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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	2008 Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization University Health Systems of Eastern Carolina Inc	D Employer identification number 56-2141073
		Doing Business As	E Telephone number (252) 847-5129
		Number and street (or P O box if mail is not delivered to street address) 2100 Stantonsburg Road	Room/suite
		City or town, state or country, and ZIP + 4 Greenville, NC 27835	
F Name and address of Principal Officer dave mcrae 2100 Stantonsburg Road Greenville, NC 27835		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c) (3) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527	H(b) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)		
J Web site: ☒ www.uhseast.com		H(c) Group Exemption Number ☒	
K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other ☒		L Year of Formation 1998 M State of legal domicile NC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO ADVANCE AND SUPPORT THE HEALTHCARE NEEDS OF THE COMMUNITIES OF EASTERN NORTH CAROLINA		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of employees (Part V, line 2a)	5	126
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34 . . .	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	42,998,892	73,257,206
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,631,951	2,416,139
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,582,583	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,213,426	75,673,345
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,837,070	657,273
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,738,843	38,155,547
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	37,401,372	64,845,681
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	50,977,285	103,658,501
	19	Revenue less expenses Subtract line 18 from line 12	4,236,141	-27,985,156
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	556,082,672	598,532,031
	21	Total liabilities (Part X, line 26)	531,183,303	573,377,765
	22	Net assets or fund balances Subtract line 21 from line 20	24,899,369	25,154,266

Part II Signature Block

Please Sign Here	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				
	*****		2010-05-14		
	Signature of officer		Date		
	jack holsten chief financial officer Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☐	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LarsonAllen LLP 101 N Tryon Street Suite 1000 Charlotte, NC 28246		EIN		
			Phone no (704) 998-5200		

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
see schedule O

2

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

3

Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☒ No
If “Yes,” describe these changes on Schedule O

4

Describe the 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 \$ 93,161,538 including grants of \$ 657,273) (Revenue \$ 73,257,206)

UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC IS A NORTH CAROLINA NON-PROFIT CORPORATION WITH HEADQUARTERS IN GREENVILLE, NORTH CAROLINA UHS AND ITS AFFILIATES OPERATE AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THAT SERVES A TOTAL MARKET OF APPROXIMATELY 1 3 MILLION PEOPLE IN 29 CONTIGUOUS COUNTIES IN EASTERN NORTH CAROLINA THE HEALTH SYSTEM INCLUDES HOSPITALS, PHYSICIAN PRACTICES, OUTPATIENT SERVICES, LONG-TERM CARE, HOME HEALTH, HOSPICE, AND WELLNESS SERVICES THE HEALTH SYSTEM'S HOSPITALS ARE PITT COUNTY MEMORIAL (PCMH), WHICH IS A TERTIARY CARE HOSPITAL AND AN ACADEMIC MEDICAL CENTER, AND FIVE OTHER ACUTE CARE HOSPITALS ROANOKE CHOWAN HOSPITAL, HERITAGE HOSPITAL, CHOWAN HOSPITAL, BERTIE MEMORIAL HOSPITAL, AND THE OUTER BANKS HOSPITAL UHS MANAGES TWO OTHER ACUTE CARE CARE HOSPITALS, DUPLIN GENERAL HOSPITAL AND ALBEMARLE HEALTH PCMH SERVES AS THE TEACHING HOSPITAL FOR THE BRODY SCHOOL OF MEDICINE, WHICH IS ADJACENT TO THE HOSPITAL AND ALSO SERVES AS A REGIONAL REFERRAL CENTER FOR EASTERN 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 \$)

4e

Total program service expenses \$ 93,161,538 Must equal Part IX, Line 25, column (B).

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	No
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	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
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	No
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? If "Yes," complete Schedule F, Part II	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? If "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	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
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	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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	No
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		
a 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 IV		No
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
c 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		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
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		No
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	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		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		No
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		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a783		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a126	Yes	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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 premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
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	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization?	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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Chris Townsend 2100 Stantonsburg Road Greenville, NC 27835 (252) 847-5129

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

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

Form 990 (2008)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
1b Total									A 14,203,827	4,344,143	5,574,166

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Form **990** (2008)

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues					
			1b				
	c	Fundraising events					
			1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above					
			1f				
g	Noncash contributions included in lines 1a-1f \$						
h	Total (Add lines 1a-1f)						
Program Service Revenue			Business Code				
	2a	INTERCOMPANY REVENUE	900,099	73,257,206	73,257,206		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 73,257,206					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		2,416,139		2,416,139	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					
		a					
	b	Less direct expenses		b			
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
		a					
	b	Less direct expenses		b			
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	a						
b	Less cost of goods sold		b				
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		75,673,345	73,257,206	0	2,416,139	

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) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	657,273	657,273		
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	17,456,502	17,456,502		
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	17,667,264	17,667,264		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	752,642	752,642		
10	Payroll taxes	2,279,139	2,279,139		
11	Fees for services (non-employees)				
a	Management				
b	Legal	434,603		434,603	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,038,876	519,438	519,438	
g	Other	17,169,246	8,527,051	8,642,195	
12	Advertising and promotion	1,860,045	1,860,045		
13	Office expenses	3,691,392	3,484,758	206,634	
14	Information technology	1,921,518	1,921,518		
15	Royalties				
16	Occupancy	118,538	118,538		
17	Travel	543,598	543,598		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	47,157	47,157		
20	Interest	26,693,804	26,693,804		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	10,001,368	10,001,368		
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)				
a	membership dues	593,318		593,318	
b					
c					
d					
e					
f	All other expenses	732,218	631,443	100,775	
25	Total functional expenses. Add lines 1 through 24f	103,658,501	93,161,538	10,496,963	0
26	Joint Costs. Check ☐ 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)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	7,845,481	2	11,915,688
	3 Pledges and grants receivable, net		3	
	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) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	178,724	9	4,007,822
	10a Land, buildings, and equipment cost basis			
		10a		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		10b	10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	548,058,467	15	582,608,521	
16 Total assets. Add lines 1 through 15 (must equal line 34)	556,082,672	16	598,532,031	
Liabilities	17 Accounts payable and accrued expenses	7,463,140	17	27,034,715
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	486,457,409	20	513,922,643
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	37,262,754	25	32,420,407
	26 Total liabilities. Add lines 17 through 25	531,183,303	26	573,377,765
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	24,899,369	27	25,154,266
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	24,899,369	33	25,154,266
	34 Total liabilities and net assets/fund balances	556,082,672	34	598,532,031

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☒ accrual ☐ other		
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
c	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	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization University Health Systems of Eastern Carolina Inc	Employer identification number 56-2141073
---	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4

☐

A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☒

Type III - Functionally Integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) A amount of support?
			Yes	No	Yes	No	Yes	No	
PITT COUNTY MEMORIAL HOSPITAL INC	560585243	03	Yes		Yes		Yes		0
EAST CAROLINA HEALTH INC	562003393	03	Yes		Yes		Yes		0
Total									

Part II

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.)

Public Support						
Calendar 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 include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each 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 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 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						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	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		
b	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		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. 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

Additional Data

Software ID:

Software Version:

EIN: 56-2141073

Name: University Health Systems of Eastern
Carolina Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Phillip K Flowers , board of director	4 00	X						0	0	0
David H Womack , board of director	2 00	X						0	0	0
Janice H Faulkner , board of director	2 00	X						0	0	0
Robert Horace Tripp , board of director	2 00	X						0	0	0
A Ray Rogers , board of director	2 00	X						0	0	0
Ernest L Evans , board of director	2 00	X						0	0	0
Bruce E Gray , board of director	2 00	X						0	0	0
Allan Harvin MD , board of director	2 00	X						0	0	0
Thomasine Kennedy , board of director	2 00	X						0	0	0
Ralph R Hall Jr , board of director	2 00	X						0	0	59,516
Marcus S Albernaz MD , board of director	2 00	X						0	0	0
Noel L Baucom , board of director	2 00	X						0	0	0
Janet M Bullock , board of director	2 00	X						0	0	0
W David Harris , board of director	2 00	X						0	0	0
William J Jones Jr Ph , board of director	2 00	X						0	0	0
Melvin C McLawhorn , board of director	2 00	X						0	0	0
Robert V Owens Jr , board of director	2 00	X						0	0	0
Walter E Pofahl II MD , board of director	2 00	X						0	0	0
Lawrence L Seigler , board of director	2 00	X						0	0	0
Jeffery B Turner , board of director	2 00	X						0	0	0
R Kelly Barnhill , honorary trustee	2 00	X						0	0	0
David S Brody , honorary trustee	2 00	X						0	0	0
S Lawrence Davenport , honorary trustee	2 00	X						0	0	0
Robert E Harrington , honorary trustee	2 00	X						0	0	0
Henry C Humphreys , honorary trustee	2 00	X						0	0	0
Edwin W Monroe MD , honorary trustee	2 00	X						0	0	0
Robert B Spivey , honorary trustee	2 00	X						0	0	0
Eli Anderson Warren , honorary trustee	2 00	X						0	0	0
Cassius S Williams , honorary trustee	2 00	X						0	0	0
J Bryant Kittrell III , foundation representativ	2 00	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Beth Ward , board member	2 00	X						0	0	0
Phyllis Horns RND SNFA , board member	2 00	X						0	0	0
Paul R G Cunningham MD , board member	2 00	X						0	0	0
Timothy Reeder MD , board member	2 00	X						0	0	0
Graham Byrum MD , board member	2 00	X						0	0	0
Anand Tewari MD , board member	2 00	X						0	0	0
David McRae See Sch O , CEO UHS	40 00			X				8,694,979	0	444,748
Jack Holsten , CFO UHS	40 00			X				449,917	0	217,386
Nancy Aycock , In House General Counsel	40 00			X				288,121	0	178,737
John Falcetano , Compliance Officer	40 00			X				169,358	0	90,665
Tyree Walker , Chief Human Resources Of	40 00			X				236,216	0	102,107
Timothy McDonnell , Chief Design and Constru	40 00			X				172,008	0	92,778
Joel Butler , Chief External Affairs U	40 00			X				202,825	0	129,083
Carmen Vincent , VP Corp Accred & Reg Com	40 00			X				172,825	0	128,868
Mary Collier , VP Plan & Strategic UHS	40 00			X				183,811	0	172,931
Anissa Davenport , VP Marketing UHS	40 00			X				156,653	0	77,656
Janet Mullaney , Chief Corporate Service	40 00			X				323,025	0	267,260
Preston Comeaux , VP Fin Suppt Supply Chai	40 00			X				188,837	0	62,724
Stuart James , Chief Information Office	40 00			X				284,109	0	113,170
Roger Robertson , President ECH & HA UHS	40 00			X				297,702	0	229,772
Joan Wynn , VP Corporate Quality UHS	40 00			X				176,414	0	145,394
William Case , President Duplin UHS	40 00			X				199,280	0	102,764
Lynn Lanier , VP ECH Financial Service	40 00			X				173,619	0	115,716
Rebecca Ross , VP Patient Care Services	40 00			X				123,632	0	84,745
Lucinda Maready , VP Financial Services Du	40 00			X				120,058	0	34,047
Michelle Brooks , AVP Community Benefits &	40 00			X				141,531	0	76,023
Stephen Lawler , President PCMH	40 00			X				0	617,166	250,222
Diane Poole , COO PCMH	40 00			X				0	355,021	445,281
Thomas Czaplijski , VP Education and Researc	40 00			X				0	151,433	88,711
David Hughes , Sr VP Financial Services	40 00			X				0	265,988	124,965

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Chatman , Chief Nursing Officer	40 00			X				0	216,380	143,541
Brent Mallek , VP Human Resources	40 00			X				0	176,731	144,294
Anna Weaver , VP Surgical Services	40 00			X				0	154,878	90,208
Kathryn Dutton , VP Patient Care Services	40 00			X				0	150,044	109,295
William Floyd , VP Cardiovascular Servic	40 00			X				0	198,479	60,680
Martha Dixon , Administrative Officer	40 00			X				0	149,455	135,349
Barbara Batts , Asst VP Womens Childrens	40 00			X				0	155,277	87,669
Steven Butler , Asst VP Surgical Srvcs	40 00			X				0	145,252	36,831
Kenneth Turpen , executive director, foun	40 00			X				0	163,678	6,676
Linda Hofler , VP Quality Services	40 00			X				0	140,879	102,853
Sue Taylor , Asst VP Patient Care Srv	40 00			X				0	135,267	67,907
Jeffery Dial , VP Support Services	40 00			X				0	133,419	54,510
Valerie Dixon , Asst VP Financial Srvcs	40 00			X				0	119,322	68,899
Jennifer Thomas , Asst VP Specialty Srvcs	40 00			X				0	128,780	36,454
John Stallings , VP Clinical And Cancer S	40 00			X				0	323,386	101,160
jc quick , government relations off	40 00			X				573,358	0	15,726
james walton iv , avp design & contruction	40 00			X				32,843	76,418	27,882
donald smith , president, tobh	40 00			X				215,587	6,612	86,999
nancy hart , ED, uhsf & pmhf	40 00			X				0	115,423	14,907
stephen tripp , ed, surgicenter	40 00			X				0	147,086	57,045
Sanjay Saha , vp, ed surgical services	40 00			X				0	68,077	8,627
Ryan Hickey , vp, cancer & clinical se	40 00			X				0	49,692	6,976
Linda Roberson , Senior Projects Officer	40 00					X		143,736	0	89,085
Vicki Haddock , admin, risk management	40 00					X		124,807	0	53,839
Marie Moseley , uhs reg aff spec priv of	40 00					X		115,137	0	97,651
Stephen Kiess , asst general counsel	40 00					X		123,227	0	16,138
Edward Gallagher , asst general counsel	40 00					X		120,212	0	17,696

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization University Health Systems of Eastern Carolina Inc	Employer identification number 56-2141073
--	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes	☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		155,947
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			155,947
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures (<i>do not include amounts of political expenses for which the section 527(f) tax was paid</i>).	
a	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	PAID STAFF SPECIFICALLY INVOLVED WITH LOBBYING ACTIVITIES TO INFLUENCE LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENT OFFICIALS

Explanation

[illegible]

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
University Health Systems of Eastern Carolina Inc

Employer identification number

56-2141073

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes☐ No	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

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, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

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

b

Assets included in Form 990, Part X▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

3a(ii)

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				0

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-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) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
due from affiliates	453,429,450
ASSETS LIMITED FOR IMPROVEMENTS	49,402,719
ASSETS LIMITED FOR LIABILITY LOSSES	32,037,104
ASSETS HELD BY TRUSTEE	32,565,248
OTHER ASSETS	15,174,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	582,608,521

(a) Description of Liability	(b) Amount
Federal Income Taxes	
RESERVE FOR PROFESSIONAL LIABILITY LOSSES	31,640,841
other liabilities	779,566
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	32,420,407

Schedule D (Form 990) 2008

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

Schedule I
(Form 990)

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

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
University Health Systems of Eastern
Carolina Inc

Employer identification number
56-2141073

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pitt County Memorial Hospital FoundationPO Box 8489 greenville, NC 27835	58-1399266	501(c)(3)	600,000				Charitable
Outer Banks Hospital Development4800 S Croatan Highway nags head, NC 27959	20-0777374	501(c)(3)	25,000				Sponsorship
Sentara Healthcare Foundation600 Gresham Drive norfolk, VA 23507	52-1271901	n/a	10,000				Nightingdale air ambulance

2 Enter total number of section 501(c)(3) and government organizations 2

3 Enter total number of other organizations 1

Part III

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

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

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grant Monitoring Primary oversight responsibility for all grants received by UHS organizations rests with the entity receiving the funds Each entity is responsible for documenting the receipt of funds, assigning a cost center to track expenses and/or creating a restricted liability for deposit of the funds, documenting expenditures and completing all grantor required reporting Their compliance with the terms of the agreement related to project implementation and management, fund expenditures and reporting is monitored by the granting agency's designated contact person with assistance from the UHS Grants Office Note The majority of the grant funds received for programs at PCMH are acquired through the PMH Foundation which has a compliance audit completed each year Grant Funds for UHS are sent to the UHS Foundation and have the same audit procedures All grant funds are recorded/monitored by the Corporate Accountant and the Assistant Vice President of Financial Services Selection Criteria/process Grants provided by the UHS and PMH Foundations 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 There are different health related focus areas for each of the hospitals community benefits grant programs Each hospital's program has their own local community benefits grants review committee comprised of local representatives from their respective communities These committees review letters of intent, decide which organizations are to be invited to submit a grant application, then review the grant applications and make funding recommendations Their funding recommendations are then reviewed by the UHS Foundation Community Benefits Committee and final decisions are confirmed by the UHS Foundation Board

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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.

Name of the organization
University Health Systems of Eastern Carolina Inc

Employer identification number
56-2141073

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☒ First class or charter travel ☐ Housing allowance or residence for personal use		
	☒ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments ☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	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	1b	Yes
2	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	Yes
3	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		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	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.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No

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)(i)-(iii) 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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Software ID:

Software Version:

EIN: 56-2141073

Name: University Health Systems of Eastern Carolina Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
David McRae (See Sch O)	(i) (ii)	821,469	178,468	7,695,042	427,224	17,524	9,139,727	
Jack Holsten	(i) (ii)	399,322	48,304	2,291	200,092	17,294	667,303	
Nancy Aycock	(i) (ii)	250,394	36,800	927	168,454	10,283	466,858	
John Falcetano	(i) (ii)	157,629	11,263	466	80,348	10,317	260,023	
Tyree Walker	(i) (ii)	220,474	15,175	567	96,718	5,389	338,323	
Timothy McDonnell	(i) (ii)	160,274	11,380	354	79,549	13,229	264,786	
Joel Butler	(i) (ii)	189,463	12,582	780	118,701	10,382	331,908	
Carmen Vincent	(i) (ii)	161,709	10,818	298	121,393	7,475	301,693	
Mary Collier	(i) (ii)	174,970	8,528	313	167,250	5,681	356,742	
Anissa Davenport	(i) (ii)	147,212	9,271	170	68,191	9,465	234,309	
Janet Mullaney	(i) (ii)	281,179	41,160	686	254,610	12,650	590,285	
Preston Comeaux	(i) (ii)	176,971	11,004	862	54,019	8,705	251,561	
Stuart James	(i) (ii)	267,488	16,324	297	104,103	9,067	397,279	
Roger Robertson	(i) (ii)	262,845	33,937	920	215,690	14,082	527,474	
Joan Wynn	(i) (ii)	166,165	10,005	244	135,353	10,041	321,808	
William Case	(i) (ii)	184,172	14,794	314	92,147	10,617	302,044	
Lynn Lanier	(i) (ii)	162,228	11,039	352	106,377	9,339	289,335	
Rebecca Ross	(i) (ii)	119,582	4,050		78,373	6,372	208,377	
Lucinda Maready	(i) (ii)	116,288	3,770		30,089	3,958	154,105	
Michelle Brooks	(i) (ii)	133,757	7,774		69,920	6,103	217,554	
Stephen Lawler	(i) (ii)	516,680	94,674	5,812	235,247	14,975	867,388	
Diane Poole	(i) (ii)	335,838	17,226	1,957	431,940	13,341	800,302	
Thomas Czaplinski	(i) (ii)	141,060	9,837	536	79,952	8,759	240,144	
David Hughes	(i) (ii)	252,288	13,182	518	113,058	11,907	390,953	
Mary Chatman	(i) (ii)	203,892	12,254	234	132,510	11,031	359,921	
Brent Mallek	(i) (ii)	164,448	12,000	283	131,736	12,558	321,025	
Anna Weaver	(i) (ii)	146,769	7,779	330	82,615	7,593	245,086	
Kathryn Dutton	(i) (ii)	141,143	8,682	219	100,302	8,993	259,339	
William Floyd	(i) (ii)	186,581	11,700	198	54,064	6,616	259,159	
Martha Dixon	(i) (ii)	139,987	8,952	516	125,049	10,300	284,804	
Barbara Batts	(i) (ii)	145,387	9,890		86,251	1,418	242,946	
Steven Butler	(i) (ii)	136,681	8,571		32,017	4,814	182,083	
Kenneth Turpen	(i) (ii)	163,678			6,081	595	170,354	
Linda Hofler	(i) (ii)	132,107	8,499	273	90,579	12,274	243,732	
Sue Taylor	(i) (ii)	127,167	8,100		56,674	11,233	203,174	
Jeffery Dial	(i) (ii)	126,459	6,823	137	46,964	7,546	187,929	
Valerie Dixon	(i) (ii)	112,868	6,139	315	60,131	8,768	188,221	
Jennifer Thomas	(i) (ii)	121,624	7,156		30,688	5,766	165,234	
John Stallings	(i) (ii)	309,556	13,830		98,480	2,680	424,546	
jc quick	(i) (ii)	90,580	6,722	476,056	12,651	3,075	589,084	
donald smith	(i) (ii)	187,270 6,612	28,089	228	78,199 1,461	7,192 147	300,978 8,220	
stephen tripp	(i) (ii)	129,960	17,126		49,149	7,896	204,131	
Linda Roberson	(i) (ii)	133,601	9,685	450	79,585	9,500	232,821	
Vicki Haddock	(i) (ii)	124,807			49,961	3,878	178,646	
Marie Moseley	(i) (ii)	115,137			95,595	2,056	212,788	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
University Health Systems of Eastern
Carolina Inc

Employer identification number
56-2141073

Part I

Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	north carolina medical care commission	52-1309402	65821dcb5	12-10-2008	112,690,000	Proceeds were used to refund all of the outstanding series 2006a-d bonds		X		X
B	north carolina medical care commission	52-1309402	65821dcc3	12-10-2008	123,850,000	Proceeds were used to refund all of the outstanding series 2006a-d bonds		X		X
C	north carolina medical care commission	52-1309402	65821dbf7	12-10-2008	74,455,000	Proceeds were used to refund all of the outstanding series 2006a-d bonds		X		X
D	north carolina medical care commission	52-1309402	65821dbw0	12-10-2008	119,715,000	Proceeds were used to refund all of the outstanding series 2006a-d bonds		X		X
E	north carolina medical care commission	52-1309402	65821dbu4	12-10-2008	77,900,000	Proceeds were used to refund all of the outstanding series 2006a-d bonds		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization University Health Systems of Eastern Carolina Inc	Employer identification number 56-2141073
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 is made available to board members by posting to a board member's website Any board member who does not have the ability to access the return in this manner will receive a copy via electronic or regular mail The return is also reviewed by the Chief Financial Officer, Chief General Counsel and the Chief Audit and Compliance officer of University Health Systems prior to filing

Identifier	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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The top management official is the CEO who is an employee of UHSEC The compensation is determined by the UHSEC board using comparative data from like organizations and input from consultants This process is performed every three years, the last year being 2007 It will be performed again in 2010 Compensation of other officers and key employees is determined by the UHSEC board using comparative data from like organizations and input from consultants This process is performed every three years, the last year being 2007 It will be performed again in 2010

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2b	Form 990, Part IV, Line 12	The financial statements are included in the combined audited financial statements of university health systems of eastern carolina, inc

Identifier	Return Reference	Explanation
Part VII, Section A	Compensation of Dave McRae	Of the compensation reported in column (D) of subsection 1a, \$7,677,097 is related to a distribution from a Supplemental Executive Retirement Plan Of this amount, \$3,454,694 was paid to federal and state governments as withheld taxes The remainder is held by a trustee with actuarially determined monthly payments consisting of principal and earnings being made to Mr McRae over a specified number of years This compensation was earned by the recipient based on 32 years of service

Identifier	Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 1	OVERVIEW OF UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA	At University Health Systems of Eastern Carolina (UHS), we are committed to improving the health of our communities Eastern North Carolina residents look to our hospitals for quality health care We work hard to uphold the trust that our communities place in us Through a clear vision, disciplined leadership and committed employees, UHS serves the needs of the region, including those who are underserved and need us the most Our mission at UHS -to enhance the quality of life for the people and communities we serve, touch and support -drives us far beyond caring for patients within the confines of our hospital walls It calls us to help make eastern North Carolina a better, healthier place to live UHS is a North Carolina non-profit corporation with headquarters in Greenville, North Carolina UHS and its affiliates operate an integrated health care delivery system that serves a total market of approximately 1.3 million people in 29 contiguous counties in eastern North Carolina The Health System includes hospitals, physician practices, outpatient services, long-term care, home health, hospice, and wellness services The Health Systems owned hospitals are Pitt County Memorial Hospital (PCMH), which is a tertiary care hospital and an academic medical center, and five other acute care hospitals Roanoke-Chowan Hospital, Heritage Hospital, Chowan Hospital, Bertie Memorial Hospital, and The Outer Banks Hospital UHS also manages Albemarle Hospital and Duplin General Hospital PCMH serves as the teaching hospital for the Brody School of Medicine, which is adjacent to the hospital and also serves as a regional referral center for eastern North Carolina The Systems six owned acute care hospitals are licensed to operate 1,208 beds Each hospital is licensed by the Division of Facility Services of the North Carolina Department of Health and Human Services and approved as a provider by the Medicare and Medicaid programs UHS and its hospitals and affiliate organizations provide services to patients without regard to their ability to pay In fiscal year 2009 UHS combined patient care statistics were inpatient admissions, 54,560, inpatient days of care, 306,236, surgeries, 40,741, births, 5,692, and outpatient visits, 381,241 Our Systems workforce included 9,535 employees Each of UHS hospitals operates an emergency room, which is open 24 hours a day PCMH also offers a full spectrum of trauma services Emergent and trauma services are provided to patients without regard to their ability to pay In fiscal year 2009 UHS provided care to 191,803 emergency room patients UHS and PCMH have the same governing board, which is comprised of 20 voting members that meet monthly The Board of Commissioners of Pitt County appoints 11 members, and 9 members are appointed by the Board of Governors of the University of North Carolina The board members have diverse backgrounds and are selected to represent the citizens of eastern Carolina PCMH, in affiliation with the Brody School of Medicine, which is owned by the State of North Carolina, operates 30 resident-training programs with over 340 medical residents This relationship enables PCMH and the Brody School of Medicine to combine their resources for the provision of quality patient care, medical education and research for the residents of eastern North Carolina The Brody School of Medicine has three important goals educating primary care physicians, making medical care more readily available to the people of eastern North Carolina, and providing opportunities to minority and disadvantaged students As a non-profit organization, UHS reinvests all excess of revenues over expenses in programs, services, and facilities that provide access to patient care and health services to the citizens of eastern Carolina Overview of University Health Systems of Eastern Carolina Community Benefit Programs 1 Eastern North Carolina is comprised of 1.3 million people living in 14,000 square miles Boundaries are from I-95 East to the coast, and from the Virginia line up to and including Onslow County The area is largely rural and largely poor, with higher than state or national average rates for poverty and uninsured Health status indicators show increased incidence of disease in the region, especially cancer, heart disease and stroke UHS determines priorities for target populations by working in concert with medical and community agency partners in ongoing assessment of the most pressing health care needs Many efforts over the past decade have focused on diabetes, pediatric asthma, school health, injury prevention, access to care, nutrition enhancement, and cancer screenings Also, special programs to manage the care of Medicaid enrollees, address access to both medical care and medications for the uninsured, and coordinate new services for pediatric obesity have been undertaken The populations that are served by addressing these categories and disease entities are largely the poor, the underserved, and minorities Determination of specific populations to address occurs when partners such as the North Carolina Department of Health and Human Services, local health departments, county Healthy Carolinian task forces, or physicians identify a quantifiable need, and community partners are engaged to work together with the health system 2 Funding for community health programs is obtained from both the operating funds of UHS entities and external grant-awarding organizations The UHS Board annually supports the Community Benefit Initiatives program of its foundation These funds are then awarded to community agencies that successfully demonstrate both need and a well-designed plan to address one of the priority categories In addition, each UHS hospital financially supports community health resources within its operating budget Programs vary according to the hospitals financial ability, but all include collaborative efforts with local health departments, including health screenings and education to targeted populations UHS also has a successful track record of obtaining community health program support from external agencies that award grant funding to approved projects The UHS Grants Office was established in 2008 and serves as the central point for grant mining, acquisition and management of grants awarded to UHS hospitals for community-based programs Grant funds are utilized to demonstrate the effectiveness of a proposed program, measure the outcomes achieved, and garner long-term sustainability from either the health system or other community agencies Again, all community health programs are collaborative in nature with local service agencies, and often a portion of the grant funds is used to support resources or services in these agencies 3 Community health priorities are determined several ways In partnership with the local health departments, the results of state-mandated community health assessments are studied by each local Healthy Carolinians task force Those task force groups then compile a list of the most pressing issues in their communities, and discuss ways to address them Both established resources within various agencies and potential opportunities to garner new support are reviewed

Identifier	Return Reference	Explanation
		4 Community priorities are also established in response to a compelling need identified by health practitioners or community groups. Examples include the pediatric asthma program that has been in place for over 10 years in Pitt County, and expanded to other communities in the region. This major community-based program was established following a plea for assistance by pediatricians and pediatric clinical nurse specialists caring for children with asthma in the acute care setting. The Pitt County School System and local parents identified a lack of health care support in the schools, resulting in an award-winning school nurse program that has been replicated in several counties. Most recently, the focused attention on pediatric obesity and associated diseases has resulted in multiple community-based programs directed at improving nutrition, physical activity, and case management for that population. UHS is fortunate to have a strong collaborative partnership with East Carolina University, and works closely with the schools within the Health Sciences Division, especially the Brody School of Medicine. BSOM is an active participant in almost every community health initiative, supporting the research and evaluation of these programs, and contributes to programs for the under and uninsured in multiple ways. ECU and other educational institutions whose students matriculate in UHS facilities also provide opportunities for collaboration and participation in various community health initiatives. 5 Provided below are a few highlights of the community and education benefit activities: a Community health improvement services are programs and services offered to the community at no charge. UHS hospitals sponsor programs that improve access to health care for the underserved and enhance the identification and management of chronic diseases, such as cancer, diabetes and heart disease. Here are a few examples of these programs: -The Community Benefit Health Initiatives Grants Programs -Medication assistance programs for uninsured patients -The Pediatric Healthy Weight Program -Support for Health Carolinians collaboratives, including Pitt Partners for Health, the Hertford Partnership for Health and Three Rivers Healthy Carolinians -School nurse programs -Support for the Community Care Plan of Eastern Carolina for Medicaid recipients and HealthAssist for the uninsured -Free clinics b Health Professional Education -Preparing future health care professionals is important to us. Our hospitals provide clinical settings for students of health professions, such as future physicians and nurses. We also support students through scholarships and internships including resident training, nursing clinic sites, allied health professionals, and financial support of nursing programs. c Research -East Carolina University (ECU) conducts research to evaluate new treatments and protocols. These studies help health professionals everywhere provide quality care to patients. UHS supports this through various means including supporting the Institutional Review Board at ECU and providing study sites. d Financial and In-Kind Contributions -UHS donates money and in-kind services to community groups and activities that share our mission of improving health. They include Meals on Wheels, American Red Cross blood drives, medical supplies to emergency medical services, and free medications to qualifying patients. UHS hospitals are key partners in fundraising for organizations such as the United Way, American Heart Association, Juvenile Diabetes Association and the American Cancer Society. e Community Building -Community-building activities include programs that are not directly related to health care but address underlying issues that impact the health of communities. Poverty, crime, homelessness, workforce development and economic development all affect the overall health of communities. UHS has provided support for our local Chambers of Commerce, financial support for road improvements, investments in communication infrastructure via information technology connections, support for the Teen leadership Academy, recruitment of physicians to our rural communities, and programs that encourage students to pursue health careers.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
University Health Systems of Eastern Carolina Inc

Employer identification number
56-2141073

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Software ID:

Software Version:

EIN: 56-2141073

Name: University Health Systems of Eastern Carolina Inc

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Pitt County Memorial Hospital Inc 2100 Stantonsburg Road greenville, NC27835 56-0585243	healthcare	NC	501(c)(3)	509(a)(3)	N/A
Pitt Professional Services LLC 2100 Stantonsburg Road greenville, NC27835 38-3740839	healthcare	NC	501(c)(3)	509(a)(3)	N/A
PCMH Management Inc 2100 Stantonsburg Road greenville, NC27835 56-1690740	healthcare	NC	501(c)(3)	509(a)(3)	N/A
HealthAccess Inc 2100 Stantonsburg Road greenville, NC27835 56-1396133	healthcare	NC	501(c)(3)	509(a)(3)	N/A
The Outer Banks Hospital Inc 2100 Stantonsburg Road greenville, NC27835 56-2112733	healthcare	NC	501(c)(3)	509(a)(3)	N/A
East Carolina Health 2100 Stantonsburg Road greenville, NC27835 56-2003393	healthcare	NC	501(c)(3)	509(a)(3)	N/A
East Carolina Health-Heritage Inc 2100 Stantonsburg Road greenville, NC27835 56-2093700	healthcare	NC	501(c)(3)	509(a)(3)	N/A
East Carolina Health-Chowan Inc 2100 Stantonsburg Road greenville, NC27835 56-2101090	healthcare	NC	501(c)(3)	509(a)(3)	N/A
East Carolina Health-Bertie 2100 Stantonsburg Road greenville, NC27835 56-2072002	healthcare	NC	501(c)(3)	509(a)(3)	N/A

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Surgicenter of Eastern Carolina LLC	O	729,670
(2)	East Carolina Health	Q	248,366
(3)	East Carolina Health	P	402,198
(4)	East Carolina Health (RCH)	P	2,179,299
(5)	East Carolina Health (RCH)	R	559,116
(6)	East Carolina Health-Chowan Inc	P	1,643,693
(7)	East Carolina Health-Chowan Inc	R	185,845
(8)	East Carolina Health-Bertie	P	612,343
(9)	East Carolina Health-Heritage Inc	R	3,615,725
(10)	East Carolina Health-Heritage Inc	Q	215,693
(11)	East Carolina Health-Heritage Inc	P	3,689,616
(12)	East Carolina Health-Heritage Inc	N	72,947
(13)	HealthAccess Inc	Q	114,888
(14)	HealthAccess Inc	P	743,460
(15)	PCMH Management Inc	Q	209,293
(16)	PCMH Management Inc	P	197,729
(17)	PCMH Management Inc	J	105,280
(18)	Pitt County Memorial Hospital Inc	Q	1,319,779
(19)	Pitt County Memorial Hospital Inc	C	76,695,730
(20)	Pitt County Memorial Hospital Inc	P	73,915,310
(21)	Pitt County Memorial Hospital Inc	O	9,493,289
(22)	Pitt County Memorial Hospital Inc	B	22,416,145
(23)	The Outer Banks Hospital Inc	N	239,674
(24)	The Outer Banks Hospital Inc	P	1,915,789
(25)	Pitt Professional Services LLC	B	174,653