

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

THE MISSION OF CAROLINA FAMILY HEALTH CENTERS, INC IS TO PROVIDE ACCESSIBLE HEALTH CARE WITH EXCELLENCE AND COMMITMENT TO A PATIENTS-FIRST PHILOSOPHY

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 \$ 21,151,957 including grants of \$) (Revenue \$ 19,730,890)
See Additional Data

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 ▶ 21,151,957

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include 1a-1h for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and noncash contributions.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 2a-2f for Patient Fees, Health Check, Medical Records Fee, Ancillary Patient Fees, and All other program service revenue.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 3-12 for investment income, royalties, rental income, gain/loss from securities, fundraising events, gaming activities, and sales of inventory.

Additional Data

Software ID:

Software Version:

EIN: 58-2079819

Name: CAROLINA FAMILY HEALTH CENTERS INC

Form 990 (2017)

Form 990, Part III, Line 4a:

CAROLINA FAMILY HEALTH CENTERS, INC IS A NON-PROFIT, FEDERALLY QUALIFIED COMMUNITY HEALTH/MIGRANT HEALTH CENTER SERVING THE EASTERN NORTH CAROLINA COUNTIES OF EDGECOMBE, NASH AND WILSON EASTERN NORTH CAROLINA HAS PARTICULARLY HIGH RATES OF POVERTY AND UNEMPLOYMENT LOW BIRTH WEIGHTS ARE AMONG THE HIGHEST IN THIS REGION, AS ARE SYPHILIS RATES AND HIV/AIDS MORTALITY RATES SEE SCHEDULE O FOR CONTINUATION CAROLINA FAMILY HEALTH CENTERS, INC WAS INCORPORATED IN 1993 DBA WILSON COMMUNITY HEALTH CENTER A GRASS-ROOTS EFFORT BY LOCAL RESIDENTS RESULTED IN INITIAL FUNDING THROUGH THE NC OFFICE OF RURAL HEALTH AND A PRIVATE ENDOWMENT IN 1999, THE CORPORATION WAS SUCCESSFUL IN ITS BID TO OBTAIN FEDERALLY QUALIFIED STATUS AND NOW OPERATES THREE CLINICAL SITES UNDER THE UMBRELLA OF CAROLINA FAMILY HEALTH CENTERS, INC , WILSON COMMUNITY HEALTH CENTER (WILSON COUNTY), HARVEST FAMILY HEALTH CENTER (NASH COUNTY), AND FREEDOM HILL COMMUNITY HEALTH CENTER (EDGECOMBE COUNTY) IN ADDITION THE ENTITY OPERATES THE CAROLINA FAMILY DENTAL CENTER (NASH COUNTY) THE FOUR CENTERS PROVIDE SERVICES FIVE DAYS A WEEK HEALTHCARE SERVICES ARE PROVIDED THROUGH THREE PRIMARY DEPARTMENTS - MEDICAL, DENTAL AND PHARMACY UNINSURED PATIENTS ARE CHARGED FOR MEDICAL AND DENTAL SERVICES ACCORDING TO THEIR RANKING ON THE FEDERALLY ESTABLISHED POVERTY GUIDELINE THE LOWEST ON THE SCALE PAY A NOMINAL FEE OF JUST \$20 FOR EACH MEDICAL VISIT AND \$50 FOR EACH DENTAL VISIT IN FY 2018 THE ORGANIZATION SERVED 16,951 PATIENTS UNINSURED PATIENTS PAY BASED ON A SLIDING FEE SCALE PROVIDING \$4,943,000 IN UNBILLED CARE FOR PATIENTS PHARMACEUTICALS ARE PROVIDED TO ALL OF OUR PATIENTS AT A REDUCED RATE MADE POSSIBLE BY OUR ABILITY TO PURCHASE MEDICATIONS THROUGH THE FEDERAL 340(B) PROGRAM INTERPRETERS TRAINED IN MEDICAL TERMINOLOGY ARE AVAILABLE FREE OF CHARGE TO OUR SPANISH SPEAKING PATIENTS PROVIDED INTERPRETING SERVICES FOR OVER 200 LANGUAGES AND THE HEARING IMPAIRED OUR GENERAL HOURS OF OPERATION ARE MONDAY THROUGH FRIDAY FROM 8AM TO 5PM, AND EACH CLINIC IS OPEN DURING EVENING HOURS ONE NIGHT A WEEK DURING THE SUMMER MONTHS, WE HAVE EXTENDED HOURS TO MEET THE HEALTHCARE NEEDS OF THE MIGRANT FARMWORKER POPULATION

Additional Data

Software ID:

Software Version:

EIN: 58-2079819

Name: CAROLINA FAMILY HEALTH CENTERS INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-2079819

Name: CAROLINA FAMILY HEALTH CENTERS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CENTER IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES THE CENTER HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2017

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 38,610 LOSS ON DISPOSAL OF BUILDING -53,604 NET UNREALIZED PATIENT FEES

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF BUILDING 53,604 NET UNREALIZED PATIENT FEES

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 38,610

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 on 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

See Additional Data Table

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 IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHANNON ETHERIDGE	FAMILY MEMBER OF OFFICER DEE JOHNSON	37,139	COMPENSATION RECEIVED AS MEDICAL ASSISTANT - EMPLOYEE		No
(2) SHAWN OWENS	FAMILY MEMBER OF KEY EMPLOYEE LAURA OWENS	29,401	COMPENSATION RECEIVED AS FACILITY TECHNICIAN - EMPLOYEE		No
(3) BEXLEY EATMON	FAMILY MEMBER OF KEY EMPLOYEE ANNETTE EATMON	40,881	COMPENSATION RECEIVED AS GRANTS MGMT SPECIALIST - EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2017****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

CAROLINA FAMILY HEALTH CENTERS INC

Employer identification number

58-2079819

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE, COMPRISED OF THE OFFICERS AND ONE AT-LARGE MEMBER OF THE BOARD TO BE APPOINTED BY THE PRESIDENT, SHALL ACT IN THE STEAD OF THE BOARD BETWEEN MEETINGS THE COMMITTEE, WHICH SHALL MAKE RECOMMENDATIONS TO THE BOARD REGARDING THE EMPLOYMENT OF THE CHIEF EXECUTIVE OFFICER, SHALL CARRY OUT SUCH OTHER FUNCTIONS ASSIGNED TO IT BY THE BOARD ALL ACTIONS OF THE COMMITTEE MUST BE REPORTED TO THE BOARD AT THE FIRST MEETING SUBSEQUENT TO SUCH ACTIONS A MAJORITY OF THE COMMITTEE SHALL CONSTITUTE A QUORUM THE COMMITTEE WILL MEET UPON THE CALL OF THE PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED BY THE CEO IN ITS ENTIRETY THE CFO AND FINANCE COMMITTEE REVIEWED ALL FINANCIAL INFORMATION AFTER THEIR REVIEW, THE FORM 990 WAS PRESENTED TO THE BOARD MEMBERS EACH VOTING BOARD MEMBER RECEIVED A COPY OF THE FORM 990 IN THEIR MEETING PACKETS AFTER A DISCUSSION PERIOD AND QUESTIONS AND ANSWERS PERIOD, THE BOARD VOTED TO APPROVE AND ACCEPT THE FORM 990 AS PRESENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES BOARD MEMBERS AND DIRECTORS TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY THE ORGANIZATION HAS ESTABLISHED AND UTILIZES INTERNAL CONTROLS TO MONITOR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SALARIES ARE BASED ON LOCAL MARKET TRENDS PLUS SALARY GUIDELINES PROVIDED BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS THE SALARY GRADES ARE DETERMINED BY THE DIRECTOR OF HR, APPROVED BY EXECUTIVE TEAM MEMBERS, FINANCE COMMITTEE AND BOARD OF DIRECTORS THIS PROCEDURE APPLIES TO ALL POSITIONS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ,AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST

990 Schedule O, Supplemental Information

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