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Form **990-EZ** Department of the Treasury

Short Form 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) 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 \$500,000 and total assets less than \$1,250,000 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

Open to Public

		The organization may have to use a copy of this return to satisfy state reporting require	rements.	ijishernou
			30,	2010
В	Check if policab	le Please C Name of organization D	Employer	identification number
	Addres	ss use IRS		
⊨	⊣changi Name Jchangi		5/_1	593923
 	Initial	Number and street (or P.O. how if mail is not delivered to street address) Decem/outs F		
 	lreturr □Termi	' 200	-	236-8181
늗	lated Amer	Ilisade-		
 	_returr	'	Group Exe	•
	Applica		Number •	
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting	ng method:	Cash X Accrual
		Schedule A (Form 990 or 990-EZ). Other (sp		
		te: WWW.TCRH.ORG	► 📖 if t	the organization is not
<u>J</u> 1	Tax-ex	empt status (check only one) — X 501(c) (3) ◀ (insert no.) — 4947(a)(1) or — 527 required to a	ttach Sched	tule B (Form 990, 990-EZ, or 990-PF)
K (Check			
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	n.	
	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	105,527.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruct	ions for Pa	rt I.)
	1	Contributions, gifts, grants, and similar amounts received	1	62,710.
	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	├	
	Ι.	Less: cost or other basis and sales expenses 5b		
	D	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	— [[
- D	ي	- · · · · · · · · · · · · · · · · · · ·	5c	
Z e E	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
S & ≪	a	Gross revenue (not including \$ of contributions	7	
≥ œ	١.	reported on line 1) 6a 27,07	<u>/- . </u>	
	1	Less: direct expenses other than fundraising expenses	الْمُورِ الْمُ	
ľ P	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	27,077.
	7a	Gross sales of inventory, less returns and allowances		
	b	Less; cost of goods sold	<u> </u>	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe INVESTMENT INCOME	_) 8	15,740.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	105,527.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members Salaries, other compensation, and employee benefits FEB 1 8 2011 Professional fees and other payments to independent contractors	11	
S	12	Benefits paid to or for members Salaries, other compensation, and employee benefits FEB 1 8 2011 Professional fees and other payments to independent contractors	12	
Š	13	Professional fees and other payments to independent contractors	13	
Expenses	14	Occupancy, rent, utilities, and maintenance OGDEN, UT	14	
Ш	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► SEE STATEMENT 1) 16	80,029.
	17	Total expenses. Add lines 10 through 16	17	80,029.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,498.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
\ss		(must agree with end-of-year figure reported on prior year's return)	19	327,147.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20	321,72311
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	352,645.
P	art II			332,0131
نسنيا		(See the instructions for Part II.) (A) Beginning of years in the second of the secon		(B) End of year
22	Cas	sh, savings, and investments 328, 2		352,645.
23		id and buildings		332,043.
23 24		·	23	
		er assets (describe)	7.0	252 645
25		al assets 328,2	 +- +	352,645.
26		al liabilities (describe ACCOUNTS PAYABLE) 1,1		0.
27 932	Net	tassets or fund balances (line 27 of column (B) must agree with line 21) 327, 1	또 / • 27	352,645.
02-0	171)8-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)

	1990-EZ (2009) TWIN COUNTY RGNL HEALTHCA			54-	1593	923 Page 2
P	Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)	•		Expenses
Wha	it is the organization's primary exempt purpose? SEE STATEMENT	4			(Required	for section 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt pur					(4) organizations and
	services provided, the number of persons benefited, and other relevan			ibe		947(a)(1) trusts, optional
					for others	·
28	TWIN COUNTY REGIONAL HEALTHCARE FOU					
	\$1,000 SCHOLARSHIPS. THEY ALSO DONA	TED \$56,214 W	ORTH OF		1 1	
	EQUIPMENT TO TCRH FOR ED MONITORS.					
	(Grants \$) If this amount includes foreign of	rants, check here	<u> </u>		28a	80,029.
29	<u> </u>					•
					1 1	
				—		
					<u> </u>	
	(Grants \$) If this amount includes foreign of	grants, check here			29a	
30					1	
					1	
					1	
	(Grants \$) If this amount includes foreign of	arants check here			30a	
31		Jianto, Check Hele			1004	
31	Other program services (attach schedule)		_		ایرا	
	(Grants \$) If this amount includes foreign of	grants, check here		<u>ليبا</u>	31a	00 000
32	Total program service expenses (add lines 28a through 31a)	,		<u> </u>	32	80,029.
P	TTIV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instruction	s for Part IV)
		(b) Talls and success because	(-) 0		ontribution	ns
	(a) Name and address	(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Haine and address	per week devoted to position	(If not paid, enter		fit plans &	account and other allowances
		position	-0)		eferred pensation	
				COII	pensation	<u>' </u>
_	SEE STATEMENT 3					
	SEE STATEMENT 3			<u> </u>		
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932	772	<u> </u>	<u> </u>	<u> </u>		1
	8-10				For	n 990-F7 (2009)

Ps	If V _{iv.} Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	
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? 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	8 ,	نومانه الد الرمونور الد	,
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		,	أرث
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		<u> </u>	ا ا
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		· * ; *	<u> </u>
	in a prior year and still outstanding at the end 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	١		à S
39	Section 501(c)(7) organizations. Enter:		1	
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		** *	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	4 7588	1 - 1 h	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .	- 3mg.	/ }	2 44.5
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	```	2 2	لنفت
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958	2"."		**************************************
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	200		
	organization •O.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	3 1885	1,3, 13	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NONE		101	
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 540-23			
	· · · · · · · · · · · · · · · · · · ·	2433	<u> </u>	
0	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	Vac	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	•	720	V-1 35	
	If "Yes," enter the name of the foreign country:			75. 75
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
G	If "Yes," enter the name of the foreign country:	720	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40		N/A		ш
	43	47/1	•	
		ĺ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	. ,	7 23	1.30
-,-	Form 990-EZ	44	ļ	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
_		Form 9	90-EZ	
			·	,,

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

office? If "Yes," complete Schedule C, Part I Did the organization engage in libbying activities? If "Yes," complete Schedule E 48		and 51.	trusts must answer question	ns 46-49b and con	npiete the tables	tor lines	50
office? If Yes, "complete Schedule C, Part II 7	46 Did t	he organization engage in direct or indirect political campaign activities of	on behalf of or in opposition to d	andidates for public		Ye	s No
47 Dut the cryanization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1/k)(i)(i)? If "Yes", complete Schedule E 49 Dut the organization make any transfers to an exempt non-charitable related organization? 5 If "Yes," was the related organization a section 52/ organization? 6 Complete this table for the organization from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Tride and average hours por week deviated to possition (c) Complete this 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 of compensation from the organization. If there is none, enter "None." (c) Complete this table for the organization's live highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (b) Tride and average hours port than \$100,000 of compensation from the organization. If there is none, enter "None." (c) Complete this table for the organization's live highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (b) Tride and average hours than \$100,000 of compensation from the organization. If there is none, enter "None." (c) Complete this table for the organizations from the organization of the high properties and each properties and each properties of the advance organization. If the received properties of the advance organization organization. (d) Tride is the organization organization organizatio			The second of th		Г		
48 Is the organization a school as described in section 170(b) (1)(b)(b)(b) if Yes, "complete Schedule E 48		· · · · · · · · · · · · · · · · · · ·	edule C. Part II		<u>-</u> -		
48 a Dit the organization make any transfers to an exempt non-charatable related organization? b If Yes, was the related organization a section 527 organization? Complete this table for the organization is 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 If Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 (b) Type of service (c) Compensation (d) Contributions to employee benefit plans & discount and other adlovances compensation. If there is none, enter 'None.' (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter 'None.' (c) Compensation from the organization. If there is none, enter 'None.' (d) Name and address of each independent contractor paid more than \$100,000 (e) Type of service (f) Compensation from the organization. If there is none, enter 'None.' (g) Compensation from the organization, if there is none, enter 'None.' (g) Compensation from the organization. If there is none, enter 'None.' (g) Compensation for the employees paid over \$100,000 (h) Type of service (g) Compensation from the organization of none, enter 'None.' (g) Compensation for the employees paid over \$100,000 (h) Type of service (g) Compensation for the employees paid over \$100,000 (h) Type of service (g) Compensation for the employees paid over \$100,000 (h) Type of service (g) Compensation for the employees paid over \$100,000 (h) Type of service (g) Compensation for the employees paid over \$100,000 (h) Type of service (g) Compensation for the employees paid over \$100,000 (h)						-	-
b If Yes, was the related organization as section \$27 organization? 50 Complete this table for the organization is the 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 of compensation from the organization in the properties of the position in the properties of the position of th					 		
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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 Stephania Bryant Pofficial CFO		NONE	than \$100,000	(b) Type of ser	vice (c)	Compens	ation
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Sign Here Stephanic Bryant Pof Finance CFO	d Tota	I number of other independent contractors each receiving over \$100,000)	>	I		
Sign Here Stephanic Bryant Pof Finance CFO		Under penalties of perjury, I declare that I have examined this return, including ac	companying schedules and statemer	its, and to the best of my	knowledge and belie	f, it is true.	
Here Stignature of officer	Sian	correct, and complete Declaration of preparer (other than officer) is based on all in	nformation of which preparer has any	knowledge	17.17.1	1	
Paid Preparer's signature Preparer's signature Preparer's identifying number (See instr.) Preparer's signature Preparer's identifying number (See instr.)		Signature of officer			Date	<u>, </u>	
Paid Preparer's Signature On the Company of See Instructions Preparer's signature On the Check if self-employed Preparer's identifying number (See Instr.) Phone Phone Inc. Preparer's identifying number (See Instr.) Phone Phone Inc. No. 540.989.6144			1000		Build		
Preparer's Use Only Firm's name (or yours it self-employed), address, and ZIP+4 May the IRS discuss this return with the preparer shown above? See instructions D2/04/11 employed		Stephania Dryant VPOFFinan	ce / CFO				
Preparer's Use Only Firm's name (or yours it self-employed), address, and ZIP+4 May the IRS discuss this return with the preparer shown above? See instructions Q2/04/11 employed		Type or print name and title					
Use Only Firm's name (or yours this fremployed), address, and ZIP+4 May the IRS discuss this return with the preparer shown above? See instructions GOODMAN & COMPANY, L. L. P. EIN ▶ Phone ▶ Phone ▶ no. 540.989.6144 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes ▶ No.	Paid				arer's identifying num	iber (See in:	str)
Firm's name (or yours it self-emptoyed), address, and ZIP+4 ROANOKE, VA 24011-2114 May the IRS discuss this return with the preparer shown above? See instructions Firm's name (or yours it self-emptoyed), address, and ZIP+4 Phone ► no. 540.989.6144		Muchael horton	02/04/11 emp	oloyed			
The first of th	use uniy	GOODMAN & COMPANY, L.	L. P.	EIN D	-		
address, and ZIP+4 ROANOKE, VA 24011-2114 May the IRS discuss this return with the preparer shown above? See instructions ■ X Yes No							
May the IRS discuss this return with the preparer shown above? See instructions				1	-	9.61	44
	May the IF						
							

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009
Open to Public

Inspection
Employer identification number

TWIN COUNTY RGNL HEALTHCARE FOUNDATION 54-1593923 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: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 X A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. b Type II c Type III - Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type II, Type III, 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? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (v) Did you notify the (vi) Is the (iv) Is the organization (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Pa	edule A (Form 990 or 990 EZ) 2009	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	Page 2_
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				•
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						• • • • • • • • • • • • • • • • • • • •
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to				!		
	or expended on its behalf						
3	The value of services or facilities					†	
	furnished by a governmental unit to	:			i		
	the organization without charge						
4	Total. Add lines 1 through 3		· · · · · · · · · · · · · · · · · · ·		·		
5	The portion of total contributions	-, -, -		4. 28	1 2 2 4 m - 4 - 3.	\$ \$ \$ \$ × . · · · · ·	
	by each person (other than a	<i>"</i>					
	governmental unit or publicly	2 8 8 8 7 8 8 8 8			100		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1 1 1 1 1 1 1 1					
	column (f)						
•	**	2 22.5	* * * *	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2	
Sec	Public support. Subtract line 5 from line 4	· · · · · · · · · · · · · · · · · · ·	, 37	*** *** * ** *		1.50	
	endar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(=) 0007	(4) 0000	(=) 0000	(D.T-+-1
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties						
	securities loans, rents, royalties and income from similar sources						
9	securities loans, rents, royalties and income from similar sources Net income from unrelated business						
9	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the						<u></u>
	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
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	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	******	三十二十二 整	\$ 20 °			
10 11 12	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities	•	ons)		<u> </u>	12	
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10 11 12 13 Sec 14 15 16a b	securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities. First five years. If the Form 990 is fo organization, check this box and stoptom C. Computation of Public support percentage for 2009 (Public support percentage from 2008 and 31/3% support test - 2009. If the county for	r the organization's before lic Support Pe line 6, column (f) d 3 Schedule A, Part organization did no as a publicly supporganization did no lifies as a publicly strand-circumstantest. The organization did no lifes as a publicly strand-circumstantest.	ons) s first, second, this rcentage livided by line 11, of II, line 14 at check the box or ported organization at check a box on I supported organiz anization did not of checs" test, check t ation qualifies as a	column (f)) In line 13, and line in line 13 or 16a, and ation theck a box on line his box and stop in publicly supporte	ax year as a section 14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, and there. Explain in Pard organization	12 In 501(c)(3) 14 Is In sore, check this box In sore, check this box In sore, check this box In sore, check this ind line 14 is 10% or the third thing the organical interval in the organical interval interval in the organical interval interval in the organical interval in the organical interval	and s box r more, zation

Schedule A (Form 990 or 990-EZ) 2009

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

12	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 of the second of the form 990 is for the organization.	on 50	1(c)(3) organization,	
	check this box and stop here			$ ho \square$
Se	ction C. Computation of Public Support Percentage			
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	1	%
Se	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	I	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18		%
19a	a 33 1/3% support tests - 2009. 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	ation		ightharpoons
t	33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is m	ore th	nan 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 supp	orted	organization	ightharpoons
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in		-	
	Sc	hedul	le A (Form 990 or 990-l	EZ) 2009

11 Net income from unrelated business activities not included in line 10b, whether or not the business is

regularly carried on

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ▲ Attach to Form 990 or Form 990-EZ.
 ▲ See separate instructions.

2009

Open To Public Inspection

Name of the organization

Employer identification number

TWIN CO	UNTY RGNL HEALTHCA	RE	FOU	NDATION	54-1593	923
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "\	es" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, tru- undraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						<u></u>
Total	<u> </u>	l				
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	empt from registrati	on or licensing.
· · · ·						

932081 02-03-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

TWIN COUNTY RGNL HEALTHCARE FOUNDATION 54-1593923 Page 2 Schedule G (Form 990 or 990-EZ) 2009

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF NONE (add col. (a) through TOURNAMENT col. (c)) (event type) (event type) (total number) 27,077 1 Gross receipts 27,077. 2 Less: Charitable contributions 27,077. 27,077. Gross income (line 1 minus line 2) 3,440. 3,440. 4 Cash prizes 913 913. 5 Noncash prizes 4,482 4,482. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 797. Other direct expenses 9,632 10 Direct expense summary Add lines 4 through 9 in column (d) 17,445 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11

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12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

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•		Yes	No
13 Indicate the percentage of gaming activity operated in:	1.		
a The organization's facility	%	1.	,
b An outside facility	%	1	1
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	7	*,	1
		1, 2	
Name	_		
	₹, ,	····	
Address >	_ ,		2° 4°.
4F B #			£
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		<u> </u>
h If "Voc " enter the amount of coming revenue recovered by the exacerzation.		\$, 7
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$, ė	şz	
c If "Yes," enter name and address of the third party:		₹.*	€ 11
on res, enternance and address of the time party.	20 86	The s	, ,
Name >	F. 6	v'	
	-	3	
Address >	* *		
	- _* .	3.3	.~ . '
16 Gaming manager information:		4%	120
		28962	er il
Name			
	_ ^ * , "	1 1	7
Gaming manager compensation \$	- 1 th	1 1 23	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			\$ \frac{1}{2}
Description of services provided	- ± ³ ′.	\$ 100 m	
	- K.		. 75
	- 🕍	342	
Director/officer Employee Independent contractor)		
☐ Director/officer ☐ Employee ☐ Independent contractor	₹ , €	\$	
17 Mandatory distributions:	* [:"	·	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	شرآنها		
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	3, 3	PÅ	- 1
organization's own exempt activities during the tax year > \$			

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
SCHOLARSHIP EXPENSES MISCELLANEOUS COMMUNITY PROGRAMS TRAVEL SERVICE CHARGE FUNDRAISING		3,000. 2,396. 60,614. 935. 1,423. 11,661.
TOTAL TO FORM 990-EZ, LINE 1	6	80,029.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		ST	ATEM	MENT	
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[] :	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] :	YES	[X]	NO

NAME AND ADDRESS	M 990-EZ	/ - LIST OF OFFICERS, DIRE RUSTEES AND KEY EMPLOYEES	ECTORS,	STATE	MENT 3
1.00 0. 0.	IE AND ADDRESS			BEN PLAN	EXPENSE
### TRANSPORT OF THE PROPERTY	THA A. COLE				0.
1.00 0. 0.	LIAM F. COPELANI		0.	0.	0.
1.00 0. 0.	LLIAM L. DAVIS		0.	0.	0.
1.00 0. 0. MARY ANN GILLOCK BOARD MEMBER 1.00 0. 0. MARY R. GUYNN BOARD MEMBER 1.00 0. 0. SANDRA N. HANKLEY TREASURER 1.00 0. 0. THALIA C. JENNINGS BOARD MEMBER 1.00 0. 0. HELEN O. KYLE BOARD MEMBER 1.00 0. 0. WILLIAM R. LANDRETH BOARD MEMBER 1.00 0. 0. PATTI S. MERDIAN BOARD MEMBER 1.00 0. 0.	RTHA E. EASTER		0.	0.	0.
1.00 0. 0. MARY R. GUYNN BOARD MEMBER 1.00 0. 0. SANDRA N. HANKLEY TREASURER 1.00 0. 0. THALIA C. JENNINGS BOARD MEMBER 1.00 0. 0. HELEN O. KYLE BOARD MEMBER 1.00 0. 0. WILLIAM R. LANDRETH BOARD MEMBER 1.00 0. 0. PATTI S. MERDIAN BOARD MEMBER	ONEY ROSE FANT		0.	0.	0.
1.00 0. 0. SANDRA N. HANKLEY TREASURER 1.00 0. 0. THALIA C. JENNINGS BOARD MEMBER 1.00 0. 0. HELEN O. KYLE BOARD MEMBER 1.00 0. 0. WILLIAM R. LANDRETH BOARD MEMBER 1.00 0. 0. PATTI S. MERDIAN BOARD MEMBER	RY ANN GILLOCK		0.	0.	0.
THALIA C. JENNINGS BOARD MEMBER 1.00 0. 0. HELEN O. KYLE BOARD MEMBER 1.00 0. 0. WILLIAM R. LANDRETH BOARD MEMBER 1.00 0. 0. PATTI S. MERDIAN BOARD MEMBER	RY R. GUYNN		0.	0.	0.
HELEN O. KYLE BOARD MEMBER 1.00 0. 0. 0. 0. PATTI S. MERDIAN 1.00 0. 0. 0. 0. 0. 0.	DRA N. HANKLEY		0.	0.	0.
1.00 0. 0. WILLIAM R. LANDRETH BOARD MEMBER 1.00 0. 0. PATTI S. MERDIAN BOARD MEMBER	ALIA C. JENNINGS		0.	0.	0.
1.00 0. 0. PATTI S. MERDIAN BOARD MEMBER	LEN O. KYLE		0.	0.	0.
	LIAM R. LANDRETH		0.	0.	0.
2.00	TTI S. MERDIAN	BOARD MEMBER 1.00	0.	0.	0.
JANE PATTON BOARD MEMBER 1.00 0. 0.	NE PATTON		0.	0.	0.
SHARON PLICHTA BOARD MEMBER 1.00 0. 0.	ARON PLICHTA		0.	0.	0.

TWIN COUNTY RGNL HEALTHCARE	FOUNDATION		54-15	93923
JACQUIE ROBERTS	BOARD MEMBER 1.00	0.	0.	0.
MAVA VASS	BOARD MEMBER 1.00	0.	0.	0.
ROBBY WINGATE	BOARD MEMBER 1.00	0.	0.	0.
DON YONCE	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-E2	Z, PART IV	0.	0.	0.

990-EZ PG 2

STATEMENT

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TO SOLICIT FUNDS FOR THE BENEFIT OF TWIN COUNTY REGIONAL HEALTHCARE, INC. FOR CHARITY AND EDUCATIONAL NEEDS