENT AND NON-INDEPENDENT DIRECTORS AND CLASSIFIES DIRECTORS ON AN ANNUAL BASIS AS INDEPENDENT AND NON-INDEPENDENT. USING THE IRS REPORTING REQUIREMENTS AS A MINIMUM SET OF CRITERIA FOR DETERMINING THE INDEPENDENT STATUS OF BOARD MEMBERS, THE BOARD'S POLICY GOES BEYOND THE MINIMUM CRITERIA AND DEFINES ADDITIONAL CRITERIA THAT RENDER A BOARD MEMBER NON-INDEPENDENT. ONCE DETERMINED TO HAVE A DISQUALIFYING CONDITION THAT RENDERS THE MEMBER NON-INDEPENDENT, A BOARD MEMBER WHOSE DISQUALIFYING CONDITION HAS BEEN REMEDIED MAY ONLY BE RESTORED TO INDEPENDENT STATUS FOLLOWING A SPECIFIED TIME LIMIT DEFINED IN THE POLICY. IN REPORTING THE NUMBER OF INDEPENDENT DIRECTORS IN PART I, LINE 4 AND PART VI, SECTION A, LINE 1B, THE BOARD OF DIRECTORS HAS DETERMINED THAT IT WILL REPORT THE NUMBER DETERMINED BY ITS POLICY, RECOGNIZING THAT THIS MAY BE A STRICTER INTERPRETATION THAN THE IRS REQUIRES. IN SEATING BOARD COMMITTEES, SUCH AS THE EXECUTIVE COMPENSATION COMMITTEE AND THE AUDIT FINANCE AND INVESTMENT COMMITTEE, THE BOARD DETERMINES A DIRECTOR'S ELIGIBILITY TO SERVE ON THOSE COMMITTEES BASED ON APPLICATION OF THE BOARD'S DEFINITION OF INDEPENDENCE.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS DR CHARLES MEAKIN, III AND MR JAMES R BEAM HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CAROMONT HEALTH BOARD OF DIRECTORS (THE BOARD) ARE APPOINTED BY THE BOARD OF COMMISSIONERS OF GASTON COUNTY THE BOARD THEN APPOINTS THE BOARD OF DIRECTORS OF EACH OF THE AFFILIATED ENTITIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S FORM 990 WAS REVIEWED BY THE AUDIT FINANCE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO PRESENTATION TO THE FULL BOARD BEFORE THE FORM WAS FILED WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH EMPLOYEE AND DIRECTOR SHALL FULLY AND TRUTHFULLY COMPLETE A QUESTIONNAIRE CONCERNING POTENTIAL AND ACTUAL CONFLICTS OF INTEREST ANNUALLY SUCH QUESTIONNAIRE SHALL IDENTIFY THE INDIVIDUAL'S OBLIGATION TO IMMEDIATELY MAKE THE CORPORATE RESPONSIBILITY OFFICER AWARE IN WRITING OF ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST AS THEY MAY ARISE AND CONTAIN SAID INDIVIDUAL'S AGREEMENT TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS POLICY AS A CONDITION OF RETAINING THEIR POSITION SUCH QUESTIONNAIRES ARE REVIEWED ANNUALLY BY THE CHIEF LEGAL OFFICER AND THE CORPORATE RESPONSIBILITY OFFICER QUESTIONNAIRES SUBMITTED BY DIRECTORS ARE REVIEWED ANNUALLY BY THE NOMINATING COMMITTEE OF THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE CEO, CFO, COO AND CHIEF LEGAL OFFICER ARE COMPENSATED FOR THEIR SERVICES BY CAROMONT REGIONAL MEDICAL CENTER, A SUBSIDIARY OF CAROMONT HEALTH, INC THE COMPENSATION OF ALL CAROMONT EXECUTIVES FOR EACH YEAR IS ESTABLISHED BY THE COMPENSATION COMMITTEE OF THE CAROMONT HEALTH BOARD OF DIRECTORS, BASED ON GUIDANCE AND OPINIONS PROVIDED BY AN INDEPENDENT, THIRD-PARTY COMPENSATION CONSULTANT PURSUANT TO THE COMMITTEE CHARTER FOR THE COMPENSATION COMMITTEE OF THE BOARD, THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE COMPENSATION PHILOSOPHY, WHICH ESTABLISHES THE PARAMETERS FOR ALL EXECUTIVE COMPENSATION DECISIONS THE BOARD OF DIRECTORS DELEGATES ALL COMPENSATION DECISIONS FOR ALL EXECUTIVES TO THE COMPENSATION COMMITTEE, PROVIDED SUCH DECISIONS ARE CONSISTENT WITH THE COMPENSATION PHILOSOPHY BOARD APPROVAL MUST BE OBTAINED WHEN COMPENSATION DECISIONS DEVIATE FROM THE COMPENSATION PHILOSOPHY BOARD MEMBERS WHO SERVE ON THE COMPENSATION COMMITTEE ARE INDEPENDENT AND FREE OF ANY CONFLICT OF INTEREST ANY COMPENSATION COMMITTEE MEMBER WHO DEVELOPS A CONFLICT OF INTEREST DURING HIS/HER TERM WITH RESPECT TO THE DISCUSSION OF ANY EXECUTIVE'S COMPENSATION LEAVES THE MEETING AND DOES NOT PARTICIPATE IN THE DISCUSSION OR DECISION-MAKING BY THE REMAINING INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE RETAINS JURISDICTION OVER THE TOTAL COMPENSATION PACKAGE FOR EXECUTIVES AND REVIEWS EXECUTIVE BENEFITS AND PERQUISITES AS WELL AS TOTAL CASH COMPENSATION COMPENSATION FOR THE CEO IS ESTABLISHED THROUGH A PROCESS OF PERFORMANCE EVALUATION, COMPARISON WITH COMPARABLE MARKET DATA AND DETERMINATION BY THE COMPENSATION COMMITTEE OF ACCEPTABLE SALARY RANGE AND PERCENTILE RANKING ALL COMPENSATION DECISIONS FOR THE CEO ARE APPROVED BY THE COMPENSATION COMMITTEE, AS LONG AS THE COMPENSATION DECISIONS ARE CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILOSOPHY THE PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE MANAGEMENT UTILIZES COMPENSATION SURVEYS AND STUDIES FULL COLLECTED COMPENSATION INFORMATION AND ANY COMPENSATION OPINIONS PROVIDED DURING THESE PROCESSES WILL BE KEPT WITH THE COMPENSATION COMMITTEE OR BOARD MINUTES, AS APPLICABLE</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AT THIS TIME, THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. THE ENTIRE ORGANIZATION'S COMBINED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFERS FROM RELATED ORGANIZATIONS 25,481,222 UNREALIZED GAIN ON INTEREST RATE SWAP 742,884

Return Reference	Explanation
PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CAROMONT HEALTH

**Employer identification number**

58-1636959

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

(a) Name, address, and EIN (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
<b>(1)</b> CAROMONT OCCUPATIONAL MEDICINE LLC 2525 COURT DRIVE GASTONIA, NC 28054 51-0522690	OCCUPATIONAL MEDICINE	NC	729,285	664,359	CAROMONT HEALTH INC
<b>(2)</b> CAROMONT AMBULATORY SERVICES LLC 2525 COURT DRIVE GASTONIA, NC 28054 51-0522692	AMBULATORY SERVICES	NC			CAROMONT HEALTH INC
<b>(3)</b> CAROMONT COMMUNITY IMAGING LLC 2525 COURT DRIVE GASTONIA, NC 28054 56-2255954	IMAGING SERVICES	NC			CAROMONT HEALTH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CAROMONT HEALTH SERVICES INC 2526 COURT DRIVE GASTONIA, NC 28054 56-1455630	OUTPATIENT SERVICES	NC	501(C)(3)	LINE 3	CAROMONT HEALTH INC	Yes	
<b>(2)</b> GASTON MEMORIAL HOSPITAL FOUNDATION INC 2527 COURT DRIVE GASTONIA, NC 28054 56-1479699	FOUNDATION	NC	501(C)(3)	LINE 9	CAROMONT HEALTH INC	Yes	
<b>(3)</b> CAROMONT MEDICAL GROUP INC 2528 COURT DRIVE GASTONIA, NC 28054 56-1479712	MEDICAL GROUP	NC	501(C)(3)	LINE 9	CAROMONT HEALTH INC	Yes	
<b>(4)</b> HOSPICE OF GASTON COUNTY INC 2529 COURT DRIVE GASTONIA, NC 28054 58-1341530	HOSPICE CARE	NC	501(C)(3)	LINE 7	CAROMONT HEALTH INC	Yes	
<b>(5)</b> GASTON MEMORIAL HOSPITAL INC 2530 COURT DRIVE GASTONIA, NC 28054 56-0619359	HOSPITAL	NC	501(C)(3)	LINE 3	CAROMONT HEALTH INC	Yes	
<b>(6)</b> GASTON EMERGENCY PHYSICIANS INC 2531 COURT DRIVE GASTONIA, NC 28054 56-2209423	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 11A, I	CAROMONT HEALTH INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> CAROMONT INSURANCE SERVICES LTD  PO BOX 69 GRAND CAYMAN KY1- 1102 CJ	INSURANCE CAPTIVE	CJ	CAROMONT HEALTH INC	C	3,138,923	8,488,957	100 000 %	Yes	

**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

**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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> GASTON MEMORIAL HOSPITAL INC	S	25,481,227	CASH
<b>(2)</b> GASTON MEMORIAL HOSPITAL FOUNDATION	B	310,000	CASH



**Part VII Supplemental Information**

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

**Return Reference****Explanation**

**Additional Data**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) CAROMONT HEALTH SERVICES INC  2526 COURT DRIVE GASTONIA, NC 28054 56-1455630	OUTPATIENT SERVICES	NC	501(C)(3)	LINE 3	CAROMONT HEALTH INC	Yes	
(1) GASTON MEMORIAL HOSPITAL FOUNDATION INC  2527 COURT DRIVE GASTONIA, NC 28054 56-1479699	FOUNDATION	NC	501(C)(3)	LINE 9	CAROMONT HEALTH INC	Yes	
(2) CAROMONT MEDICAL GROUP INC  2528 COURT DRIVE GASTONIA, NC 28054 56-1479712	MEDICAL GROUP	NC	501(C)(3)	LINE 9	CAROMONT HEALTH INC	Yes	
(3) HOSPICE OF GASTON COUNTY INC  2529 COURT DRIVE GASTONIA, NC 28054 58-1341530	HOSPICE CARE	NC	501(C)(3)	LINE 7	CAROMONT HEALTH INC	Yes	
(4) GASTON MEMORIAL HOSPITAL INC  2530 COURT DRIVE GASTONIA, NC 28054 56-0619359	HOSPITAL	NC	501(C)(3)	LINE 3	CAROMONT HEALTH INC	Yes	
(5) GASTON EMERGENCY PHYSICIANS INC  2531 COURT DRIVE GASTONIA, NC 28054 56-2209423	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 11A, I	CAROMONT HEALTH INC	Yes	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2013 Category 3 filer statement**

**Name:** CAROMONT HEALTH

**EIN:** 58-1636959

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	NOT APPLICABLE				
		AON INSURANCE MANAGERS LTD	94 SOLARIS AVENUE 2ND FLOOR GRAND CAYMAN KY1-1102 CJ		

## TY 2013 Itemized Other Current Liabilities Schedule

**Name:** CAROMONT HEALTH

**EIN:** 58-1636959

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
CAROMONT INSURANCE SERVICES LTD	98-0689631	ACTUARY RESERVES	3,318,969	5,088,512
CAROMONT INSURANCE SERVICES LTD	98-0689631	ACCRUED PROF LIABILTY LOSS PAYABLE	257,981	199,415
CAROMONT INSURANCE SERVICES LTD	98-0689631	ACCRUED PROF LIABILTY CASE RESERVES	1,768,695	1,582,092

## TY 2013 Itemized Other Assets Schedule

**Name:** CAROMONT HEALTH

**EIN:** 58-1636959

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CAROMONT INSURANCE SERVICES LTD	98-0689631	PREPAID ASSETS	6,535	14,535

## TY 2013 Other Deductions Schedule

**Name:** CAROMONT HEALTH

**EIN:** 58-1636959

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LEGAL AND CONSULTING FEES	57,364	57,364
SERVICE FEES	53,594	53,594
INSURANCE CLAIMS	393,644	393,644
TRAVEL	28,995	28,995
RISK MANAGEMENT GRANT	14,092	14,092
MISCELLANEOUS EXPENSE	1,623	1,623
RESERVE EXPENSE	1,582,941	1,582,941
ACTUARIAL EXPENSE	2,350	2,350
BANK FEES	1,967	1,967
CICL PHYSICIAN SAVINGS PROGRAM	226,065	226,065

## TY 2013 Itemized Other Liabilities Schedule

**Name:** CAROMONT HEALTH

**EIN:** 58-1636959

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
CAROMONT INSURANCE SERVICES LTD	98-0689631	CISL PHYSICIAN SAVINGS PROGRAM	0	226,065