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DLN: 93493224010200

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number **B** Check if applicable Please University Health Systems of Eastern use IRS Carolina Foundation Inc Address change 20-0777374 label or Doing Business As E Telephone number Name change print or type. See Specific (252) 847-5626 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$809,745 Termination tions. City or town, state or country, and ZIP + 4 Greenville, NC 27835 Amended return Application pending Name and address of Principal Officer H(a) Is this a group return for joel k butler ΓYes **Γ**Nο affiliates? 2100 Stantonsburg Road Greenville, NC 27835 H(b) Are all affiliates included? ┌ Yes ┌ No Tax-exempt status **✓** 501(c) (3) **◄** (insert no) (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► n/a **K** Type of organization

✓ Corporation

trust

association L Year of Formation 2004 | M State of legal domicile NC Part I Summary Briefly describe the organization's mission or most significant activities to financially support ANY QUALIFIED HEALTH CARE PROVIDER Activities & Governance Check this box \prod if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . 28 28 Number of independent voting members of the governing body (Part VI, line 1b) . 0 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 811,824 818,875 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 4.742 5.933 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -15,063 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 816,566 809,745 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 998,313 740,057 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 0 10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 0 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 18 998,313 740,057 19 Revenue less expenses Subtract line 18 from line 12 -181,747 69,688 89 **Beginning of Year End of Year** Assets (1 Bafaec 20 Total assets (Part X, line 16) 885,734 970,913 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances Subtract line 21 from line 20 885,734 970,913 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please ***** 2010-08-12 Sign Signature of officer Here VALERIE J DIXON financial officer Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature empolyed 🕨 「 Preparer's LarsonAllen LLP Firm's name (or yours EIN ▶

May the IRS discuss this return with the preparer shown above? (See instructions)

Charlotte, NC 28246

101 N Tryon Street Suite 1000

if self-employed),

address, and ZIP + 4

Use Only

▼Yes 「No

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA FOUNDATION, INC. IS A NON-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF FINANCIALLY SUPPORTING ANY QUALIFIED HEALTH CARE PROVIDER FORMED FOR THE PROMOTION OF HEALTH AND WELLNESS OF THE GENERAL PUBLIC AND COMMUNITY IN THE EASTERN REGION OF NORTH CAROLINA 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	1	Briefly describe the organization	's mission					
the proof Form 990 of 990-E27		SUPPORTING ANY QUALIFIED HI	EALTH CARE PROVIDER					
the pror Form 990 or 990-E2?	2	Did the organization unde	ertake any significa	nt program ser	vices during the year v	which were not listed on		
3 Did the organization cease conducting or make significant changes in how it conducts any program services? 17 Yes; describe these changes on Schedule O 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501c(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses \$ 740,057 including grants of \$ 740,057) (Revenue \$ 818,875.) Provided \$740,057 of Instancial support to AUAITED HEALTH CARE PROVIDERs formed FOR THE PROMOTION OF HEALTH AND WELLNESS of THE GENERAL PUBLIC AND COMMUNITY in the eastern region of north carolina 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$)							┌ Yes ┌ No	
services? If "Yes," describe these changes on Schedule 0 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses section 501(c)(3) and (4) organizations and 494 7(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 740,057 including grants of \$ 740,077) (Revenue \$ 818,875) provided \$740,057 of financial support to QUALIFED HEALTH CARE PROVIDERs formed FOR THE PROMOTION OF HEALTH AND WELLINESS of THE GENERAL PUBLIC AND COMMUNITY in the costem region of north carolina including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$)		If "Yes," describe these r	new services on Sch	nedule O				
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses section 501 (c)(3) and (4) organizations and 4947 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code) (Expenses \$ 740,057 of financial support to qUALIFIED HEALTH CARE PROVIDERs formed FOR THE PROMOTION OF HEALTH AND WELLNESS of THE GENERAL PUBLIC AND COMMUNITY in the eastern region of north carolina. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	3	services?				ducts any program	┌ Yes ┌ No	
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Color (Expenses \$ 740,057) (Revenue \$ 818,875) provided \$2740,057 of financial support to qUALITED HEATH CARE PROVIDERs formed FOR THE PROMOTION OF HEATH AND WELLIVESS of THE GENERAL PUBLIC AND COMMUNITY in the eastern region of north carolina 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		If "Yes," describe these o	hanges on Schedu	le O				
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4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		AND COMMUNITY in the east	ern region of north caro	lina				
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(Expenses \$ including grants of \$) (Revenue \$)	4c	(Code) (Expenses \$	ı	ncluding grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)								
	4d	· -	•	•	*) (Daylamus #	,	
					•)	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	е				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	l Did the organization comply with backup withholding rules for reportable payments t	o veno	tors and renortable			
	gaming (gambling) winnings to prize winners?			1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported in 2a, did the organization file all required federal employing		ax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	2-		NI -
	return?			3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in School At any time during the calendar year, did the organization have an interest in, or a si			3b		
4a	over, a financial account in a foreign country (such as a bank account, securities ac	_	•			
	account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	port o	f Foreign Bank and			
		41	.			
5a 	Was the organization a party to a prohibited tax shelter transaction at any time during Did any taxable party notify the organization that it was or is a party to a prohibited to the control of the con		· .	5a		No
			ŀ	5b		N o
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp. Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
	If "Yes," did the organization include with every solicitation an express statement th					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore $^{\circ}$	trıbutı	on of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services pr	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to	_		
	file Form 8282?			7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	prem	ıums on a personal			
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8		ľ	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization five quired?	ile a F	orm 1098-C as	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	nd sec	tion 509(a)(3)	7		
_	supporting organizations. Did the supporting organization, or a fund maintained by a s					
	excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.				I	
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person		ľ	9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities					
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lleud	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			-		
	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing	Body and Management	

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty esses$, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 28			
b	Enter the number of voting members that are independent 1b 28	1		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? \cdot .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

VALERIE J DIXON 690 medical drive greenville, NC 27835 (252) 847-5626

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Highest compensated	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

from the organization

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amount o compens from t rganizati relat organiza	f other sation the on and ed
											+		
										+	+		
								Ļ			_		
1b 2	Total							-	437,57		0		204,121
2	compensation from the organization		a) WIIO	iecei	veu	11101	e tilal	ιрτ	oo,ooo mreportat	ne			
												Yes	No
3	Did the organization list any former on line 1a? If "Yes," complete Schedul									sated employee		1.03	
4	For any individual listed online 1a, is									n from the	3		No
-	organization and related organization												
	individual			•	•	•		•			4	Yes	
5	Did any person listed on line 1a rece rendered to the organization? <i>If</i> "Yes										5	Yes	
	J	•								L	3	res	<u> </u>
	ection B. Independent Contra												
1	Complete this table for your five high \$100,000 of compensation from the			ndep	end	ent	contra	ctor	rs that received mo	re than			
	Name an	(A) d business add	dress						De	(B) scription of services		(C Compe	
	Nume un									ption of services		Compe	
											- 1		

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
詩章	1a	Federated camp	paigns 1a	·				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es					
S, G	с	Fundraising eve	ents 1c	43,875				
慧志	d	Related organiz	ations 1 d					
Ξ̈́œ	e	Government grants	s (contributions) 1e					
tion S	f	All other contribution	ons, gifts, grants, and 1f	775,000				
音楽	g		butions included in					
튵퓿		lines 1a-1f \$ _						
ပိုန်	h	Total (Add line	s 1a-1f)	🏲	818,875			
<u> </u>				Business Code				
nu e	2a							
æ	b							
e G	c							
₹	d							
S =	e							
Program Serwce Revenue	f	All other progra	m service revenue					
	g	Total. Add lines	2a-2f	. . .				
	3		ome (ıncludıng dıvıden	,				
			nounts)		5,933			5,933
	4		tment of tax-exempt bond	_				
	5	Royalties						
		Crass Bants	(ı) Real	(II) Personal				
	6а b	Gross Rents Less rental						
	-	expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)	_				
	_	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
		sales expenses Gain or (loss)						
	c d		s)					
	8a	Gross income f						
<u>ə</u>		events (not inc \$	luding reported on line 1c)					
듄		See Part IV, lin Attach Schedule	e 18 G if total exceeds					
Other Revenue			a					
는 라	ь		penses b					
Ě	С	Net income or (loss) from fundraising	events 🟲				
o	9a	See part IV, lın	rom gaming activities e 19 ule G if total exceeds a					
	b c		penses b loss) from gamıng actı					
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inv	entory 🛌				
		Miscellaneous	Revenue	Business Code				
	11a							
	ь							
	c							
	d	All other revenu	ne		-15,063			-15,063
	e		11a-11d					
	12		Add lines 1h, 2g, 3, 4,		809,745	0	0	-9,130

Form 990 (2008) Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orga All other organizations must complete column (A) but are not re)).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	740,057	740,057		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
LO	Payroll taxes				
1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
.2	Advertising and promotion				
.3	Office expenses				
4	Information technology				
.5	Royalties				
6	Occupancy				
.7	Travel				
.8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
.9	Conferences, conventions and meetings				
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	740,057	740,057	0	-
26	Joint Costs. Check in If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

		(A)		(B	-
l.	Cook was ushamash haaring	Beginning of year 140.922	-	End of	year 105,519
1	Cash—non-interest-bearing	140,922	1		105,519
2	Savings and temporary cash investments	600,000	2		700,000
3	Pledges and grants receivable, net	600,000	 		700,000
4_	Accounts receivable, net		4		
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
7	Notes and loans receivable, net		7		
8	Inventories for sale or use		8		
و ا يٍ	Prepaid expenses and deferred charges		9		
Assets 10a	Land, buildings, and equipment cost basis				
ъ	Less accumulated depreciation Complete Part VI of Schedule D		10c		
11	Investments—publicly traded securities		11		
12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12		
13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.	144,812	13		165,394
14	or schedule $\mathcal D$. Intangible assets		14		
15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	885,734	16		970,913
17	Accounts payable and accrued expenses .		17		
18	Grants payable		18		
19	Deferred revenue		19		
20	Tax-exempt bond liabilities		20		
တ် 21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities 57	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ᅋ	persons Complete Part II of Schedule L		22		
- ₂₃	Secured mortgages and notes payable to unrelated third parties		23		
24	Unsecured notes and loans payable		24		
25	Other liabilities Complete Part X of Schedule D		25		
26	Total liabilities. Add lines 17 through 25	0	 		0
<u></u>	Organizations that follow SFAS 117, check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.				
일 등 27	Unrestricted net assets		27		
Ф <u>р</u> 27 В 28	Temporarily restricted net assets	885,734	28		970,913
변 28 - 29	Permanently restricted net assets	000,704	29		3, 5,010
를 ²⁹			29		
교	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.				
	Capital stock or trust principal, or current funds		30		
S10 S1 S1 S2 S1	Paid-in or capital surplus, or land, building or equipment fund		31		
	Retained earnings, endowment, accumulated income, or other funds		32		
돌 33	Total net assets or fund balances	885,734			970,913
34	Total liabilities and net assets/fund balances	885,734	34		970,913
Part XI	Financial Statements and Reporting				

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			res	140
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
ь	If "Yes." did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493224010200

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Public Charity Status and Public Support

Open to Public Inspection

		alth Systems o ndation Inc	f Eastern		20	20-0777374							
Pa	rt I	Reason	for Public Cl	harity Status (to be co	mpleted	by all or	ganızatıc						
				ation because it is (Please									
1	Г	A church, c	onvention of ch	urches, or association of ch	nurches de	scribed in	Section :	170(b)(1)	(A)(i).				
2	Г			ion 170(b)(1)(A)(ii). (Attac									
3	Г	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	h Schedu	le H)		
4	Ē	•	•	zatıon operated ın conjunctı			-				•		
	•		name, city, and	•		•			. , ,	. , ,			
5	Г	•		or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desc	rıbed ın		
	·	=	•	(Complete Part II)		•	•	, ,					
6	Г	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).											
7	Ī	•		ally receives a substantial p						n the aene	eral public	c	
	·	=)(1)(A)(vi) (Complete Par			J				· ·		
8	Г		-	ed in Section 170(b)(1)(A)	•	nplete Pari	tII)						
9			•	ally receives (1) more than		•	-	ontributior	ns, membe	rship fees	s, and gro	SS	
				ated to its exempt functions									
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (less sectio	on 511 ta:	x) from bu	sinesses		
			=	on after June 30, 1975 See			-			•			
10	Г			and operated exclusively to						ee instruc	tions)		
11		An organiza	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo	ses of	
		one or more	e publicly suppo	orted organizations describe	d ın secti	on 509(a)	(1) or sec	tıon 509(a	a)(2) See				
				type of supporting organiza					_			l	
_	_	·	ype I b		′ '	- Function	, ,	•	d		III - Ot		
е	ı	•	-	rtify that the organization is agers and other than one or			•			•			
		section 50		agers and other than one or	more pub	поп, зарр	ortou orga	· · · · · · · · · · · · · · · · · · ·	405011504	5000.01	. 5 5 5 (4)(1,01	
f		_		d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportir	ng organi:	zatio <u>n,</u>	
		check this			J		6	6 4 6				ı	
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any orthe	•				
				r indirectly controls, either a	alone or to	gether wi	th persons	s describe	d ın (ıı)		Yes	No	
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	<u> </u>	
		(ii) a family	member of a p	erson described in (i) above	?					11g(<u> </u>	
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(_	 	
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of	
		orted		(described on lines 1 - 9		ation in		nızatıon	_	ation in	supp	ort?	
	Organ	nızatıon		above or IRC section (See Instructions))		listed in		i) of your port?		rganized US?			
	(See Instructions)) your governing su document?				Sup	port.	"" ""	0 3 .					
					Yes No Yes N		No	Yes	No	1			
							1						

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec							
<u> </u>	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	800	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		601,925	653,144	811,824	ł	818,875	2,885,768
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3		601,925	653,144	811,824		818,875	2,885,768
5	The portion of total contribution by each		,	,	,			, ,
5	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							2,885,768
	otal Support						I	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	008	(f) Total
7	A mounts from line 4	(=) = 0 0 1	2,594	653,144	811,824		318,875	2,885,768
8	Gross income from interest, dividends, payments received on securities loans,	790	2,594	6,709	4,742		5,933	20,768
9	rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							2,906,536
12	Gross receipts from related activities, etc	(See instruction	ns)	L		12	-	
13 	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc	organızatıon's fi		d, fourth, or fifth	tax year as a 5			▶ ┌
14	Public Support Percentage for 2008 (line 6		led by line 11 co	lumn (f))		14		99.290 %
15	Public Support Percentage for 2007 Sched		-	(.,,		15		98.660 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp d not check the	orted organızatı box on line 13 o	on r 16a, and line 1				
	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. Impore, and if the organization meets the "facts and circumstances Test - 2007. Impore, and if the organization meets the "facts and circumstances, and if the organization meets the "facts and circumstances Test - 2007. If the organization did unstructions.	If the organizations of the control	on did not check tances" test, che e organization qu on did not check tances" test, che The organizatio	a box on line 13 eck this box and ualifies as a pub a box on line 13 eck this box and in qualifies as a	stop here. Exp licly supported 3, 16a, 16b, or stop here. Exp publicly suppor	lain in Pa organizat 17a and lain in Pa ted orgar	rt IV ho tion line 15 irt IV ho nization	ow the ► Is 10% or

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		15				
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

Software ID: **Software Version:**

EIN: 20-0777374

Name: University Health Systems of Eastern Carolina Foundation Inc

Form 990, Part VII - Section Aaa											
		Posit t	(C non (d hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Average STO ST		Officei	Keş emploşee			(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Mr J Bryant Kıttrell , Chaır	1 00	Х						0	0	0	
Ms Janice Faulkner , Vice Chair	1 00	Х						0	0	0	
Mr William S Corbitt I , Treasurer	1 00	Х						0	0	0	
Mrs Sarah Davenport , Secretary	1 00	Х						0	0	0	
Mr R Kelly Barnhıll S , Past Chaır / Trustee	1 00	х						0	0	0	
Mrs Myra Bowen , Trustee	1 00	X						0	0	0	
Mr Robert G Brown , Trustee	1 00	Х						0	0	0	
Mr O wen Burney Jr , Trustee	1 00	Х						0	0	0	
Mrs Brenda Edwards , Trustee	1 00	Х						0	0	0	
Mrs Karen Gagnon , Trustee	1 00	Х						0	0	0	
Dr Herbert G Garrison , Trustee	1 00	Х						0	0	0	
Mr Lindsey R Griffin , Trustee	1 00	Х						0	0	0	
Mr John Minges , Trustee	1 00	Х						0	0	0	
Mr William C Monk sr , Trustee	1 00	Х						0	0	0	
Mr Walter Morehead , Trustee	1 00	Х						0	0	0	
Mr V Parker O verton , Trustee	1 00	Х						0	0	0	
Mr George Ragsdale , Trustee	1 00	Х						0	0	0	
Mr Ronald Taylor , Trustee	1 00	Х						0	0	0	
Dr Julian Vainright , Trustee	1 00	Х						0	0	0	
Mr William H Wilkerson , Trustee	1 00	Х						0	0	0	
Mr Cassius S Williams , Trustee	1 00	Х						0	0	0	
Billy Barnes , Trustee / Regional Rep	1 00	Х						0	0	0	
Charles Hardy , Trustee / Regional Rep	1 00	Х						0	0	0	
Jack Powell , Trustee / Regional Rep	1 00	Х			L			0	0	0	
ms olivia holding , trustee	1 00	Х			L_			0	0	0	
mr anthony miller , trustee	1 00	Х			$ldsymbol{ld}}}}}}$			0	0	0	
mr william c monk jr , trustee	1 00	Х						0	0	0	
mr dave mcrae , ex-offic trustee/ceo uhs	1 00	Х						0	0	0	
Mr Joel K Butler , President	16 00			Х				202,825	0	129,083	
Ms Kinney Hart , Executive Director	40 00			Х	<u> </u>			115,423	0	14,907	

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Ms Valerie J Dixon , financial officer	16 00			Х				119,322	0	60,131

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** University Health Systems of Eastern Carolina Foundation Inc 20-0777374 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service,

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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

provide, in Part XIV, the text of the footnote to its financial statements that describes these items

following amounts required to be reported under SFAS 116 relating to these items

► \$

Par	Organizations Maintaining Co	llections of Art	, His	tori	cal Treasur	es, or Othei	Similar Asse	ts (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie foll	_	-	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or excha	nge programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	further the org	janization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the organi		ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions or	other assets n	ot	Yes	∏ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior \	'ear (c)Two	Years Back (d)T	hree Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held a	is						
а	Board designated or quasi-endowment								
ь	Permanent endowment								
	Term endowment ►								
с За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held and adr	mınıstered for t	:he	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(II), are the related organizatio	•					3b		
ט	Describe in Part XIV the intended uses of th	e organization's end							
4									
4	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990, Par	t X, line 10.	T		
4	t VI Investments—Land, Buildings Description of investment	s, and Equipme	nt. S	(;	orm 990, Par a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
4 Par		s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a	Description of investment	s, and Equipme	<u>nt. S</u>	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a b	Description of investment	s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par Par 1a b c	Description of investment Land	s, and Equipme	nt. S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b c d	Description of investment Land		· · ·	(i ba	a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method	l of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value	(c) Method	l of valuation
		Cost or end-of-	year market value
Trust Fund Investments	165,394		F
	165.004		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part X, lir	165,394		
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X		Τ	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
		-	
		1	
		-	
		-	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		-	
Total. (Column (b) should equal Form 930, Part A, COI (b) line 25)	L]	

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	2			
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			. 4c	
5		d 4c. (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	 <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		 	
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c	
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

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DLN: 93493224010200

OMB No 1545-0047

2008

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public

Name of the organization						Employer identif	ication number
University Health Systems of E Carolina Foundation Inc	Eastern					20-0777374	
	mation on Grai	nts and Assistance)				
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	d to award the grar	nts or assistance?					Г Yes Г
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addit	ny recipient that rece Tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the only if no one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec				_			36
organizations 3 Enter total number of oth							•

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

	_				
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the US		Schedule I, Part I, Line 2 Grants provided by the PMH Foundation require the applicant to be a 501(c)(3) or government entity and recipients are required to provide proof of their status by submitting a copy of their IRS letter of determination Requests must be related to disease prevention and disease management or wellness or children services. Once the grant has been awarded, the Foundation gets a mid-term update report from the grantees of the progression status towards the achievement of the specified goals. Any revisions to the original grant specification has to be requested formally and approved by the Foundation. The mid-term report also indicates the corresponding grant funds used and at the end of the period, all unused funds are returned to the Foundation.

Software ID: Software Version:

EIN: 20-0777374

Name: University Health Systems of Eastern

Carolina Foundation Inc

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

Form 990,Schedule 1, Pa	<u>rt 11, Grants a</u>	<u>ina Otner Assistanc</u>	ce to Government	<u>s and Organizatio</u>	<u>ns in the United St</u>	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBMARLE FOOD BANKPO BOX 714 elizabeth city, NC 27909	56-1341658	501(c)(3)	10,000				REGIONAL COMMUNITY BENEFITS FUNDING
ALBMARLE REGIONAL HEALTH SERVICES711 ROANOKE AVENUE elizabeth city, NC 27909	56-6000798	501(c)(3)	35,000				REGIONAL COMMUNITY BENEFITS FUNDING
BEARFIELD PRIMARY SCHOOL145 HERTFORD COUNTY HIGH ROAD ahoskie,NC 27910	56-6001048	501(c)(3)	12,500				REGIONAL COMMUNITY BENEFITS FUNDING
BERTIE COUNTY COUNCIL ON AGINGPO BOX 530 windsor, NC 27983	56-6000276	501(c)(3)	25,000				REGIONAL COMMUNITY BENEFITS FUNDING
BERTIE COUNTY - NC COOPERATIVE EXTENSION AGENCYPO BOX 530 rocky mount, NC 27802	56-6000276	501(c)(3)	18,500				REGIONAL COMMUNITY BENEFITS FUNDING
BOYS & GIRLS CLUB OF NASH EDGECOMBE COUNTIESPO BOX 1622 jacksonville,NC 28541	56-0934910	501(c)(3)	5,000				REGIONAL COMMUNITY BENEFITS FUNDING
BOYS & GIRLS CLUB OF ONSLOW COUNTYPO BOX 146 greenville, NC 27858	58-1953679	501(c)(3)	28,000				REGIONAL COMMUNITY BENEFITS FUNDING
BOYS & GIRLS CLUB OF EASTERN NC1003 RED BANKS ROAD edenton, NC 27932	56-0927694	501(c)(3)	15,000				REGIONAL COMMUNITY BENEFITS FUNDING
CHOWAN HOSPITAL - PEDIATRIC ASTHMA PROGRAM211 VIRGINIA ROAD edenton, NC 27932	43-2031990	501(c)(3)	10,000				REGIONAL COMMUNITY BENEFITS FUNDING
CHOWAN-PERQUIMMANS SMART START PARTNERSHIP718 N BROAD STREET kitty hawk, NC 27949	31-1622057	501(c)(3)	30,000				REGIONAL COMMUNITY BENEFITS FUNDING

Form 990,Schedule I,	Part II, Gran	its and Other Ass	sistance to Gov	ernments and O	rganizations in	the United State	5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE CLINIC OF DARE2 JUNIPER TRAIL conetoe, NC 27819	20-2230717	501(c)(3)	32,000				REGIONAL COMMUNITY BENEFITS FUNDING
CONETOE CHAPEL MISSIONARY BAPTIST CHURCHPO BOX 203 kill devil hills,NC 27948	56-2373189	501(c)(3)	15,000				REGIONAL COMMUNITY BENEFITS FUNDING
DARE COALITION AGAINST SUBSTANCE ABUSEPO BOX 3604 manteo, NC 27954	52-2459490	501(c)(3)	10,000				REGIONAL COMMUNITY BENEFITS FUNDING
DARE COUNTY DEPARTMENT OF PUBLIC HEALTHPO BOX 1000 kenansville, NC 28349	56-6000293	501(c)(3)	30,000				REGIONAL COMMUNITY BENEFITS FUNDING
DUPLIN COUNTY HEALTH DEPARTMENT PO BOX 948 kenansville, NC 28349	56-6000296	501(c)(3)	25,372				REGIONAL COMMUNITY BENEFITS FUNDING
DUPLIN COUNTY SCHOOLSPO BOX 128 kenansville, NC 28349	56-6001020	501(c)(3)	12,514				REGIONAL COMMUNITY BENEFITS FUNDING
DUPLIN PARTNERS FOR HEALTHPO BOX 728 kenansville, NC 28349	02-0609420	501(c)(3)	15,000				REGIONAL COMMUNITY BENEFITS FUNDING
EDGECOMBE COUNTY HEALTH DEPARTMENT 2909 MAIN STREET tarboro,NC 27886	56-6000298	501(c)(3)	50,000				REGIONAL COMMUNITY BENEFITS FUNDING
EL CENTRO LATINO DE DUPLINPO BOX 220 kenansville, NC 28349	04-3848748	501(c)(3)	5,000				REGIONAL COMMUNITY BENEFITS FUNDING
GREATER WYNNSGROVE COMMUNITY DEVELOPMENT CENTER 221 THOMAS E LEE colerain, NC 27924	20-4193464	501(c)(3)	15,000				REGIONAL COMMUNITY BENEFITS FUNDING

Form 990,Schedule I, I	Part II, Gran	ts and Other Ass	istance to Gov	ernments and O	rganizations in	the United States	5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERTFORD COUNTY OFFICE OF AGING408 SOUTH CAMP STREET winton, NC 27986	56-6001523	501(c)(3)	32,500				REGIONAL COMMUNITY BENEFITS FUNDING
MARTIN TYRELL WASHINGTON DISTRICT HEALTH DEPARTMENT 198 NC HWY 45N plymouth,NC 27962	56-1066387	501(c)(3)	5,000				REGIONAL COMMUNITY BENEFITS FUNDING
MEDLINK VOLUNTEER CENTER153 NORTH CHURCH STREET rocky mount, NC 27804	58-1488899	501(c)(3)	14,800				REGIONAL COMMUNITY BENEFITS FUNDING
NC COOPERATIVE EXTENSION SERVICEPO BOX 968 manteo, NC 27954	56-6049304	501(c)(3)	15,500				REGIONAL COMMUNITY BENEFITS FUNDING
NORTHAMPTON COUNTY HEALTH DEPARTMENTPO BOX 663 Jackson, NC 27845	56-6000325	501(c)(3)	7,500				REGIONAL COMMUNITY BENEFITS FUNDING
OUTER BANKS HOTLINE 4800 S CROATAN HWY nags head, NC 27959	58-1414606	501(c)(3)	5,000				REGIONAL COMMUNITY BENEFITS FUNDING
PERQUIMMANS COUNTY EMSPO BOX 563 hertford, NC 27944	56-6000330	501(c)(3)	11,184				REGIONAL COMMUNITY BENEFITS FUNDING
QUIGLESS NATURAL HEALTH CENTER OF TARBORO INC99 MAIN STREET tarboro,NC 27886	14-1965579	501(c)(3)	5,000				REGIONAL COMMUNITY BENEFITS FUNDING
ROANOKE-CHOWAN COMMUNITY HEALTH CENTERPO BOX 1385 ahoskie,NC 27910	42-1638714	501(c)(3)	25,000				REGIONAL COMMUNITY BENEFITS FUNDING
ST LUKE TOTAL COMMUNITY OUTREACH PO BOX 424 tarboro,NC 27886	77-0603014	501(c)(3)	7,000				REGIONAL COMMUNITY BENEFITS FUNDING

Form 990,Schedule I,	Part II, Gran	ts and Other Ass	istance to Gov	ernments and O	rganizations in	the United States	i
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE RIVERS HEALTHY CAROLINAS PARTNERSHIP100 W FREEMASON CIRCLE edenton, NC 27932	56-6000798	501(c)(3)	5,000				REGIONAL COMMUNITY BENEFITS FUNDING
TOWN OF AULANDER OFFICE OF TREASURER PO BOX 100 aulander, NC 27805	56-6001168	501(c)(3)	14,000				REGIONAL COMMUNITY BENEFITS FUNDING
TO WN OF MURFREESBOROPO BOX 6 murfreesboro, NC 27855	56-6001298	501(c)(3)	10,000				REGIONAL COMMUNITY BENEFITS FUNDING
TYRELL COUNTY NC COOPERATIVE EXTENSION SERVICEPO BOX 209 columbia, NC 27925	56-6193780	501(c)(3)	6,600				REGIONAL COMMUNITY BENEFITS FUNDING
WA PATILLO SCHOOL 501 EAST AVENUE tarboro, NC 27886	56-6001023	501(c)(3)	7,000				REGIONAL COMMUNITY BENEFITS FUNDING
YELLOW HOUSE MINISTRYPO BOX 1181 avon,NC 27915	20-3332922	501(c)(3)	10,000				REGIONAL COMMUNITY BENEFITS FUNDING

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As Filed Data -

DLN: 93493224010200

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

ın Part III

Name of the organization

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

University Health Systems of Eastern Carolina Foundation Inc 20-0777374 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(i) (ii)	189,463	12,582	780	118,701	10,382	331,908	
	(I) (II)	112,868	6,139	315	60,131		179,453	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
1	(ii)							

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

DLN: 93493224010200

(Form 990)

Department of the Treasury Internal Revenue Service

SCHEDULE 0

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Inspection

Name of the organization University Health Systems of Eastern Carolina Foundation Inc

Employer identification number

20-0777374

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 is made available to board members by electronic or regular mail Legal Counsel, the Compliance Officer, and Foundation Officers have also reviewed the 990 tax return

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		All board members are required to complete a comprehensive conflict of interest questionnaire. These are reviewed by legal counsel and any potential or actual conflicts are brought to the board for disposition. Board members are required to recuse themselves from voting on issues in which they are deemed to have a conflict.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		While there are no employees paid by the corporation, Joel Butler, Kinney Hart and Valerie Dixon, are Officers of the corporation and are compensated by UHS for their service to the corporation. Correspondingly, the following information is provided regarding determination of compensation. Officer and key employee compensation is determined by the Board, using comparative data from like organizations and input from consultants. This process is performed every three years, the last being 2007. It will be performed again in 2010.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization does not make it governing documents, conflict of interest policy or interim financial statements available to the public. However, an annual report of donor recognition and key activities also advises that the audited financial statements are available for inspection at the Foundation office

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2b	Form 990, Part IV, Line 12	The financial statements were audited on a combined basis

Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4a Statement of Program Service Accomplishments Statement of Program Service Accomplishments Homeonial Hospital Foundation (PM improving the health and well-be support the mission of University communities it serves, touches a targeted health and wellness se headquarters in Greenville, North system that serves a total market North Carolina. The UHSF have to members as of 9/30/2009, AND Community Hospitals of East Car Board of Trustees. The board most of eastern Carolina. Board meeting the 2008-2009 grant cycle, the Foundation that the community for \$1. The PCMH and UHS Boards annual These funds are awarded to condesigned plan to address one of local community organizations. For prevention and management throughout the community organizations. For prevention and Physical Activity, and ways includingIn partnership mandated community health associated them. The populations served specific populations to address of Human Services, local health delivership the support the mission of University to the provention of Human Services, to community organizations. The provention and prevention and management throughout the community organizations.	al Foundation and the University Health Systems Foundations The Pitt (MHF) and the University Health Systems Foundation (UHSF) are committed to ing of the people and communities of Eastern North Carolina. The mission is to Health Systems (UHS) of enhancing the quality of life for the people and and supports by developing relationships and securing financial resources for exices. The Foundations are North Carolina non-profit corporations with a Carolina. UHS and its affiliates operate an integrated health care delivery to fapproximately 1.3 million people in 29 contiguous counties in eastern he same governing board as the PMHF, which is comprised of 25 voting and additional Trustees to represent the Development Councils of applicable colina Health. The Nominating Committee recommends appointments to the embers have diverse backgrounds and are selected to represent the citizens has are held quarterly. Overview of the Community Benefit Program During MH and UHS Foundation distributed to improve the health of individuals 0.073,836 through 44 grants, and \$625,165 through 42 grants, respectively hally support the Community Benefit Initiatives program of the Foundations minumity agencies that successfully demonstrate both need and a well-the priority categories. These grants support health initiatives through the established focus areas have been selected to address disease and Access to Care, Diabetes Prevention and Management, Minority health, and Senior Services. The Community health priorities are determined several with the local health departments, and consideration of results of statesessments by each local Healthy Carolinians task force. Those task force most pressing issues in their communities, and discuss ways to address are largely the poor, the underserved, and minorities. Determination of poccurs when partners such as the North Carolina Department of Health and partments, county Healthy Carolinian task forces, or physicians identify a partners are engaged to work together with the health system.

DLN: 93493224010200

OMB No 1545-0047 2008

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Name of the organization **Employer identification number** University Health Systems of Eastern Carolina Foundation Inc 20-0777374 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity pitt memorial hospital foundation inc 2100 STANTONSBURG ROAD fundraising NC 501(c)(3) 509(a)(2) N/A greenville, NC27835 58-1399266

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V Transactions with Related Organizatio	ns
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Pa	rt V T	ransactions with Related Organizations							
	Note. Co	mplete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 D	uring the t	ax year, did the orgranization engage in any of the following transactions	s with one or more related organizations listed in Parts II-	IV?					
а	Receipt	of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entit	ty		1a		No		
b	Gıft, grai	nt, or capital contribution to other organization(s)			1b		No		
c	Gıft, grar	t, or capital contribution from other organization(s)			1c	Yes			
d	Loans or	loan guarantees to or for other organization(s)			1d		No		
e	Loans or	loan guarantees by other organization(s)			1e		No		
f	Sale of a	ssets to other organization(s)			1f		No		
g	Purchas	e of assets from other organization(s)			1g		No		
h	Exchang	e of assets			1h		No		
i	Lease of	facilities, equipment, or other assets to other organization(s)			1i		No		
j	Lease of	facilities, equipment, or other assets from other organization(s)			1j		No		
k	k Performance of services or membership or fundraising solicitations for other organization(s)								
1	Performance of services or membership or fundraising solicitations by other organization(s)								
m	m Sharing of facilities, equipment, mailing lists, or other assets								
n	Sharing	of paid employees			1n		No		
o	Reımbur	sement paid to other organization for expenses			10		No		
р	Reımbur	sement paid by other organization for expenses			1р		No		
q	O ther tra	insfer of cash or property to other organization(s)			1q		No		
r	O ther tra	nsfer of cash or property from other organization(s)			1r		No		
2	If the ans	wer to any of the above is "Yes," see the instructions for information on	who must complete this line, including covered relationsh	nips and transaction thresholds					
		(A)	(B)	(C)					
		Name of other organization(s)	Transaction type(a-r)	Amount Involved					
(1)									
(2)									
(3)									
(4)									
(5)									

Part VI Unrelated Organizations Taxable as a Partnership

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

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	D / Form					