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Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 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
BLUE RIDGE REGIONAL HOSPITAL FOUNDATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 9

City or town, state or country, and ZIP + 4
SPRUCE PINE, NC 28777

D Employer identification number
58-2172660

E Telephone number
(828)765-4201

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.SPCHFDN.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 350,026.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	350,026.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	350,026.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3		10	399,845.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	244,768.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	644,613.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<294,587.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	1,145,482.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	850,895.

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487 RS-OSC

SCANNED Revenue 15 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	80,442.	22	66,369.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	1,065,040.	24	784,526.
25	**Total assets**	1,145,482.	25	850,895.
26	**Total liabilities** (describe ▶ _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	1,145,482.	27	850,895.

GG

20

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 6

(Grants $ 399,845.) If this amount includes foreign grants, check here ▶ ☐ 28a 454,282.

29 SEE STATEMENT 7

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 190,331.

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 644,613.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 5				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The books are in care of ▶ ALLISON GRINDSTAFF Telephone no ▶ (828)766-1752

Located at ▶ PO BOX 9, SPRUCE PINE, NC ZIP + 4 ▶ 28777

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

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

▶ Signature of officer — Date 6/13/2010

▶ JONATHAN SMITH, HOSPITAL CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 8/16/10 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DIXON HUGHES PLLC
500 RIDGEFIELD COURT
ASHEVILLE, NC 28806

EIN ▶

Phone no ▶ (828) 254-2254

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

832174
12-17-08

SCHEDULE A (Form 990 or 990-EZ)

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	Employer identification number
BLUE RIDGE REGIONAL HOSPITAL FOUNDATION	58-2172660

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

The organization is not a private foundation because it is: (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 the 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?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
BLUE RIDGE REGIONAL HOS	56-1025032	3	X		X		X		399,845.
Total									399,845.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. 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 lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. 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 from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support 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% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. 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 from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. 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% support 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% support 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 ▶ ☐

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
GENERAL OFFICE EXPENSES AND SUPPLIES	54,437.
TOE RIVER ACCESS PROJECT EXPENSES	190,331.
TOTAL TO FORM 990-EZ, LINE 16	244,768.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET PLEDGES RECEIVABLE	256,419.	168,618.
PUBLICLY TRADED SECURITIES	136,197.	0.
TRUST FUNDS	672,424.	615,908.
TOTAL TO FORM 990-EZ, LINE 24	1,065,040.	784,526.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
BUILDINGS & EQUIPMENT BLUE RIDGE REGIONAL HOSPITAL 125 HOSPITAL STREET SPRUCE PINES, NC 28777	SUPPORTED ORGANIZATION	345,310.
FITNESS & REHABILITATION BLUE RIDGE REGIONAL HOSPITAL 125 HOSPITAL STREET SPRUCE PINES, NC 28777	SUPPORTED ORGANIZATION	2,604.
OPERATIONAL SUPPORT BLUE RIDGE REGIONAL HOSPITAL 125 HOSPITAL STREET SPRUCE PINES, NC 28777	SUPPORTED ORGANIZATION	51,931.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		399,845.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHERYL CRAIGIE, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
CARYL CULLOM, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	CHAIR 1.00	0.	0.	0.
JERRY BLACK, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	VICE CHAIR 1.00	0.	0.	0.
COURTNEY MAUZY, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	TREASURER 1.00	0.	0.	0.
SUE PHILLIPS, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	SECRETARY 1.00	0.	0.	0.
JILL AUSTIN, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
DAVID BLEVINS, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
CHRIS DAY, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
DAVID ETHERIDGE, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
KAY GOINS, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
KIM GOUGE, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
DAVID HOEPPNER, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
GAIL HOWELL, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
JULENA MCQUEEN, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.

SAM NASH, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
DOLLY PHILLIPS, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
PATRICIA ROSS, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
LOIS SKOKOS, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
WILLA ANN WARD, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
BILL WATSON, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
VIRGINIA WEARN, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	BOARD MEMBER 1.00	0.	0.	0.
KEITH HOLTSCLAW, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	MEMBER EX OFFICIO 1.00	0.	0.	0.
JONATHAN SMITH, 125 HOSPITAL STREET, SPRUCE PINES, NC 28777	MEMBER EX OFFICIO 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

PROVIDED APPROXIMATELY $400,000 OF SUPPORT TO BLUE RIDGE REGIONAL HOSPITAL (EIN: 56-1025032) TO BE USED IN THE HOSPITALS OPERATIONS, FOR HOSPITAL EXPANSION, AND FOR THE PURCHASE OF MEDICAL EQUIPMENT.

TOE RIVER PROJECT ACCESS (TRPA) IS A JOINT EFFORT BETWEEN AREA PHYSICIANS, DENTISTS, OPTOMETRISTS, BLUE RIDGE REGIONAL HOSPITAL, TOE RIVER HEALTH DEPARTMENT, AND MITCHELL AND YANCEY COUNTIES' DEPARTMENTS OF SOCIAL SERVICES. THE PURPOSE OF TRPA IS TO PROVIDE UNINSURED RESIDENTS OF MITCHELL AND YANCEY COUNTIES ACCESS TO HEALTH AND DENTAL CARE. SINCE ITS INCEPTION IN 2003, TRPA HAS PROVIDED OVER $3 MILLION IN MEDICAL AND DENTAL CARE AND HELPED OVER 722 CLIENTS.

TO SUPPORT BLUE RIDGE REGIONAL HOSPITAL

C200722700079

SOSID: 0367087
Date Filed: 8/15/2007 4:32:00 PM
Effective: 10/1/2007
Elaine F. Marshall
North Carolina Secretary of State
C200722700079

State of North Carolina
Department of the Secretary of State

ARTICLES OF AMENDMENT
NONPROFIT CORPORATION

Pursuant to §55A-10-05 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation.

1. The name of the corporation is: Spruce Pine Community Hospital Foundation, Inc.

2. The text of each amendment adopted is as follows (*state below or attach*):

The name of the corporation shall be changed from Spruce Pine Community Hospital Foundation, Inc. to Blue Ridge Regional Hospital Foundation, Inc.

3. The date of adoption of each amendment was as follows:

April 30, 2007

4. (*Check a, b, and/or c, as applicable*)

a. _____ The amendment(s) was (were) approved by a sufficient vote of the board of directors or incorporators, and member approval was not required because (*set forth a brief explanation of why member approval was not required*)

b. ✓ The amendment(s) was (were) approved by the members as required by Chapter 55A.

c. _____ Approval of the amendment(s) by some person or persons other than the members, the board, or the incorporators was required pursuant to N.C.G.S. §55A-10-30, and such approval was obtained.

5. These articles will be effective upon filing, unless a date and/or time is specified: October 1, 2007

This the 7th day of August, 20 07

Spruce Pine Community Hospital Foundation, Inc.
Name of Corporation

Signature

Cheryl Craigie, Executive Director
Type or Print Name and Title

Notes:
1. Filing fee is $25. This document and one exact or conformed copy of these articles must be filed with the Secretary of State.

CERTIFIED RESOLUTION OF THE BOARD OF DIRECTORS OF BLUE RIDGE HOSPITAL SYSTEM, INC. RELATING TO THE NAME CHANGE OF SPRUCE PINE COMMUNITY HOSPITAL FOUNDATION, INC.

WHEREAS, Spruce Pine Community Hospital Foundation, Inc. (the "Foundation") is a North Carolina nonprofit corporation of which Blue Ridge Hospital System, Inc. is the sole corporate member (the "Member"); and

WHEREAS, the Foundation desires to change its name to Blue Ridge Regional Hospital Foundation, Inc.; and

WHEREAS, the North Carolina Nonprofit Corporation Act (the "Act") requires corporate name changes to be effected by means of amendments to a corporation's articles of incorporation and bylaws; and

WHEREAS, the Foundation's articles of incorporation require that changes to the articles of incorporation and bylaws of the Foundation be approved by the Member;

NOW, THEREFORE, the Board of Directors of Blue Ridge Hospital System, Inc. hereby says and resolves that:

1. Approval is given for the Foundation to change its name from Spruce Pine Community Hospital Foundation, Inc. to Blue Ridge Regional Hospital Foundation, Inc.;

2. Authority is given for the Foundation to make such changes or additions to the its articles of incorporation and bylaws as are necessary to effectuate the name change referred to in Section 1 of this resolution.

This resolution shall become effective on April 30, 2007.

Board Member

April 30, 2007
Date