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Form 990-EZ Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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

For the 2010 calendar year, or tax year beginning and ending В Check if applicable C Name of organization D Employer identification number PARAGUAY BAPTIST MEDICAL CENTER FOUNDATION 75-2816127 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 1430 SWAMP FOX LANE 843-953-6945 Terminated City or town, state or country, and ZIP + 4 F Group Exemption CHARLESTON, SC 29412 Application pending Number > X Cash Accrual **G** Accounting Method: Other (specify) H Check if the organization is not Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) 501(c) () **◄**(insert no.) 4947(a)(1) or [527 (Form 990, 990-EZ, or 990-PF). Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 121,052. Revenue, Expenses, and Changes in Net Assets on Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I RECEIVED Contributions, gifts, grants, and similar amounts received 120,642. 1 2 Program service revenue including government fees and contracts 2 MAY 1 6 2011 3 Membership dues and assessments 3 Investment income 410. 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less; direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 121,052. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE 69,805. 10 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 20,473. Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 168. 15 56,169. 16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 17 146,615. Total expenses Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) <25,563.> 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 155,911. 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20 21 130,348. LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

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FORM 990-EX (2010) FOUNDATION			<u>75-28161</u>	27 Page 2
Part II Balance Sheets. (see the instructions for Part II.)				
Check if the organization used Schedule O to respond to any	question in this Part II			
		(A) Beginning of year	 	nd of year
22 Cash, savings, and investments		155,911.	22	<u>130,348.</u>
23 Land and buildings			23	
24 Other assets (describe in Schedule O)			24	
25 Total assets		155,911	25	<u>130,348.</u>
26 Total liabilities (describe in Schedule 0)		0.	26	<u>0.</u>
27 Net assets or fund balances (line 27 of column (B) must agree with		155,911.	. 27	<u>130,348.</u>
Part III Statement of Program Service Accompl	•	ons for Part III.)		penses
Check if the organization used Schedule O to respond to an			X (Required	for section and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDU			organizati	ons and section
Describe what was achieved in carrying out the organization's exe) trusts; optional
the services provided, the number of persons benefited, and other	r relevant information for each	ch program title.	for others.	·)
28 SEE SCHEDULE O			_	
			_	
		<u></u>		
(Grants \$ 69,805.) If this amount includes	foreign grants, check here	>	X 28a	<u>117,692.</u>
29			_	
		· <u>-</u> .		
(Grants \$) If this amount includes	foreign grants, check here	>	29a	
30				
(Grants \$) If this amount includes	foreign grants, check here	>	30a	
31 Other program services (describe in Schedule O)				
(Grants \$) if this amount includes	foreign grants, check here	. ▶	31a	
32 Total program service expenses (add lines 28a through 31a			▶ 32	<u>117,692.</u>
Part IV List of Officers, Directors, Trustees, and	l Key Employees. _{List eac}	ch one even if not compensated (s	ee the instructions f	or Part IV)
Check if the organization used Schedule O to respond to an	y question in this Part IV			X
	(b) Title and average	1 ' ' 1	(d) Contributions	(e) Expense
(a) Name and address	per week devoted	\	to employee benefit plans &	account and
	position	-0)	deferred compensation	other allowances
DR. WILLIAM SKINNER, 1430 SWAMP B	· · · ·			
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
MR. MARLIN HARRIS, 1430 SWAMP FOX		MAN OF BOARD		
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
DR. ED TIMMERMAN, 1430 SWAMP FOX	TREASURER			
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
DR. GARY DRAPER, 1430 SWAMP FOX	VICE PRESI			
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
MR. AL HETHCOCK, 1430 SWAMP FOX	DIRECTOR			
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
MR. JOE BALL, 1430 SWAMP FOX LANE	DIRECTOR			_
CHARLESTON, SC 29412	0.50	0.	0.	0.
MR. NEAL BUCHANAN, 1430 SWAMP FOX	SECRETARY			
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
MR. JOHN CHILDS, 1430 SWAMP FOX	DIRECTOR			
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
MR. GARRY HASKINS, 1430 SWAMP FOX				
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
REV. GAIL JOULE, 1430 SWAMP FOX	DIRECTOR			
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
MR. NORMAN KING, 1430 SWAMP FOX	DIRECTOR			<u>-</u>
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
MR. GERALD KUTCH, 1430 SWAMP FOX	DIRECTOR		<u> </u>	·
LANE, CHARLESTON, SC 29412	0.50	0.	0.	0.
02-02-11				990-EZ (2010)
			7 01111	(2010)

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Pa	rt V Other Information (Note the statement requirements in the instructions for Part V)			<u> </u>
`	Check if the organization used Schedule O to respond to any question in this Part V			X
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
	Schedule O .	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
	501(c)(6) organization 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 Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	. !		
	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			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	∤ ∤		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A	- I		
	Gross receipts, included on line 9, for public use of club facilities Section 504(a)(b) accounts an a 5-to-account of the account of the section of the sec	∤ !		
4U a	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 .			
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?	406		v
	If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	40b		X
·	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
•	organization			
P	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		х
41	List the states with which a copy of this return is filed. NONE	706	l	
	The organization's books are in care of \triangleright DR. ED TIMMERMAN Telephone no. \triangleright 843-95	3-6	945	
	Located at ► 1430 SWAMP FOX LANE, CHARLESTON, SC ZIP+4 ► 2			
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		Yes	No
	account)?	42b		Х
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
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	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1		
d	in Schedule O	44d		1

Corm	PARAGUAY BAPTIST MEDICAL	_ CENTER					D 4
FOLI	n 990-EZ (2010) FOUNDATION	-		<u>75-2816</u>	127	Yes	Page 4 No
45 `	s any related organization a controlled entity of the organization within the	he meaning of section 512(b)	(13)2		45	162	X
	Did the organization receive any payment from or engage in any transaction			512(b)(13)?			
	If "Yes," Form 990 and Schedule R may need to be completed instead of For		_	, ,	45a		x
46	Did the organization engage, directly or indirectly, in political campaign activ	rities on behalf of or in opposition	n to candidates for pi	ublic office?			
Pa	If "Yes," complete Schedule C, Part I art VI Section 501(c)(3) organizations and section	4047/a\/4\ nanayamat	abaritable tur	oto only an	46	5041	X
	organizations and section 4947(a)(1) nonexempt charitable trusts			_			
	Check if the organization used Schedule O to respond to any quest		ina 52, ana complete	S LITE LADIES IOI II	1169 30	allu J	
			-			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Sch				47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Ye				48		X
	Did the organization make any transfers to an exempt non-charitable related	organization?			49a		X
	If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employer.	non (other than officers, directors	trustoss and kay are	nalovoso) vebo s	_49b		
30	than \$100,000 of compensation from the organization. If there is none, enter		, trustees and key er	npioyees) who e	acii rec	eivea	more
		(b) Title and average hours	(c) Compensation	(d) Contribution	s (6	e) Expe	ense
	(a) Name and address of each employee paid more	per week devoted to	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to employee benefit plans &	à	count	and
	than \$100,000 NONE	position		deferred compensation	othe	r allow	ances
					-		
							
					_		
	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indepen organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		ved more than \$100,	· · ·	c) Com		
				-			
	Total number of other independent contractors each receiving over \$100,00	no					
	Did the organization complete Schedule A? Note : All section 501(c)(3) organization				_		
	charitable trusts must attach a completed Schedule A			▶ [X Ye	s 「	□ No
	Under penalties of perjury I declare that I have examined this return, including a correct, and correlate Debegation of prepage (other than officer) is based on all	ccompanying schedules and statemen information of which preparer has any	ts, and to the best of my knowledge	knowledge and be	elief, it is	true,	
Sig	n Signature of office			Kley 4	20		
Her		DA) IREACN	IPEL	Date (
	Type or print riame and title	mo) (nenza					
	Print/Type preparer's name Preparer's signatur	re Date	Check	ıf PTIN			
Paid	''''	CDA 5-6-	self- emplo	-			
	parer RAY FERGUSON, CPA / Ay No	1 50°	• (
Use		1.L.P.	Fırm's EIN				
	Firm's address P. O. BOX 2993	.02	Phone no.	(325)	67	7-6	251
Marri	the IPS discuss this return with the preparer shown shows? See instructions	93			₹ 7		٦
03217 03-04	the IRS discuss this return with the preparer shown above? See instructions	·			X Ye		No (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Inspection Employer identification number

Name of t	the organizati	ion PARAGUA	Y BAPTIST ME	DICAL	CENT	ER	-		Employer i	dentification number
		FOUNDAT							75	5-2816127
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	tructions		
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)			
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).		
2 🗀	A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).			
4 🔲	A medical res	search organization (operated in conjunction	with a hos	prtal descr	nbed in se	ction 170	(b)(1)(A)	(iii). Enter tl	he hospital's name,
	city, and stat	:e:								
5 🔲	An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental u	nıt describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6 🗌	A federal, sta	ite, or local governm	ent or governmental unr	t describe	d in sectio	n 170(b)(I)(A)(v).			
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from th	e general p	oublic described in
	section 170	(b)(1)(A)(vi). (Comple	te Part II)							
8 🗔	A community	rtrust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗀	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembersl	hip fees, an	d gross receipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of r	ts support t	from gross investment
	income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	janization a	ifter June 30, 1975.
	See section	509(a)(2). (Complete	Part III.)							
10 🔲	An organizat	ion organized and op	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	4) .		
11	An organizat	ion organized and or	perated exclusively for the	ne benefit (of, to perfo	orm the fui	nctions of,	or to ca	rry out the	purposes of one or
	more publicly	supported organiza	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2	2). See se c	ction 509	(a)(3). Che	ck the box that
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h				
	a Type	l b	Type II o	: 🗀 Тур	e III - Func	tionally inf	tegrated		d 🗀	Type III - Other
e 🔙	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more di	squalified p	persons other than
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	itions des	cribed in s	ection 50	09(a)(1) or s	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check th	ns box							
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pe	ersons?	
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and	(III) below,	Yes No
	the gov	eming body of the si	upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)
	(iii) A 35%	controlled entity of a	person described in (i) of	or (ii) above	e? .					11g(iii)
h	Provide the f	ollowing information	about the supported or	ganization	(s)					
		ı	·							
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi)	Is the tion in col.	(vii) Amount of
orga	anızatıon				sted in your			ltii organ	ized in the l	support
		i	above of the section	governing	document?	(1) or your	Support	U.	.S.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
					ļ <u>.</u>					
								ļ		
				<u> </u>						
					ļ			ļ	1	
								1		
				ļ .						
						ĺ		1		
<u>Total</u>		L	<u> </u>	}	L	<u> </u>	<u> </u>	L		
LHA For F	Paperwork Re	duction Act Notice	, see the Instructions f	or				Sched	ule A (Form	n 990 or 990-EZ) 2010

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Form 990 or 990-EZ.

PARAGUAY BAPTIST MEDICAL CENTER

Schedule A (Form 990 or 990 EZ) 2010 FOUNDATION 75-2816127 Page 2

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

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	112,602.	60,225.	133,930.	55,403.	120,642.	482,802.
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		li				
	the organization without charge						
4	Total. Add lines 1 through 3	112,602.	60,225.	133,930.	55,403.	120,642.	482,802.
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)						45,295.
	Public support. Subtract line 5 from line 4					L	437,507.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	112,602.	60,225.	133,930.	55,403.	120,642.	482,802.
8	Gross income from interest,			İ			
	dividends, payments received on			į			
	securities loans, rents, royalties	2 204	2 557	2 (10	1 140	410	0 000
_	and income from similar sources	2,294.	2,557.	2,619.	1,142.	410.	9,022.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on	·			<u>-</u>		
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)	1				!	
11	Total support. Add lines 7 through 10			****	 		491,824.
	Gross receipts from related activities,	etc (see instruction	l			12	431,024.
	First five years. If the Form 990 is for			d fourth or fifth to	iv vear as a sectio		
	organization, check this box and stor		inst, second, triin	a, 1001111, 07 11111 ta	ix year as a sectio	11 30 1(0)(3)	▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2010 (olumn (f))	_ _	14	88.96 %
	Public support percentage from 2009	• • • • • • • • • • • • • • • • • • • •	•			15	89.94 %
	33 1/3% support test - 2010. If the o	•	•	line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies						▶ X
b	33 1/3% support test - 2009. If the o	rganization did not	check a box on lii	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						. ▶□
17a	10% -facts-and-circumstances tes	•			13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes				_	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation, If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ind see instruction	s 🕨 🔲
					Sche	dule A /Form 990	or 990-E7) 2010

032022

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II	If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support	ociow, picase com	picte rart ir j				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not				(6)	(5) = 3 × 3	(7.03
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
`			—·· <u>—</u>		 	1
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6					107-2-5	1,7
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 carned 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)				L		
14 First five years. If the Form 990 is for	r the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
check this box and stop here						▶□
Section C. Computation of Pub			-		,	
15 Public support percentage for 2010		•	column (f))		15	
16 Public support percentage from 2009					16	
Section D. Computation of Inve	stment Incom	e Percentage			 	
17 Investment income percentage for 2	010 (line 10c, colur	mn (f) divided by hi	ne 13, column (f))		17	%
18 Investment income percentage from	2009 Schedule A,	Part III, line 17			18	9/
19a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						▶
b 33 1/3% support tests - 2009. If the						and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						
032023 12-21-10					nedule A (Form 99	n or 990-E7) 201

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

PARAGUAY BAPTIST MEDICAL CENTER FOUNDATION

Employer identification number 75-2816127

FOUNDATION	13-2010121
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	410
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: MEDICAL SERVICES	
GRANTEE NAME: CENTRO MEDICO BAUTISTA FUNDACION	
GRANTEE ADDRESS: RCA. ARGENTINA AVDA. 1641 ASUNCION, PARA	GUAY, PARAGUAY
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 99/99/99	
AMOUNT GIVEN:	69,805.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
TRAVEL EXPENSE	47,887.
WELLS FARGO FEE	60.
MISCELLANEOUS	683.
OFFICE EXPENSE	2,213.
BOARD MEMBERS EXPENSE AND TRAINING	5,326.
TOTAL TO FORM 990-EZ, LINE 16	56,169.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT T	HE CHARITABLE
OBJECTIVES OF THE CENTRO MEDICO BAUTISTA.	

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PARAGUAY BAPTIST MEDICAL CENTER

Employer identification number 75-2816127

FOUNDATION	75-2816127
DIRECT MONETARY SUPPORT OF THE CENTRO MEDICO BAUTISTA'S	
SCHOOL OF NURSING, HOSPITAL, OUTPATIENT CLINICS, AND	
MISSIONS AS WELL AS EXPENSES FOR VOLUNTEERS TO TRAVEL TO	
WORK AT THE SCHOOL	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	

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Schedule Q (Form 990 or 990-EZ) (2010)			-	Page 2
Name of the organization PARAGUAY BAPTIST MEDI		Employer identific		
FOUNDATION]	<u>75-28161</u>	27	
Part IV List of Officers, Directors, Trustees, and Key E				
	(b) Title and average hours			(e) Expense
(a) Name and address	per week devoted to position	(If not paid, en -0)	benefit plans & deferred	account and other allowances
	<u> </u>	-0)	compensation	Utilei allowalices
MR. ROBERT MCGOUGH, 1430 SWAMP FOX	DIRECTOR			
LANE, CHARLESTON, SC 29412	0.50		0. 0.	0.
DR. BILL RICHARDSON, 1430 SWAMP FOX	DIRECTOR			
LANE, CHARLESTON, SC 29412	0.50		0. 0.	0.
MRS. SHIRLEY CRAVENS, 1430 SWAMP FOX	DIRECTOR			
LANE, CHARLESTON, SC 29412	0.50		0. 0.	0.
MRS. VICKI BALL, 1430 SWAMP FOX	DIRECTOR			
LANE, CHARLESTON, SC 29412	0.50		o. o.	0.
MRS. GAIL BUCHANAN, 1430 SWAMP FOX	DIRECTOR			
LANE, CHARLESTON, SC 29412	0.50		o. o.	0.
MRS. MARY DRAPER, 1430 SWAMP FOX	DIRECTOR		• • • • • • • • • • • • • • • • • • • •	
LANE, CHARLESTON, SC 29412	0.50		o. o.	0.
MR. JERRY JOULE, 1430 SWAMP FOX	DIRECTOR		<u> </u>	<u> </u>
LANE, CHARLESTON, SC 29412	0.50	1	o. o.	0.
MRS. TIFFANY KING, 1430 SWAMP FOX	DIRECTOR	<u> </u>	0.	- 0.
LANE, CHARLESTON, SC 29412	0.50		o. o.	_
DANE, CHARDESTON, SC 29412	0.50		0.	0.
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11-09-10		Sched	ule O (Form 990 o	r 990-FZ) (2010)