Form 990 Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047

2015

Open to Public Inspection

		ue Service		ormation about Form 990	and its instruction	ns is at www.irs.go	ov/form990.			nspection
			dar year, or tax year			- 01 , 2015, and e		06	-30 , 20	16
_	heck if a	applicable	C Name of organization	CABARRUS ROWAN CO	MMUNITY HEAD	TH CENTERS,	INC.		D Employer	identification no
	ddres s c	change	Doing business as		<u> </u>			· - <u> </u>	61-1459	826
<u> </u>	lame cha	ange	Number and street (o	PO box if mail is not delivered to	street address)		Room/suite		E Telephone	number
$\overline{}$	nitial retu	ım	202D MCGIL	L AVE NW				}	(704)79	2-2242
г—	inal retu	m/terminated	City or town, state or	province, country, and ZIP or foreig	n postal code				4,20	5,217
_	mended	return	Concord, N	·				Į,	G Gross rece	
声		n pending	F Name and address of							
	* F						H(a) is this	s a group reti dinates?	um for	Yes 🛛 No
	ax-exem	npt status	501(c)(3) 501(c))() ◀ (insert no)	4947(a)(1) or	527			_	= =
	Vebsite.		W. CRCHC. ORG	// / (modifile)	1 4047(B)(1) CI		H(c) Group	If "No," attac	es included? ch a list (see in number _ ▶	structions)
		rganization X		Association Other		L Year of formation		State of lega		NC
Par		Summar		Association Cities -		L Tear Orionnation	2000 1111	State of lega	ii dominicile	<u></u>
1 4	1			's mission or most significa	nt actuitues TO	DPOUTDE EXCE	TIENT VE	T NEEC	DDART P	
	∤ '		_	ENVIRONMENT OF RE	. —	PROVIDE EXCE	SHIENI, IE	AFFC	· -	
ç		MEDICARE	CARE IN AN E	SAVIRONMENT OF RE	SPECI AND COL	MPASSION.				
sv Activities & Governance	ł			 _						
Ver	2	Chook this b	ay b U if the erect	nization discontinued its op	orations or dispose	d of more than 25%	of its not soon	to == (/		
Ĝ	3			e governing body (Part VI,	•				1	10
45	1 -			• • •	•				 	10
Ees	4			nembers of the governing b	• •			5		10
₹	5		•	oyed in calendar year 201	•			· · _	- · · ·	58
¥	6		er of volunteers (estin	• •				· · ——	 -	
₹ }	- h			e from Part VIII, column (C	•			<u>7a</u>	 	0
-	, D	Net unrelate	ed business taxable i	ncome from Form 990-T, li	ne 34	· · · · · · · · · · · · · · · · · · ·		7b	 	0
= {	1.						Prior Ye			rent Year
50	8		ns and grants (Part V					319,36		2,934,557
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	_	· · · · · · · · · · · · · · · · · · ·	/III, line 2g)				998,88		1,270,322
~ §	10		•	lumn (A), lines 3, 4, and 7d	•		ļ	23	7	338
ij ^œ	11			(A), lines 5, 6d, 8c, 9c, 10					 	0
Expenses SCANNEL Miral Revenue	12			gh 11 (must equal Part VIII			4,:	318,47	9	4,205,217
	13			(Part IX, column (A), lines	•				ļ	0
<u> </u>	14	Benefits paid to or for members (Part IX, column (A), line 4)							<u> </u>	0
GD)	15	Salaries, oth	her compensation, en	2,0	052,64	6	2,833,844			
3S	16a	Professional	I fundraising fees (Pa	art IX, column (A), line 11e	<u> </u>		1	0		
ied)	b	Total fundra	iising expenses (Part	IX, column (D), line 25)	·	0 -	ž. `	<u>} </u>	ļ	
Ω	17	Other expen	ises (Part IX, column	(A), lines 11a-11d, 11f-24	e)		1	823,92	6	1,206,657
	18	Total expens	ses. Add lines 13-17	' (must equal Part IX, colur	nn (A), line 25) .		2,1	876,57	2	4,040,501
	19	Revenue les	ss expenses. Subtra	ct line 18 from line 12	<u> </u>	<u></u>	1,4	441,90	7	164,716
, o							Beginning of Cu	ırrent Year	Enc	d of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16) .		ه و ميرو و ميرورو و		2,2	282,52	4	2,416,167
A B	21	Total liabilitie	es (Part X, line 26)			·		797,34	5	630,835
\$2	22	Net assets	or fund balances. Si	ubtract line 21 from line 20	<u>,</u>	<u> </u>	1,4	485,17	9.	1,785,332
Pai	rt II	Signatu	ire Block							
				his return, including accompanying			knowledge and beli	ef, it is		
true, co	orrect, ar	nd complete Dec	laration of preparer (other)	than officer) is based on all informa	tion of which preparer ha	is any knowledge				
		★	simula	almaar				1		
Sign	n	Signatur	re of officer	1				Date	e 0/	1/1
Here	e	KIM	WAGENAAR, CE	3					2/13	3/17
	ĺ	Type or	print name and title							
		Print/Type pri	reparer's name	Preparer's signature		Date	Check	T rf	PTIN	
Paid	i	, , , , , , , , , , , , , , , , , , ,	• • • •			}	Ì	nployed		
	- parer	Firm's name	<u> </u>				Firm's EIN ▶			
•	Only						Phone no			
		800163	~							
May	he IRS	S discuse this	return with the prep	arer shown above? (see In	structions)					res No
				the separate instructions		<u></u>		<u></u>		orm 990 (2015)
	ahei u	oin neuuoli	on Act Notice, see	un separate ilisuudiois	•				ቦ ን	⊘ (2010)

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	t III Statement of Program Service Accomplishments
<u>ra</u>	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 PROVIDE EXCELLENT, YET AFFORDABLE, MEDICARE CARE IN AN ENVIRONMENT OF RESPECT AND
	COMPASSION.
	COMPASSION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$2,577,319 including grants of \$) (Revenue \$)
	PROVIDED PRIMARY CARE FOR INDIGENT RESIDENTS OF CABARRUS AND ROWAN COUNTIES NORTH CAROLINA
	WHO HAVE NO OR LITTLE INSURNCE BY RUNNING A FEDERALLY QUALIFIED HEALTH CENTER.
	
,	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1	
_	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,577,319

Part IV. **Checklist of Required Schedules** Yes No ----Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Did the organization receive or hold a conservation easement, including easements to preserve open space, Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 X 22-X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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? Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O X

orm 9	990 (2015) CABARRUS ROWAN COMMUNITY HEALTH CENTERS, INC. 61-145982	6	Pa	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	••	<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			•
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	- 1	Ì	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-1c-	. v .	
	reportable gaming (gambling) winnings to prize winners?	16	^	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı		
	Statements, filed for the calendar year ending with or within the year covered by this return	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-mic (550 microsoft)	3a		X
3a	Did the organization have unrelated business gross income of \$1,000 of more during the year.	3b		
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	35		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		X
	account)?			
b	If "Yes," enter the name of the foreign country.			\
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts:			
	(FBAR).	5a		x .
5a	Was the organization a party to a prohibited tax sheller transaction at any time defined the second of the contract of the con	~ 5b .	== :	Х -
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c -	-	
С	II THE TO LITTE JO OF JD. CIC THE ORGANIZATION THE CONTROL OF THE			Ī
6a	Does the organization have annual gross receipts that are normally greater than.\$100,000, and did the- organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
_	organization solicit any contributions that were not tax decludable as characteristics of the contributions of the	· -		
b	gifts were not tax deductible?	6b		<u> </u>
_	Organizations that may receive deductible contributions under section 170(c).		`	
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
а	and services provided to the payor?	7a	<u> </u>	X
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	
С	required to file Form 8282?	7c	ļ	<u> X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	100		
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ــــــ	
f	But the organization during the year, nay premiums, directly or indirectly, on a personal benefit contract?	7f	╄-	↓—
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	7 <u>g</u>	╄	↓ —
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h	 	┷—
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/	İ	,
Ū	sponsoring organization have excess business holdings at any time during the year?	8	-	+
9	Sponsoring organizations maintaining donor advised funds.	1.	-	1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	+
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	4	•	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-{		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12		+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	. 138	,	+-
а	is the organization licensed to issue qualified health plans in more than one state?	136	+	+-
	Note. See the instructions for additional information the organization must report on Schedule O			
b				
	the organization is licensed to issue qualified health plans	4	1	-

14a

14b

Form 990 (2015)

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	1990 (2015) CABARRUS ROWAN COMMUNITY HEALTH CENTERS, INC. 61-14598		<u>P</u>	age 6
Pa	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		-	_
	Gheck if Schedule O contains a response or note to any line in this Part VI	• • •	<u></u>	. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
Ь	Enter the number of voting members included in line 1a, above, who are independent	}		i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	-	<u>X</u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4	- '	<u> X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u> _
6	Did the organization have members or stockholders?	6		<u>X</u> _
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	* -	~	
	one or more members of the governing body?	7a	_	_X
.b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	·		~
	stockholders, or persons other than the governing body?	7b	-	X
8 -	Did the organization contemporaneously document the meetings held or written actions undertaken during	- :	S. 7.25	i. is
	the year by the following:	^		<u> </u>
а	The governing body?	_8a	<u>X</u>	ļ
- b	Each committee with authority to act on behalf of the governing body?	_8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	-		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	├─-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	Í		
	describe in Schedule O how this was done		X	ļ
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		٠.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	ļ
þ	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		}	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	}]	J
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
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, address, and telephone number of the person who possesses the organization's books and records:			
	KIM WAGENAAR (704)792-2242, 202D MCGILL AVE NW, Concord, NC 28025			

	-							-		
F., 000 (0045)									61 14500	0.6 D 7
Form 990 (2015) CABARRUS ROWAN COMPart VII Compensation of Officers, Direct								Highest Com	61-14598 pensated Em	
Independent Contractors	1015, 1145	,		<i>,</i> –	р	,,oy	σσ,	inghoot con		proyects, und
Check if Schedule O contains a response or	note to any I	ine in t	his F	art \	VII			<u>.</u>	<u></u>	. <u></u> 🔲
Section A. Officers, Directors, Trustees, Key Employe						Empl	oye	es		
1a Complete this table for all persons required to be listed. Forganization's tax year.	Report compe	ensatio	n for	the	cale	ndar y	еаг	ending with or with	nin the	
• List all of the organization's current officers, directors, compensation Enter -0- in columns (D), (E), and (F) if no co	•			dual	s or	organı	zatı	ons), regardless o	f-amount of	
 List all of the organization's current key employees, if 	any See inst	truction	s for	defi	initio	n of "k	еу е	employee."		
 List the organization's five current highest compensate who received reportable compensation (Box 5 of Form W-2 organization and any related organizations. 	ed employees and/or Box 7	other	r thar m 10	n an 099-	offic MIS	cer, dire C) of n	ecto	or, trustee, or key e e than \$100,000 fro	mployee) om the	
 List all of the organization's former officers, key employs \$100,000 of reportable compensation from the organization. 						emplo	yee	s who received mo	ore than	
 List all of the organization's former directors or trust organization, more than \$10,000 of reportable compensation 									tee of the	
List persons in the following order: individual trustees or direct	ctors; instituti	onal tr	ustee	es; o	ffice	rs, key	en /	nployees; highest		
compensated employees; and former such persons.	,	-					===			
Check this box if neither the organization nor any related	d organization	n comp	ensa	ated	any	currer	nt of	ficer, director, or tr	ustee	
~ •				{(C)					,
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)				both an		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation - from the - organization and related organizations
(1) LAMAR BARRIER	2.00									
BOARD MEMBER	2.00	X			{	{			00	0
(2) ROBERT FREEMAN	2.00		}	v	- {	ł	-	-		
CHAIRMAN (2) CERNARE ALLICON	2.00	X	\vdash	X					0	0
(3) STEWART ALLISON TREASURER	- 2.00	$ _{\mathbf{X}} $		Х		ŀ		l ,		o
(4) DAVID PROCTOR	2.00			- 41				·	1	
BOARD MEMBER		х	, ,					,	0	0
(5) CECILIA PLEZ	2.00									
BOARD MEMBER		Х							0	0
(6) JANE SELLERS	2.00					ļ			1	}
BOARD MEMBER	ļ	X			_				0	0
(7) RICK PARKER SECRETARY	2.00	$\begin{bmatrix} \mathbf{x} \end{bmatrix}$		X					00	0
(8) PATRICK LYNCH	2.00				Ī	Ī				1
BOARD MEMBER	 	X					_		0	0
(9) NAOMI RIVERA BOARD MEMBER	2.00_	х								00
(10)KIM WAGENAAR	45.00	_v			V	ļ				_

45.00

45.00

13,088

14,755

164,135

174,144

Х

(13)___

(14)

(11) DAWN OWENS-WATTERSON, DR

PHYSICIAN

(12)LYDIA ADAMS, DR PHYSICIAN

Part VII Section A. Officers, Directors, Trustees,			_						continued)			age o
' (A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee Key employee		theorganization - (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from the organization and related organization	n i
<u> </u>						90						
(15)												
(16)			-									
(17)												
(18)												
(19)							-	-		- -		_
(20)			1 1							-		
(21)										_		
(22)							 			_		
(23)				-			-					
(24)								-		_		
(25)				 					<u> </u>	-		
1b Sub-total				• •	 		>					
d Total (add lines 1b and 1c)							<u> </u>	338,275		0	27,	843
2 Total number of individuals (including but not limite reportable compensation from the organization ▶	a to those list	ed abo		wno	rec	eivea	mor	e than \$100,000 6	· · · · · · · · · · · · · · · · · · ·	4		
Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule.			-			-		ensated			Yes 3	No X X
4 For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	\$150,000? [f "Yes,	" coi	mple	te S	Schedu	ıle J	for such				
 Individual	ompensation	from a	ny u	ınrel	atec	orgar	nzat	ion or individual		•	4 X	×
Section B. Independent Contractors	complete 3ci	ieuuie	3 10	Sui	<u> </u>	CI SUIT		<u> </u>	<u> </u>	<u>- </u>	<u>-1</u>	
 Complete this table for your five highest compensate compensation from the organization Report compe year. 												
(A) Name and business address							(B) Description of			(C) Compensatio	n	
				_								
				_								
Total number of independent contractors (including received more than \$100,000 of compensation from			ose •	liste	d at	oove) v	who					

The second of the second of

Form 99	0 (201	(5) CABARRUS	ROWAN COM	MUNI	TY HEALTH	CENTERS, IN	c		61-14598	26 Page 9
Part V	/JIIF]	Statement of Revenu	ie							_
قينه	=	Check if Schedule O contain	is a r <u>esponse</u> o	r note	to any line in thi	s Part VIII Des	<u>-</u>	PU		<u>-</u>
						(A) Total revenue	6	(B) elated or exempt unction	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections
拉斯	, سي			54 F	7.2.47.6		, ;;	evenue	Tevende	512 514
S 75-	- 1a -	Federated campaigns	<u>_1</u>	1a	<u>. </u>		194	配 疆山		
Grants mounts	р-	Membership dues		16 -		The Page 1				林 龙龙龙
ΘĔ	С	Fundraising events		1c			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Gifts iilar /	d	Related organizations	-	1d		17 12 1				44
9 <u>.</u> E	e	Government grants (contribute	ons)	1e	2,842,857		1.2	7.25	医 种、基础。	
<u>ดี</u> 2-	f	All other contributions, gifts, gr	ants				N.	1		
but		and similar amounts not include	led above	1f	91,700		1.54	全国为 中心	12 P	
Contributions, Giffs, Grant and Other Similar Amoun	g	Noncash contributions include	d in lines 1a-1f	\$, 12 x 12 1	Lef It	1		
<u> </u>	h	Total Add lines 1a-1f			<u> </u>	2,934,557	1.81. II	14	1000	AP 3 200 1177.
•	-			· • _	Business Code	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	The state of	en in Fig.	
'nuć	2a	PATIENT FEES (INCLDI	NG	_ [-	624110	1,197,806	- 1	<u>,197,806</u>		
Revo	b	MEDICARE, MEDICAID,		_		·	_		_	
<u>8</u>	С	PRIVATE AND SELFPAY				<u>_</u> -	 			
Sen *	d			_	<u>.</u> -					
mar -	е.	- <u>-</u> -		_			_			
Program Service Revenue	_	All other program service revei	nue		624110	72,516	5 r	72,516		r_24.00 2 7.400 2 3.400
	g	Total Add lines 2a 2f	<u>-</u>			1,270,322	2 2 75 14	文学学	14年で、「一年本	Jaket Adold
	3	Investment income (including d	vidends intere	st					-	
	-	and other similar amounts)				338	3	- 50	<u> </u>	338
	4	Income from investment of tax-	· ·	roceed	is •		 -	- 22	, 5	
	5-	Royalties		-		7.75m	·	inter	1988 4-2-XXX	LIMITAR C A ET.L.
		_	(i) Real	_	(ii) Personal			of the Ballier's decided to contra		
		Gross rents					3			仍其為豐
		Less rental expenses					100	为虚谜 1		
	Į.	Rental income or (loss)					T 502		Teles	_ walk of the _ half there
		Net rental income or (loss)			4 1 2 1	A July of many the state of the	١	· TANKS	1. (PR) A 1995	""""""""""""""""""""""""""""""""""""""
	7a.	Gross amount from sales of	(i) Securities		(ii) Other	A SECTION AND A	and a			
		assets other than inventory	-						PAN TEN	
	Ь	Less cost or other basis	İ				32.	大学		
	1 _	and sales expenses Gain or (loss)	-	_	 _	A STATE OF THE PARTY OF THE PAR	7	4 P		1
		Net gain or (loss)	<u> </u>		<u> </u>	LAL PARTY TO VALUE	اد	فسسمت كالما السم	The Paris and the State of the	
<u>o</u>		Gross income from fundraising	1	Γ		The mediate (1)	- /ss_+	10 10 10 10 10 10 10 10 10 10 10 10 10 1		7 F 1 7 7 7 7 7 8 34 7
ם	O.	events (not including \$!			And the second				从游 门看
ě		of contributions reported on lin	e 1c)	•		4.	3 144			
Other Revenue	,	See Part IV, line 18	- · •,	a			د المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المع المعالم المعالم			
₹	ь	Less direct expenses		ь			(1/2)			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Net income or (loss) from fund	raising events	_						
		Gross income from gaming ac	_	Г		X 11 1 5 1 1	1	《沙泽克·小		中的人
	ļ	See Part IV, line 19		a			£ 1.	400 F		
	ь	Less direct expenses		ь		4 2 2 2 3	4	-	F10.	
	С	Net income or (loss) from gam	ing activities	_	•]				
	10a	Gross sales of inventory less	_		· · · ·		144 -	The state of the s		1.37
	""	returns and allowances		a			PA C	3 T 7		推到汉思
	ь	Less cost of goods sold		ь [STEP STO	ــــــــــــــــــــــــــــــــــــــ			- Link
	С	Net income or (loss) from sale	s of inventory		<u> </u>					
		Miscellaneous Revenue			Business Code	E TO THE TANK	- }) <u>F</u> F-*	* 1 T. T. T. T. T. T. T. T. T. T. T. T. T.	
	11a			_ [_	
	ь		_	_						<u> </u>
	С		.	_						
	d	All other revenue		L		<u> </u>	- -		17.00 H 30-12.00	76 , 524
		Total Add lines 11a-11d			•		⊢ *	<u>, , , , , , , , , , , , , , , , , , , </u>	La Wille	The state of the s
	12	Total revenue See instruction	e		▶	4.205.21	7 1	. 270 . 321	2l	ol 33

61-1459826

CABARRUS ROWAN COMMUNITY HEALTH CENTERS, INC.

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 (D) (B) Do not include amounts reported on lines 6b, 7b, (A) Total expenses Fundraising Program service Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 -- 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 366,122 366,122 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 2,025,269 1,176,432 848,837 Pension plan accruals and contributions (include 13,969 section 401(k) and 403(b) employer contributions) 2215,423 29,392 9 85,472 224,229 138,757 10 188,832 120,852 67,980 11 Fees for services (non-employees). а 4,913 4,913 14,929 14,929 Professional fundraising services. See Part IV, line 17. f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 276,015 101,802 174,213 12 4,309 4,309 6,953 13 43,767 36,814 14 7,018 7,018 15 16 76,220 55,564 20,656 17 23,318 13,282 36,600 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 6,260 6,260 3,798 20 14,013 10,215 21 22 Depreciation, depletion, and amortization 78,429 57,175 21,254 8,264 23 19,064 10,800 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) <u>174,7</u>77 174,777 a Lab costs & medical supplies 31,256 87,031 55,775 b Minor equipment and computer 92,009 32,970 59,039 c Repairs Communications 69,744 44,672 25,072 86,804 201,559 114,755 e All other expenses 1,463,182 25 Total functional expenses. Add lines 1 through 24e 4,040,501 2,577,319 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

- Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 800,973 671,031 2 2 3-Pledges and grants receivable, net 3 3,750 4 104,096 4 107,280 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 7 8 17,688 9 25,684 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 2,128,330 Less accumulated depreciation 10b 1,446,960 10c 646,666-1,481,664 ь 11 11 12 12 Investments - other secunties See Part IV, line 11 13 13 14 14 15 39,565 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,282,524 16 2,416,167 17 191,785 17 155,018 18 18 19 90,000 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 353,886 393,629 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. 25 121,931 121,931 26 797,345 26 630,835 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. **Vet Assets or Fund Balances** 27 1,485,179 27 1,785,332 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 1,485,179 1,785,332 2,282,524 34 2,416,167

Form	1990 (2015) CABARRUS ROWAN COMMUNITY HEALTH CENTERS, INC. 61-145	9826	P	age 12
Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>	<u>. 🗆 ·</u> ·
1	Total revenue (must equal Part VIII, column (A), line 12)	4	4,205,	217
2	Total expenses (must equal Part IX, column (A), line 25)		4,040,	501
3	Revenue less expenses Subtract line 2 from line 1		164,	716
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,485,	179
- 5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		135,	437
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		1,78 <u>5</u> ,	332
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	. <u></u>	. <u></u>	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in)]
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or an account of the statement of the year were compiled or an account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year were compiled or account of the year		E - E-=	
-	reviewed on a separate basis, consolidated basis, or both:	5	ľ	
	Separate basis Consolidated basis Both consolidated and separate basis	_	-1	1
b	Were the organization's financial statements audited by an independent accountant?	🗀	2b .X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	7-5		
	separate basis, consolidated basis, or both	`	7 / 4	
	Separate basis	- 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	1.	3 43	§ 86.
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	ئےا ا	2c X	1
	If the organization changed either its oversight process or selection process during the tax year, explain in		4	
	Schedule O.		1 3	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?] ;	3a X	<u></u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ī .		T
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> :</u>	3b X	
EEA		F	orm 990	(2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and Its Instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization CABARRUS ROWAN COMMUNITY HEALTH CENTERS, INC. 61-1459826 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 (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c ___ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vI) Amount of (described on lines 1-9) listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

		DITE POMAN O	OMMUNITY HE	LTH CENTERS,	INC.	61-1459826	Page 2
	· · · · · · · · · · · · · · · · · · ·	anizations De	escribed in Se	ctions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
Par	(Complete only if you check	anizations be	line 5. 7. or 8	of Part I or if the	e organization f	ailed to qualify	under
	Part III. If the organization f	aile to qualify i	inder the tests	listed below. pl	lease complete	Part III.)	
		alls to quality t	aridor the teete				
	ion A. Public Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(0) 2012	10/2010			
1	Gifts, grants, contributions, and	_					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid					ļ	
	to or expended on its behalf						
3	The value of services or facilities						
	fumished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		-	 			
5	The portion of total contributions by				-	İ	
	each person (other than a						ı
	governmental unit or publicly				\$		
	supported organization) included on					,	1
	line 1 that exceeds 2% of the amount			, ,			
_	shown on line 11, column (f)			 			
6	Public support. Subtract line 5 from line 4	L	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>- </u>			
	tion B. Total Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2011	(B) 2012				
7 - 8	Amounts from line 4			 			
0	navments received on securities loans.						
	rents, royalties and income from similar		1				
	sources		 				
9	Net income from unrelated business		İ]		İ	
	activities, whether or not the business						
	is regularly carried on		 				
10	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)			-	_		<u> </u>
	Total support. Add lines 7 through 10 .					,	<u> </u>
11	Gross receipts from related activities, etc.	(see instructions)				12	
12	First five years. If the Form 990 is for the		second third follow	th or fifth tax year a	as a section 501(c)	(3)	_
13	organization, check this box and stop here	organizations insi				· · <u>· · · · · · · · · · · · · · · · · </u>	<u></u>
500	ction C. Computation of Public S	upport Perce	ntage				<u>.</u>
14	Public support percentage for 2015 (line 6.	column (f) divided	by line 11, column				%
15	Bublic support percentage from 2014 Sche	dule A. Part II. lin	e 14			. 15	%
16a	33 1/3% support test - 2015. If the organ	zation did not che	ck the box on line	13, and line 14 is 33	3 1/3% or more, ch	eck this	
100	hox and stop here. The organization quali	fies as a publicly s	supported organiza	ition			▶ ⊔
b	an area	zation did not che	ck a box on line 13	or 16a, and line 15	5 is 33 1/3% or m oi	re,	_
	check this box and stop here. The organiz	ation qualifies as	a publicly supporte	ed organization			▶ ⊔
17a	10%-facts-and-circumstances test - 20*	5. If the organizat	tion did not check a	i box on line 13, 16	a, or 16b, and line 1	14 is	
ı,a	10% or more, and if the organization meet	s the "facts-and-c	ircumstances" test	check this box and	stop here. Explair	n in	
	Boot VI how the organization meets the "fa	cts-and-circumsta	ances" test. The or	ganization qualifies	as a publicly suppo	ortea	_
	organization						▶ ⊔
	took for the least seem to the 20th	14. If the organiza	tion did not check a	box on line 13, 16	a, 16b, or 17a, and	line	
b	15 is 10% or more, and if the organization	meets the "facts-	and-circumstances	" test, check this bo	ox and stop here.		
	Explain in Part VI how the organization m	eets the "facts-and	d-circumstances" te	est. The organizatio	on qualifies as a put	olicly	_
	Exhauting at 11.10th the oraquire	-					▶

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Page 3

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

· (Complete only if	you checked the box o	n line 9 of Part I or if the orga	anization failed to qualify under Par	t II.
If the organization	fails to qualify under t	he tests listed helow inlease	complete Part II)	

<u>Sec</u>	ction A. Public Support				,		
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					li	
2	Gross receipts from admissions, merchandise				-		
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .	-	-				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				-		
6	Total. Add lines 1 through 5		<u> </u>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					,	,
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)		ž ,\	* * * * * * * * * * * * * * * * * * * *	**	<u> </u>	\$
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	<u> </u>	 	 	 	ļ	
I0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as			<u>.</u> > 🔲
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, co	,,	•			15	9
16	Public support percentage from 2014 Schedu			<u> </u>	<u> </u>	16	9
	ction D. Computation of Investme			lump (f))		17	
17 18	Investment income percentage for 2015 (line Investment income percentage from 2014 Sc	• •	•			18	9
	33 1/3% support tests - 2015. If the organiz						
	17 is not more than 33 1/3%, check this box	and stop here . Th	e organization qual	ifies as a publicly s	supported organiza	tion	▶ □
	33 1/3% support tests - 2014. If the organize line 18 is not more than 33 1/3%, check this to the state of th	pox and stop here	. The organization	qualifies as a publi	cly supported orga		
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19l	 check this box ar 	nd see instructions		> 📙

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Supporting Organizations

Complete only if you checked a box in line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D and complete Part V)

1— Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No, 'describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation in historic and continuing relationship, explain under section 509(a) in or (a)? If 'Yes,' explain in Part VI how the organization determined that the supported organization have as supported organization that does not have an IRS determination of status under section 509(a) in or (a)? If 'Yes,' explain in Part VI how the organization determined that the supported organization have as supported organization discontinuing relationship in the public support sets under section 509(a)(a)? If 'Yes,' describe in Part VI when and how the organization made the determination. Did the organization confirm that each supported organizations was used exclusively for section 170(c)(2)(8) purposes? If 'Yes,' explain in Part VI what controls the organization is supported organization in the public supported organization in the organization is described in decing whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion or under sections 501(c)(a) and 509(a)(f) or (2)? If 'Yes,' explain in Part VI what controls the organization and organization and organization and support and support and discretion in which its supported organization was used exclusively for section 170(c)(2)(6) and (c) below (if applicable) Also, provide detail in Part VI what controls the organization and organization and organization was used exclusively for section 170(c)(2)(6) and (c) below (if applicable) Also, provide detail in Part VI including (i) the names and EIN numbers of the supported organization's organizing document's analysis of the organization and decident support (in the provision of services or facilities) to anyone other than (i) its supported organizations and organization's controlling interest in any	secti	ion A All Supporting Organizations			
documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation if histons and continuing relationship, explain under section 509(a'X) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization have active supported organization that does not have an IRS determination of status under section 509(a'X) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported (b) and (c) below b) Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below D) Did the organization noting that each supported organization put in place to ensure such use organization made the determination D) Did the organization in Part VI what controls the organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization supported organization "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part I, answer (b) and (c) below "Yes," and if you decked 11a or 11b in Part VI what be organization have a	٠.			Yes	No
documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation in histone and continuing relationship, explain 2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2) If "Yes," applian in Part VI who the organization determined that the supported organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization nature that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization supported organization? If "Yes," describe in Part VI what control she organization supported organizations was used exclusively for section 170(c)(2)(8) as well as the property of the organization in the organization in the organization is supported organization in the organization and discretion "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign "supported organization had such control and discretion "Lessive by or supported organization that does not have an IRS determination "under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) as answer (b) and (c) below (if applicable) Also, provide detail in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used such as a broad such action. If yes, "organ	-1	-Are all of the organization's supported organizations listed by name in the organization's governing-		300	*
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48 was any supported organization not organized in the United States ("foreign supported organization")? If. ———————————————————————————————————	С			<u> </u>	
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b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign " supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization used to ensure that all support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations organizing document) are substituted in the organization part of a class already designated in the organization's organizing document? b Type I or Type II only Was any added or substituted supported organization part of a class already designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? b Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chamtable class benefited by one or more of the filing organization's supported organizations that also support or benefit one or more of the filing organization's supported organizations that also support or defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 9a Was the organization make a loan to a disqualified persons as defined in section 4940 (but than foundation managers	4a		l í	فللنب	T liefett
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to bid the digametric transfer of the control of th		supporting organizations)? If "Yes," answer 10b below		ļ	
determine whether the organization had excess business holdings)	b		1	1	
		determine whether the organization had excess business holdings)	10b	ļ	

	ule A (Form 990 or 990-EZ) 2015 CABARRUS ROWAN COMMUNITY HEALTH CENTERS, INC. 61-1459826		P	age 5
Par	t IV Supporting Organizations (continued)		 .	 _
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	Yes	No
Ь	A family member of a person described in (a) above?	11b		
	-A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		i
<u> </u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors –		y .	'
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	_1		<u> </u>
sec	tion D. All Type III Supporting Organizations			
	Political and the control of the con		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		,
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	,	
<u>Sec</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1 a b c 2				ions).
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ľ		,
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļ]
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	l	}
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		 	
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	ĺ		
	activities but for the organization's involvement.	2b	<u>L</u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	ĺ	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u></u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		[

Schei	dule A (Form 990 or 990-EZ) 2015 CABARRUS ROWAN COMMUNITY HEALTH CENTERS	2 71	NC. 61-145	5982 <u>6</u> Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Control o			73620 1 age
	Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
	other Type III non-functionally integrated supporting organizations must comp			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
- 2-	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		T
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	ellection of gross income or for management, conservation, or	1 1		1
m	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	-		
_ in	structions for short tax year or assets held for part of year).	-		1
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
- d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	7		
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Vear

1 2

3

4

5

6

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

2 Enter 85% of line 1

4 Enter greater of line 2 or line 3

Income tax imposed in prior year

emergency temporary reduction (see instructions)

	the and the second seco			
	le A (Form 990 or 990-EZ) 2015 CABARRUS ROWAN COMMUNITY	HEALTH CENTERS. IN	ic. 61-145	9826 Page 7
_	t V Type III Non-Functionally Integrated 509(a)	3) Supporting Organiz		
	tion D - Distributions	·		Current Year
	Amounts paid to supported organizations to accomplish exe	mot purposes	•	
<u></u> -	Amounts paid to supported organizations to decomplish exemp	of purposes of supported		
_	organizations, in excess of income from activity	, par poods or suppress		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ons	
	Amounts paid to acquire exempt-use-assets			
	Qualified set-aside amounts (prior IRS approval required)			
<u>5</u> 6	Other distributions (describe in Part VI). See instructions.			
<u>0 </u>	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	he organization is respons	ive	
8		ne organization is respons		_
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount	 	(ii)	(iii)
_		(i)	Underdistributions	Distributable
٤	Section E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
_	Division Continue Con		110 2010	
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			•
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
<u>a</u>				
b		 		
C				
	From 2013			~
_	From 2014			
	Total of lines 3a through e	- 		
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount		, «>	. ,
i	Carryover from 2010 not applied (see instructions)		, ,	· · · · · · · · · · · · · · · · · · ·
Ĺ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			, , , ,
4	Distributions for 2015 from Section		* * *	` , ,
	D, line 7: \$, '
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.		 	
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount		-	,
	greater than zero, see instructions)	<u> </u>		-
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	· ·		
	instructions)		<u> </u>	,
7	Excess distributions carryover to 2016 Add lines 3j			
	and 4c.			_

a b

8 Breakdown of line 7

c Excess from 2013d Excess from 2014e Excess from 2015

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Name	of the organization				Employer Identification r	umber	
CAI	BARRUS ROWAN COMMUNITY HEALTH CE	ENTERS,	INC.		61-145982	6	
Pa	t I - Organizations Maintaining Donor Advised Fur	nds or Othe	Similar Funds-or-A	ccounts			
	Complete if the organization answered "Yes" on f	Form 990, Pa	art IV, line 6.				
		(a) Donor	advised funds		(b) Funds and other ac	counts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)			-			
4	Aggregate value at end of year			 			
5	Did the organization inform all donors and donor advisors in whi	ting that the as	sets held in donor advise	ed ed			
	funds are the organization's property, subject to the organization	_				Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advi					_	_
	only for chantable purposes and not for the benefit of the donor	_	=				
	conferring impermissible private benefit?					Yes	☐ No
Pa	t II Conservation Easements.						
	Complete if the organization answered "Yes" on	Form 990, F	Part IV, line-7:				
1	Purpose(s) of conservation easements held by the organization						
-	Preservation of land for public use (e.g., recreation or educ	_	Preservation of a his				
	Protection of natural habitat		Preservation of a cei	-			
	Preservation of open space	_	-				
2	Complete lines 2a through 2d if the organization held a qualified	conservation	contribution in the form o	of a conser	rvation	_	
	easement on the last day of the tax year.					d of the Ta	x Year
а				[2a -		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic struct				2c		
d	Number of conservation easements included in (c) acquired aft		• *				
-					2d		
3	Number of conservation easements modified, transferred, relea				tion during the		
	tax year ▶		,	. •	J		
4	Number of states where property subject to conservation easer	ment is located	•				
5	Does the organization have a written policy regarding the period						
	violations, and enforcement of the conservation easements it ha	_				Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, han	dling of violati	ons, and enforcing conse	ervation ea	sements during the	year	_
	•	J	•		· ·	•	
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations,	and enforcing conservat	tion easem	nents during the year	•	
	▶\$						
8	Does each conservation easement reported on line 2(d) above	satisfy the req	uirements of section 170)(h)(4)(B)(i	i)		
	and section 170(h)(4)(B)(II)?					☐ Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	easements in	its revenue and expense	e statemer	nt, and		
	balance sheet, and include, if applicable, the text of the footnote	to the organiz	ation's financial stateme	nts that de	scribes the		
_	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections	of Art, Hist	orical Treasures,	or Othe	r Similar Asset	s.	
	Complete if the organization answered "Yes" or	n Form 990,	Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to re	port in its revenue state	ment and t	balance sheet		
	works of art, historical treasures, or other similar assets held for	r public exhibit	on, education, or resear	ch in furthe	erance of		
	public service, provide, in Part XIII, the text of the footnote to its	s financial state	ments that describes the	ese items.			
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to repor	t in its revenue statemer	nt and bala	ince sheet		
	works of art, historical treasures, or other similar assets held for	r public exhibit	ion, education, or resear	ch in furthe	erance of		
	public service, provide the following amounts relating to these it	tems:					
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasi						
	following amounts required to be reported under SFAS 116 (A	SC 958) relatı	ng to these items				
а					> \$		
h	Assets included in Form 990, Part Y				- ▶ \$		

Schedu	ule D (Form 990) 2015 CABARRUS ROWAN					61-14		ge 2
Par	t III Organizations Maintaining C	ollection	s of Art, Hist	orical Tre	easures, o	r Other Similar A	ssets (continued	d)
3	Using the organization's acquisition, accession,	and other red	ords, check any	of the follow	ving that are a	significant use of its		
- ;	collection tems (check all that apply):	•			- '-			
а	Public exhibition	d [Loan or exch	nange progra	ams			
b	Scholarly research	е [Other					
С	Preservation for future generations		<u> </u>					
-4	Provide a description of the organization's collec-	ctions and ex	plain how they fi	urther the org	ganızation's-ex	empt-purpose-in Part -		
	XIII.							
5	During the year, did the organization solicit or re-	ceive donation	ons of art, historic	al treasures	s, or other simil	lar		
	assets to be sold to raise funds rather than to be						Yes [] No
Par	t IV Escrow and Custodial Arrang	ements.						
	Complete if the organization an		es" on Form	990, Parl	t IV. line 9.	or reported an am	ount on Form	
	990, Part X, line 21.			,		•		
1a	Is the organization an agent, trustee, custodian of	or other interr	nediary for contr	butions or o	ther assets no	ot		
						·	[] Yes [No
h	If "Yes," explain the arrangement in Part XIII and					-		
~	11 TOS, OXPIGITATO GITAINGONETICITY GIT XIII GIR	a complete ti	ic following table				Amount	
С	Beginning balance				_		anount	
d	Additions during the year							
	Distributions during the year							
.e f	Ending balance					·	<u>·</u>	
2a	Did the organization include an amount on Form						Yes _ [T No
	If "Yes," explain the arrangement in Part XIII. Ch							
Par		neck nere ii t	ne explanation n	as been pro-	vided on Fait 2	<u> </u>	<u> </u>	
<u> ai</u>	Complete if the organization an	sewered "\	/es" on Form	QQN Par	t IV- line 10	 		
	Complete if the organization an							
4-	Danish a street hat was	(a) Current	year (b)	Рпог уеаг	(c) Two years	back (d) Three years ba	ack (e) Four years ba	ack
1a	Beginning of year balance				 -			
þ	Contributions				 			
С	Net investment earnings, gains, and				İ			
	losses	<u> </u>			 			
d	Grants or scholarships	<u> </u>			 			
е	Other expenditures for facilities and]	
	programs							
f	Administrative expenses				<u> </u>			
g	End of year balance				<u> </u>			
2	Provide the estimated percentage of the current	-	, -	olumn (a)) he	eld as:		-	
а	Board designated or quasi-endowment ▶		. %					
b	Permanent endowment > %				-			
C	Temporarily restricted endowment	%				*		
	The percentages in lines 2a, 2b, and 2c should e	equal 100%.		-				
3a	Are there endowment funds not in the possessi	on of the org	anızatıon that ar	e held and a	dministered for	r the		
	organization by						Yes	No
	(i) unrelated organizations						[3a(i)	
	(ii) related organizations					. .	3a(ii)	
b	If "Yes" on 3a(II), are the related organizations I	isted as requ	ired on Schedul	e R?			3b	
4	Describe in Part XIII the intended uses of the or							
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization ar		res" on Form	990, Par	t IV, line 11	a. See Form 990,	Part X, line 10.	
	Description of property		Cost or other basis		or other basis	(c) Accumulated	(d) Book value	
	, , ,	"	(investment)	1 ' '	(other)	depreciation		
1a	Land		88,500	,		- · · · · · · · · · · · · · · · · · · ·	88,5	500
ь	Buildings		1,577,187	-1		646,666	930,5	
C	Leasehold improvements		42,415				42,4	
d	Equipment		420,228				420,2	
e	Other		120,226	+			1 - 120,2	<u></u>
	. Add lines 1a through 1e. (Column (d) must equ	al Form 990	Part X column	(B), line 10c	:) .		1,481,6	664

•	(a) Description of security or category	(b) Book value	rt IV, line 11b. See Form 990, P	
	(including name of security)		Cost or end-of-year market valu	е
Financial de				
	d equity interests			
Other				
<u>()</u>				
3)				
<u> </u>				
<u>) </u>				
<u> </u>				
-)				
G)				
<u>-1)</u>				
	nust equal Form 990, Part X, col (B) line 12)			_
rt VIII	Investments - Program Related. Complete if the organization answere	od "Vos" on Form 990 Pa	art IV line 11c See Form 990. F	Part X. line 13
	Complete if the organization answere	1	1	<u> </u>
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
<u>1)</u>				
2) 2\				
3) 4)				
4)		 		
(5) (6)				
(7)				
8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)			
	Other Assets.		44 0 - 5 000	Don't Viling 1
	Other Assets. Complete if the organization answer	ed "Yes" on Form 990, P	art IV, line 11d. See Form 990, I	Part X, line 1
art IX	Other Assets. Complete if the organization answer		art IV, line 11d. See Form 990, I	
(1)	Other Assets. Complete if the organization answer		art IV, line 11d. See Form 990, I	
(1) (2) (3)	Other Assets. Complete if the organization answer		art IV, line 11d. See Form 990, I	
(1) (2) (3) (4)	Other Assets. Complete if the organization answer		art IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answer		art IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answer		art IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer		art IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer		art IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer	Description	art IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer	Description 15.)		(b) Book value
1) 2) 3) 44) 55) 66) (7) (8) (9)	Other Assets. Complete if the organization answer (a) (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25.	Description 15.)		(b) Book value
1) 2) 3) (4) 5) 6) (7) (8) (9) stal. (Columnart X	Other Assets. Complete if the organization answers (a) In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	15.)ed "Yes" on Form 990, F		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answers (a) In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes	15.)ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Columnart X	Other Assets. Complete if the organization answers (a) In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	15.)ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	(b) Book value
1) 2) 3) 4) (5) (6) (7) (8) (9) (1) Federal (2) OTHER (3)	Other Assets. Complete if the organization answers (a) In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes	15.)ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) OTHER (3) (4)	Other Assets. Complete if the organization answers (a) In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes	15.)ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column rart X (1) Federal (2) OTHER (3) (4) (5)	Other Assets. Complete if the organization answers (a) In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes	15.)ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) OTHER (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answers (a) In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes	15.)ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colum Part X (1) Federal (2) OTHER (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answers (a) In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes	15.)ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	(b) Book value
1) 2) 3) 44) 55) 66) (7) 8) 99) stal. (Column art X (1) Federal (2) OTHER (3) (4) (5) (6)	Other Assets. Complete if the organization answers (a) In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes	15.)ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	(b) Book value

	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Doturn	26 Page 4
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	4,205,217
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- - - - - - - - - - 	1,200,227
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	7	
-с-	Recovenes of pnor year grants	7	
d	Other (Describe in Part XIII.)]]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,205,217
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII)	_	
С	Add lines 4a and 4b	4c	·
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,205,217
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,040,501
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII)	- 2	
е 3	•	2e	4 040 501
3. 4	Subtract line 2e from line 1	\ \frac{3}{\tau}.	4,040,501
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,040,501
	rt XIII Supplemental Information.		1,010,001
	ride 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; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.		
			
			······
			 _
		<u>_</u>	

Schedule D (Form 990) 2015

EEA



Department of the Treasury

Internal Revenue Service

Compensation Information

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

▶ Complete If the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CABARRUS ROWAN COMMUNITY HEALTH CENTERS, Employer Identification number 61-1459826

Га	rt I Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	[162	140
ıa	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			ĺ
				ĺ
			İ '	
	Travel for companions Payments for business use of personal residence	·		l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	[ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	}		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1	•	
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	J., J., .		ن ا
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	-	[
	1a?	2	1	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	١٠		1
	organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a		v	ŀ
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	<i></i>	ļ	
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		}	ł
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling		^	1
7	organization or a related organization:	1		}
_		40	}	v
a		4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	 	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	 	 ^-
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		*	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	, , , , , , , , , , , , , , , , , , ,	,,,	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		ļ	}
	compensation contingent on the revenues of:	1	1) ,
а	The organization?	5a	1	X
Ł	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III			1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any]	
U]	
_	compensation contingent on the net earnings of:	6-		V
	The organization?	6a	├	X
t	Any related organization?	6b	├	┼ <u>^</u>
	If "Yes" on line 6a or 6b, describe in Part III.		!	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed]		
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	 	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			1
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9]]

Page 2

61-1459826

A STATE OF THE PARTY OF THE PAR

CABARRUS ROWAN COMMUNITY HEALTH CENTERS, INC.

Schedule J (Form 990) 2015

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 Par

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Schedule J (Form 990) 2015 in column (B) reported as deferred in prior Form 990 (F) Compensation 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 188,899 177,223 Total of columns (B)(I)+(D) Œ) 6,579 7,815 ê . 6,509 6,940 (C) Retirement and other deferred compensation 0 ᅵ (B) Breakdown of W-2 and/or 1099-MISC compensation (III) Other reportable compensation 0 0 (ii) Bonus & incentive compensation 164,135 174,144 (I) Base compensation €€ €€ €€ \in €€ €€ \in DAWN OWENS-WATTERSON, (A) Name and Title DR LYDIA ADAMS, 2 PHYSICIAN 1 PHYSICIAN EEA 5 4 12 옏 5 7 S, 9 œ 6 Ξ က

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

61-1459826 CABARRUS ROWAN COMMUNITY HEALTH CENTERS, INC. 01. Form 990 governing body review (Part VI, line 11) THE BOARD REVIEWS THE FORM 990 PRIOR TO FILING DATE AT ITS REGULARLY SCHEDULED BOARD MEETING OR VIA ELECTRONIC COPY SENT TO THE BOARD MEMBERS 02. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH ANNUAL CONFLICT OF INTEREST POLICY DECLARATION FORMS REVIEWED AND SIGNED BY THE BOARD MEMBERS.. 03. CEO, executive director, top management comp (Part VI, line 15a) BOARD OF DIRECTORS SETS SALARY FOR ORGANIZATIONAL OFFICERS. 04. Other officer or key employee compensation (Part VI, line 15b BOARD OF DIRECTORS SETS SALARY FOR ORGANIZATION OFFICERS 05. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE ON GUIDESTAR AND IN WRITTEN FORM FROM THE ADMINISTRATIVE OFFICE UPON REQUEST