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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT TRUST

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
700 SPRING FOREST ROAD NO 400

City or town, state or province, country, and ZIP or foreign postal code
RALEIGH, NC 27609

D Employer identification number
56-2096193

E Telephone number
(919) 878-7502

G Gross receipts $ 106,574,314

F Name and address of principal officer
DR ROBERT P GOSSETT MD
700 SPRING FOREST ROAD NO 400
RALEIGH, NC 27609

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (9) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NCMSPLAN COM

K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶

L Year of formation 1998

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE TRUST IS A FUNDING MECHANISM FOR A MULTIPLE EMPLOYER WELFARE ARRANGEMENT MEMBERS OF THE NORTH CAROLINA MEDICAL SOCIETY, THEIR EMPLOYEES, AND DEPEDENTS ARE ELIGIBLE TO ENROLL FOR THE HEALTH, DENTAL, AND LIFE BENEFITS OFFERED

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	100,524,024	104,651,325
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	918,704	946,769
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,200	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,464,928	105,598,094
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	50,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	85,645,319	83,604,744
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,500	9,500
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,586,446	15,904,484
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	102,242,265	99,568,728
19	Revenue less expenses Subtract line 18 from line 12	-777,337	6,029,366

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	37,211,666	40,913,416
21	Total liabilities (Part X, line 26)	13,933,514	11,890,240
22	Net assets or fund balances Subtract line 21 from line 20	23,278,152	29,023,176

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2017-09-30

▶ ROBERT P GOSSETT CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN HUSKINS	JOHN HUSKINS	2017-10-02		P01081531

Firm's name ▶ JOHNSON LAMBERT LLP — Firm's EIN ▶ 52-1446779

Firm's address ▶ 4242 SIX FORKS RD STE 1500
RALEIGH, NC 27609 — Phone no (919) 719-6400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE NORTH CAROLINA MEDICAL SOCIETY EMPLOYEE BENEFIT PLAN PROVIDES NORTH CAROLINA PHYSICIANS WITH A VALUE-ADDED PLAN THAT IS STRAIGHTFORWARD AND SPECIFICALLY CUSTOMIZED TO MEET THEIR PRACTICE AND EMPLOYEES' NEEDS AS THE ONLY STATEWIDE HEALTH BENEFITS PLAN DESIGNED EXCLUSIVELY FOR NORTH CAROLINA PHYSICIANS, THE NCMS PLAN OFFERS CHOICES THAT ARE UNIQUE TO THE MARKET

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization 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*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	8		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☐ Upon request ☑ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶STEVEN SAWYER CO MEDICAL MUTUAL INSURANCE CO OF NC 700 SPRING FOREST ROAD NO 400 RALEIGH, NC 27609 (919) 878-7502

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) G HADLEY CALLAWAY TRUSTEE	1 00	X						1,000	0	0
(2) JOHN A FAGG TRUSTEE	1 00	X						1,500	0	0
(3) ROBERT LITTLETON TRUSTEE	1 00	X						1,500	0	0
(4) ROBERT P GOSSETT MD CHAIRMAN	2 00	X		X				4,000	0	0
(5) RICHARD R BRUCH VICE CHAIRMAN	1 00	X		X				1,500	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								9,500	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702	PLAN ADMINISTRATION	6,017,265
MMIC AGENCY LLC 700 SPRING FOREST RD SUITE 400 RALEIGH, NC 27609	SALES, MARKETING, AND ADMINISTRATION	5,841,035
MEDICAL MUTUAL INSURANCE CO OF NORTH CAR 700 SPRING FOREST RD SUITE 400 RALEIGH, NC 27609	MANAGEMENT AND ADMINISTRATION	923,169
NORTH CAROLINA MEDICAL SOCIETY 222 N PERSON ST RALEIGH, NC 27601	PLAN SPONSORSHIP AND ADMINISTRATION	901,873

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code			
	2a MEMBER PREMIUM PAYMENTS	900099	104,651,325	104,651,325	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶		104,651,325		
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		916,191		916,191
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	1,006,798			
	b Less cost or other basis and sales expenses	976,220			
	c Gain or (loss)	30,578			
	d Net gain or (loss) . . . . . ▶		30,578		30,578
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶				
	12 **Total revenue.** See Instructions . . . . . ▶		105,598,094	104,651,325	0 946,769

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	50,000			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members	83,604,744			
5 Compensation of current officers, directors, trustees, and key employees	9,500			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	7,842,307			
b Legal	45,974			
c Accounting	34,950			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	50,065			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,223,132			
12 Advertising and promotion	501			
13 Office expenses	6,111			
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	907			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	6,232			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .				
23 Insurance . . .	12,294			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ACA TRANSITIONAL REINSU	1,126,089			
b HEALTH INSURANCE PROVID	514,161			
c PCORI FEE	41,761			
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	99,568,728			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	9,480,776	2	11,306,093
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,110,267	4	2,734,779
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	26,620,623	11	26,872,544
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	37,211,666	16	40,913,416
Liabilities	17	Accounts payable and accrued expenses	961,787	17	739,156
	18	Grants payable	60,600	18	19,450
	19	Deferred revenue	4,195,697	19	3,334,545
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	8,715,430	25	7,797,089
	26	**Total liabilities.** Add lines 17 through 25	13,933,514	26	11,890,240
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	23,278,152	32	29,023,176
	33	Total net assets or fund balances	23,278,152	33	29,023,176
	34	Total liabilities and net assets/fund balances	37,211,666	34	40,913,416

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,598,094
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,568,728
3	Revenue less expenses Subtract line 2 from line 1	3	6,029,366
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,278,152
5	Net unrealized gains (losses) on investments	5	60,173
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-344,515
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,023,176

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 56-2096193

Name: NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT TRUST

Form 990 (2016)

Form 990, Part III, Line 4a:

THE TRUST PROVIDES HEALTH, DENTAL, AND LIFE INSURANCE BENEFITS TO ELIGIBLE MEMBERS OF THE NORTH CAROLINA MEDICAL SOCIETY AND THEIR EMPLOYEES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT TRUST

Employer identification number
56-2096193

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE AND UNPAID CLAIMS	7,580,000
DUE TO RELATED PARTY	217,089
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,797,089

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	105,604,670
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	60,173		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	60,173
3	Subtract line **2e** from line **1**			3	105,544,497
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,597		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	53,597
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	105,598,094

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	99,500,131
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	99,500,131
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,597		
b	Other (Describe in Part XIII)	4b	15,000		
c	Add lines **4a** and **4b**			4c	68,597
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	99,568,728

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 56-2096193

Name: NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT TRUST

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT ANALYZED THE TAX POSITIONS TAKEN BY THE TRUST, AND CONCLUDED THAT AS OF DECEMBE R 31, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT W OULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RETURNED GRANTS 15,000

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT TRUST

Employer identification number
56-2096193

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 0

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 3

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	**Explanation**
PART I, LINE 2	THE HEALTH PROMOTION COORDINATOR USES A CHECK LIST THAT DETAILS THE ITEMS REQUIRED FOR GRANT PAYOUTS THE COORDINATOR REVIEWS POLICIES IMPLEMENTED (E G TOBACCO FREE), PARTICIPATION (MEETING ATTENDANCE LISTING) OR SCREENINGS (DATA FROM SCREENING VENDOR) TO DETERMINE IF THE PRACTICE HAS MET THE REQUIREMENTS FOR THE GRANT PAYOUT

Additional Data

Software ID:
Software Version:
EIN: 56-2096193
Name: NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT TRUST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH CAROLINA MEDICAL SOCIETY PO BOX 27167 RALEIGH, NC 27611	56-0320130	501(C)(6)	20,000				EMPLOYEE HEALTH AND WELLNESS INITIATIVE
GASTON FAMILY PRACTICE 991 W HUDSON BLVD GASTONIA, NC 28062	58-1958398	N/A	15,000				EMPLOYEE HEALTH AND WELLNESS INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RALEIGH-DURHAM MEDICAL GROUP 5420 WADE PARK BLVD SUITE 106 RALEIGH, NC 27607	20-1582408	N/A	15,000				EMPLOYEE HEALTH AND WELLNESS INITIATIVE

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT TRUST

Employer identification number
56-2096193

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NORTH CAROLINA MEDICAL SOCIETY	SPONSORING ORGANIZATION	901,873	SERVICES RENDERED		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT TRUST

Employer identification number
56-2096193

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE TRUST HIRED MEDICAL MUTUAL INSURANCE COMPANY OF NORTH CAROLINA TO MANAGE THE DAY-TO-DA Y OPERATIONS PURSUANT TO A WRITTEN MANAGEMENT AGREEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED AND APPROVED BY THE CHAIRMAN OF THE TRUST PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH TRUSTEE IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY THE STATEM ENT IS REVIEWED FOR POTENTIAL AND POSSIBLE CONFLICTS OF INTEREST AND ANY SUCH FINDING IS F ORWARDED TO THE CHAIRMAN AND SPONSOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE TRUST'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE FILED WITH THE NORTH CAROLINA DEPARTMENT OF INSURANCE AND ARE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN NON-ADMITTED ASSETS -359,515 RETURNED GRANTS 15,000

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT TRUST

Employer identification number
56-2096193

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 56-2096193

Name: NORTH CAROLINA MEDICAL SOCIETY EMPLOYEE BENEFIT TRUST

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) PO BOX 27167 RALEIGH, NC 27611 56-0320130	TO ORGANIZE MEMBERS OF THE MEDICAL PROFESSION TO ADVANCE MEDICAL SCIENCE	NC	501(C)(6)		N/A		No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AAA ALL AMERICAN ASSOCIATES IN FAMILY MEDICINE												
(1) ALBEMARLE MEDICAL SPECIALISTS												
(2) ALLERGY & ASTHMA CARE OF BLAKENEY												
(3) ALLIANCE MEDICAL ASSOCIATES PLLC												
(4) AMSK SERVICES PLLC												
(5) AMY BROOKS DDS MD PLLC												
(6) ARTHUR R COHEN MD												
(7) ASHEVILLE EYE ASSOCIATES PLLC												
(8) ATLANTIC MEDICAL MANAGEMENT LLC												
(9) AVE MARIA FAMILY PRACTICE PLLC												
(10) BRICK CITY PRIMARY CARE PLLC												
(11) BROOKVIEW HILLS RESEARCH ASSOCIATES												
(12) BUILDING BLOCKS PEDIATRICS												
(13) CAROLINA COSMETIC & RECONSTRUCTIVE SURGERY PLLC												
(14) CAROLINA INPATIENT MEDICAL SPECIALISTS PLLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) CAROLINA UROLOGY PARTNERS												
(1) CARTER ORTHOPAEDICS & SPORTS MEDICINE												
(2) CARY DIGESTIVE DISEASES PLLC												
(3) CATAWBA VALLEY NEUROSURGICAL & SPINE SERVICES PLLC												
(4) CHARLES A SHALLER MD PLLC												
(5) CHARLOTTE GASTROENTEROLOGY & HEPATOLOGY PLLC												
(6) COASTAL CAROLINA NEONATOLOGY PLLC												
(7) COASTAL NEUROLOGY PLLC												
(8) COASTAL RADIOLOGY ASSOCIATES PLLC												
(9) CODE TEAM LLC												
(10) DELANEY RADIOLOGISTS GROUP LLP												
(11) DJL CLINICAL RESEARCH PLLC												
(12) DOCTOR DIRECT PLLC												
(13) DOUGHERTY RADIOLOGY PLLC												
(14) EASTERN CAROLINA MEDICAL SERVICES PLLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) EASTERN NC MEDICAL GROUP PLLC												
(1) GASTON EYE ASSOCIATES LLP												
(2) GOLD HILL FAMILY MEDICINE PLLC												
(3) GREENSBORO OPHTHALMOLOGY ASC PLLC												
(4) HICKORY CHEST PLLC												
(5) INSTITUTIONAL MEDICAL SERVICES PLLC												
(6) INTEGRATED PAIN SOLUTIONS												
(7) INTEGRATIVE PSYCHIATRY & PSYCHOTHERAPY PLLC												
(8) J THADDEUS COIN PHD MD PLLC												
(9) JMDO EMERGENCY SERVICES PLLC												
(10) JOHN L GREEN MD PLLC												
(11) JOHNSTON PAIN MANAGEMENT												
(12) LAUREL CREEK WELLNESS CENTER												
(13) LIBERTY ANESTHESIA PLLC												
(14) LOUISBURG FAMILY PRACTICE & PAIN MANAGEMENT												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) MOUNTAIN DIABETES & ENDOCRINE CENTER												
(1) MOUNTAIN EYE ASSOCIATES PLLC												
(2) NEUROLOGY & PAIN MANAGEMENT CENTER PLLC												
(3) ORTHOPAEDIC SPECIALISTS OF NC												
(4) OUR FAMILY DOCTOR PLLC												
(5) PATRICK A WILSON MD												
(6) PINEHURST PAIN CLINIC PLLC												
(7) PINEHURST SKIN SURGERY CENTER PLLC												
(8) PINETREE CLINIC LLC												
(9) PWT MEDICAL PLLC												
(10) RAKESH PARIKH MD PLLC												
(11) RALEIGH SKIN SURGERY CENTER PLLC												
(12) REGIONAL DERMATOLOGY												
(13) RIVA AESTHETIC DERMATOLOGY PLLC												
(14) ROSEDALE INFECTIOUS DISEASES PLLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(61) SEA COAST CARDIOLOGY CONSULTANTS PLLC												
(1) SEACOAST SKIN SURGERY PLLC												
(2) SOUTHERN ONCOLOGY SPECIALISTS PLLC												
(3) SOUTHWEST DURHAM FAMILY MEDICINE PLLC												
(4) STAT MEDICAL SOLUTIONS LLC												
(5) SURGICAL ASSOCIATES OF ASHEBORO PLLC												
(6) TARA C RUBINAS MD PLLC												
(7) THE WILLIAMS GROUP OF DAVIDSON LLC												
(8) THOMASVILLE ARCHDALE PEDIATRICS PLLC												
(9) TOTAL WOMAN CARE LLC												
(10) TRIAD RADIOLOGY PLLC												
(11) TRIANGLE NEUROPSYCHIATRY PLLC												
(12) UNIVERSITY DERMATOLOGY PLLC												
(13) URGENT CARE OF MOUNTAIN VIEW PLLC												
(14) VIEWMONT INTERNAL MEDICINE PLLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(76) VITALITY MEDICAL WELLNESS INSTITUTE PLLC												
(1) WAKE RADIOLOGY CONSULTANTS PA												
(2) WAKE RADIOLOGY SERVICES LLC												
(3) WEST CARY FAMILY PHYSICIANS PLLC												
(4) WEST CARY PSYCHIATRY												
(5) WESTERN CARTERET MEDICAL CENTER PLLC												
(6) WILLIAM W TRUSLOW MD												
(7) WINSTON SALEM DERMATOLOGY & SURGERY CENTER PLLC												
(8) WNC FAMILY MEDICAL CENTER PLLC												
(9) WOMAN TO WOMAN GYNECOLOGY PLLC												
(10) WOMEN'S HEALTH HAVEN OBGYN PLLC												
(11) ZARZAR PSYCHIATRIC ASSOCIATES PLLC												

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ABRONS FAMILY PRACTICE & URGENT CARE									
(1) ACCESS HEALTHCARE PA									
(2) ADOLESCENT CHILD & ADULT PSYCHIATRY									
(3) ADULT INTERNAL MEDICINE PA									
(4) ADVANCED REPRODUCTIVE CONCEPTS									
(5) AESTHETIC & RECONSTRUCTIVE PLASTIC SURGERY									
(6) AGHA ARTHRITIS ASSOCIATES PA									
(7) AHOSKIE PEDIATRICS PA									
(8) ALAN C STIMSON MD									
(9) ALBEMARLE ALLERGY & ASTHMA PC									
(10) ALBEMARLE ANESTHESIOLOGY									
(11) ALBEMARLE NEPHROLOGY ASSOCIATES									
(12) ALEXANDRA N POWELL MD PA									
(13) ALL AMERICAN GENERAL & PEDIATRIC IMAGING PA									
(14) ALL KIDS PEDIATRICS									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) ALLCARE CLINICAL ASSOCIATES PA									
(1) ALLEN ORTHOPAEDICS									
(2) ALLERGY & ASTHMA SPECIALTY GROUP PA									
(3) ALLERGY ASTHMA & SINUS CENTER PA									
(4) ALLERGY PARTNERS PA									
(5) ANN BREWER MD									
(6) ANNEMARIE I RUSSELL MD									
(7) APPALACHIAN COMMUNITY SERVICES									
(8) APPALACHIAN GASTROENTEROLOGY PA									
(9) ARBORETUM OBGYN									
(10) ARMSTRONG NEUROLOGY									
(11) ART OF INTERNAL MEDICINE & PEDIATRICS PA									
(12) ASHEBORO DERMATOLOGY & SKIN									
(13) ASHEVILLE CHILDREN'S MEDICAL CENTER PA									
(14) ASHEVILLE ENDOCRINOLOGY CONSULTANTS PA									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) ASHEVILLE FAMILY HEALTH CENTERS PA									
(1) ASHEVILLE HEART PA									
(2) ASHEVILLE NEUROLOGY SPECIALISTS PA									
(3) ASHEVILLE PEDIATRIC ASSOCIATES PA									
(4) ASHEVILLE PULMONARY & CRITICAL CARE ASSOCIATES PA									
(5) ATLAS HEALTH AND WELLNESS PC									
(6) BALDWIN WOODS GYN PA									
(7) BARTON LEWIS MD									
(8) BIOLOGUE INC									
(9) BLAND CLINIC PA									
(10) BLUE RIDGE COMMUNITY HEALTH SERVICES									
(11) BLUE RIDGE DERMATOLOGY ASSOCIATES PA									
(12) BLUE RIDGE EAR NOSE & THROAT									
(13) BLUE RIDGE FAMILY PRACTICE & SPORTS MEDICINE PA									
(14) BLUE RIDGE PATHOLOGY ASSOCIATES									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(46) BLUE RIDGE PEDIATRIC & ADOLESCENT MEDICINE INC									
(1) BLUE SKY PEDIATRICS									
(2) BOTROS & POLLOCK PA									
(3) BOYD GASQUE JR MD									
(4) BRIER CREEK INTEGRATED PAIN & SPINE									
(5) BRUNSWICK CARDIOLOGY PC									
(6) CABARRUS EMERGENCY MEDICINE ASSOCIATES PA									
(7) CABARRUS EYE CENTER PA									
(8) CABARRUS ROWAN COMMUNITY HEALTH CENTERS INC									
(9) CALDWELL FAMILY PHYSICIANS & URGENT CARE INC									
(10) CAPE FEAR CENTER FOR DIGESTIVE DISEASES PA									
(11) CAPE FEAR PULMONARY ASSOCIATES PA									
(12) CAPITAL EYE CENTER PA									
(13) CAPITAL HEART ASSOCIATES PA									
(14) CAPITAL NEUROLOGY & HEADACHE CENTER PA									

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(61) CARDIOLOGY SPECIALISTS OF THE CAROLINAS PA									
(1) CARLEY FAMILY CARE									
(2) CAROLINA BONE & JOINT PA									
(3) CAROLINA COASTAL PLASTIC SURGERY									
(4) CAROLINA DERMATOLOGY & ENDOCRINOLOGY PA									
(5) CAROLINA DIGESTIVE DISEASE									
(6) CAROLINA ENDOCRINE PA									
(7) CAROLINA ENT HNSC PA									
(8) CAROLINA EYE ASSOCIATES PA									
(9) CAROLINA EYE CARE PROFESSIONALS PA									
(10) CAROLINA FAMILY HEALTH CENTERS INC									
(11) CAROLINA FAMILY MEDICINE & URGENT CARE									
(12) CAROLINA GASTROENTEROLOGY PA									
(13) CAROLINA INTERNAL MEDICINE ASSOCIATES PA									
(14) CAROLINA KIDNEY & HYPERTENSION PA									

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								Yes	No
(76) CAROLINA KIDNEY CARE PA									
(1) CAROLINA MOUNTAIN DERMATOLOGY PA									
(2) CAROLINA MOUNTAIN GASTROENTEROLOGY									
(3) CAROLINA MOUNTAIN INTERNAL MEDICINE									
(4) CAROLINA NEPHROLOGY									
(5) CAROLINA ONCOLOGY ASSOCIATES PA									
(6) CAROLINA ONCOLOGY SPECIALISTS PA									
(7) CAROLINA OPHTHALMOLOGY PA									
(8) CAROLINA PHYSICIAN CARE									
(9) CAROLINA PSYCHOLOGICAL ASSOCIATES									
(10) CAROLINA RADIOLOGY CONSULTANTS PA									
(11) CAROLINA RADIOLOGY PA									
(12) CAROLINA RETINA & VITREOUS CONSULTANTS PA									
(13) CAROLINA SKIN CARE PA									
(14) CAROLINA SKIN SURGERY CENTER PA									

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								Yes	No
(91) CAROLINA SPECIALTY ONCOLOGY PA									
(1) CAROLINA SPINE & NEUROSURGERY CENTER									
(2) CAROLINA SURGICAL CLINIC OF CHARLOTTE PA									
(3) CAROLINA VASCULAR SPECIALISTS									
(4) CAROLINA VASCULAR SURGERY & DIAGNOSTICS									
(5) CAROLINA WEST RADIOLOGY PA									
(6) CAROLINA'S ENT CENTER PA									
(7) CARRBORO FAMILY MEDICINE									
(8) CARTERET CLINIC FOR ADOLESCENTS & CHILDREN									
(9) CARTERET SURGICAL ASSOCIATES									
(10) CARY DERMATOLOGY CENTER									
(11) CARY ORTHOPAEDIC AND SPORTS MEDICINE SPECIALISTS									
(12) CARY PEDIATRIC CENTER PA									
(13) CARY SKIN CENTER									
(14) CATAWBA PEDIATRIC ASSOCIATES PA									

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								Yes	No
(106) CATAWBA RADIOLOGICAL ASSOCIATES INC									
(1) CATAWBA VALLEY INTERNAL MEDICINE PA									
(2) CELO HEALTH CENTER									
(3) CELSO B LOBAO MD PA									
(4) CENTRAL CAROLINA SKIN & DERMATOLOGY CENTER PA									
(5) CENTRAL DERMATOLOGY CENTER PA									
(6) CENTRAL TRIAD RETINA									
(7) CHAPEL HILL ENT									
(8) CHARLES W JONES MD PA									
(9) CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES									
(10) CHERYL H YANUCK MD PC									
(11) CHILD AND FAMILY DEVELOPMENT									
(12) CHILDREN'S HEALTH OF CAROLINA									
(13) CHILDREN'S UROLOGY OF THE CAROLINAS									
(14) CHRISTIAN G ANDERSON MD PA									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
(121) CHRISTOPHER E LORD MD									
(1) CHRISTOPHER PAUL GARWACKI MD PA									
(2) CHRISTOPHER T COUGHLIN MD									
(3) CLAIRE V COOPER MD									
(4) CLAYTON MEDICAL ASSOCIATES									
(5) CLECO PRIMARY CARE NETWORK									
(6) CLINTON ANESTHESIA ASSOCIATES PA									
(7) CLINTON X-RAY ASSOCIATES PA									
(8) COASTAL ANESTHESIA ASSOCIATES									
(9) COASTAL ARTHRITIS & RHEUMATISM									
(10) COASTAL CAPE FEAR EYE ASSOCIATES PA									
(11) COASTAL CAROLINA INTERNAL MEDICINE PA									
(12) COASTAL CAROLINA NEUROPSYCHIATRIC CENTER PA									
(13) COASTAL CAROLINA RADIATION ONCOLOGY									
(14) COASTAL DERMATOLOGY & SURGERY CENTER PA									

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								Yes	No
(136) COASTAL EYE CLINIC PA									
(1) COASTAL NEPHROLOGY PA									
(2) COASTAL ORTHOPAEDICS AND SPINAL SURGERY PA									
(3) COASTAL PATHOLOGY ASSOCIATES PA									
(4) COASTAL SURGICAL SPECIALISTS PA									
(5) COASTAL THORACIC SURGICAL ASSOCIATES									
(6) COLEY COSMETIC & HAND SURGERY CENTER PA									
(7) COMMUNITY HEALTH SERVICES OF UNION COUNTY									
(8) COMMUNITY MEDICAL PA									
(9) COMPASSIONATE CARE									
(10) CRAIG H STEFFEE MD									
(11) CRISWELL & CRISWELL PA									
(12) CROSS CREEK MEDICAL CLINIC PA									
(13) CROSSROADS FAMILY MEDICAL CARE PA									
(14) CRYSTAL COAST CARE FOR WOMEN PC									

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(151) CRYSTAL COAST ENT									
(1) CRYSTAL COAST FAMILY PRACTICE PA									
(2) CRYSTAL COAST PAIN MANAGEMENT CENTER									
(3) CUMBERLAND INTERNAL MEDICINE PA									
(4) CUMMINGS PLASTIC SURGERY RC									
(5) CW SCHUPBACH MD									
(6) CYNTHIA I CASKEY MD									
(7) DANIEL M RICCI MD PA									
(8) DARE HEART CENTER									
(9) DAVID BIERMAN MD PA									
(10) DAVID C MATTHEWS MD PA									
(11) DAVID M SUSCO MD									
(12) DAVID S THOMAS MD PA									
(13) DAVIDSON EYE CLINIC									
(14) DAVIDSON FAMILY MEDICINE PA									

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								Yes	No
(166) DAVIDSON SURGICAL ASSOCIATES									
(1) DDB MEDICAL CONSULTANTS INC									
(2) DEAN INTERNAL MEDICINE									
(3) DELANEY RADIOLOGISTS PA									
(4) DERMATOLOGIC LASER CENTER									
(5) DERMATOLOGY ASSOCIATES									
(6) DERMATOLOGY ASSOCIATES OF COASTAL CAROLINA									
(7) DERMATOLOGY CENTER OF SHELBY									
(8) DIABETES & ENDOCRINOLOGY CONSULTANTS PC									
(9) DOCTORS WEIGHT LOSS CENTER OF CARY									
(10) DOLLINGER & TOVE FAMILY MEDICINE ASSOCIATES PA									
(11) DONALD DOUGLAS PETERSON MD									
(12) DONALD R WHALEY MD PC									
(13) DR JAMILA BATTLE & ASSOCIATES PA									
(14) DURHAM NEPHROLOGY ASSOCIATES PA									

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								Yes	No
(181) DURHAM RADIOLOGY ASSOCIATES INC									
(1) DURMAN WILLIAM MOOSE JR MD									
(2) EAST ASHEVILLE FAMILY HEALTHCARE									
(3) EAST CAROLINA DERMATOLOGY									
(4) EASTERN CAROLINA MEDICAL CENTER PC									
(5) EASTERN CAROLINA PSYCHIATRIC SERVICES									
(6) EASTERN INTERNAL MEDICINE									
(7) EASTERN RADIOLOGISTS INC									
(8) EASTOVER PSYCHOLOGICAL									
(9) EDWARD B ERMINI MD PA									
(10) EDWARD E BURTON JR MD PA									
(11) EDWARD JOHN RHOADS MD									
(12) EDWIN C BARTLETT SR MD									
(13) ELISA MACY ROBERTS MD									
(14) ELIZABETH D BRYAN MD PA									

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								Yes	No
(196) ENGELHARD MEDICAL CENTER INC									
(1) ENT CAROLINA PA									
(2) ER IMAGING INC									
(3) ERNESTO JF GRAHAM MD									
(4) EYE ASSOCIATES OF ROWAN PA									
(5) EYE ASSOCIATES OF WILMINGTON PA									
(6) EYE INSTITUTE OF NC PC									
(7) FAMILY MEDICAL ASSOCIATES OF RALEIGH PA									
(8) FASTMED URGENT CARE PC									
(9) FAYETTEVILLE ANESTHESIA PA									
(10) FAYETTEVILLE ORTHOPAEDIC CLINIC									
(11) FAYETTEVILLE PULMONOLOGY CRITICAL CARE									
(12) FERNCREEK CARDIOLOGY PA									
(13) FORSYTH PLASTIC SURGICAL ASSOCIATES PA									
(14) FRANK INGRAM MD PA									

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								Yes	No
(211) FRANKLIN FAMILY PRACTICE									
(1) FREDERICK A LUPTON III MD PA									
(2) GARNER INTERNAL MEDICINE									
(3) GARY L SMOOT MD PA									
(4) GASTON DIGESTIVE DISEASE CLINIC									
(5) GASTON FAMILY HEALTH SERVICES INC									
(6) GASTON HEMATOLOGY & ONCOLOGY									
(7) GASTON MEDICAL GROUP PA									
(8) GASTONIA MEDICAL SPECIALTY									
(9) GASTONIA PEDIATRIC ASSOCIATES PA									
(10) GASTROENTEROLOGY ASSOCIATES PA									
(11) GEORGE CHEKAN MD									
(12) GEORGE L NICHOLS JR MD									
(13) GOLDSBORO FAMILY PHYSICIANS									
(14) GOLDSBORO OBGYN ASSOCIATES									

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								Yes	No
(226) GOLDSBORO PSYCHIATRIC CLINIC									
(1) GOLDSBORO SKIN CENTER PA									
(2) GRACE HEMATOLOGY & ONCOLOGY									
(3) GRACE MEDICAL CLINICS PA									
(4) GRAYSTONE OPHTHALMOLOGY ASSOCIATES									
(5) GREATER CAROLINA ENT									
(6) GREENVILLE EYE CLINIC INC									
(7) GREENVILLE SURGICAL									
(8) GREENWAY FAMILY PRACTICE									
(9) GREGORY D STREETER MD									
(10) HALIFAX MEDICAL SPECIALISTS PA									
(11) HARVEY KOHN MD FACOG									
(12) HAWTHORNE EYE ASSOCIATES PA									
(13) HAYWOOD PEDIATRIC & ADOLESCENT MEDICINE GROUP PA									
(14) HEART RHYTHM ASSOCIATES									

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								Yes	No
(241) HEIDI ALDRIDGE MD PA									
(1) HEMANT N SHETH MD									
(2) HENDERSONVILLE OBGYN ASSOCIATES PA									
(3) HENDERSONVILLE PEDIATRICS PA									
(4) HENRY W BURNETT MD PA									
(5) HIGH POINT NEPHROLOGY ASSOCIATES									
(6) HIGHLANDS ANESTHESIA ASSOCIATES									
(7) HILDEBRAN MEDICAL CLINIC									
(8) HOOKERTON FAMILY PRACTICE PA									
(9) HOOPER & BURNETTE INTERNAL MEDICINE									
(10) HOPE PHYSICIANS									
(11) HOSPICE & PALLIATIVE CARE OF IREDELL COUNTY									
(12) HOWERTON FAMILY MEDICINE PC									
(13) HUFF ORTHOPAEDIC GROUP PA									
(14) I CLINIC									

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								Yes	No
(256) INTERNAL MEDICINE ASSOCIATES									
(1) INTERNAL MEDICINE ASSOCIATES OF RALEIGH PA									
(2) INTERNAL MEDICINE OF CLEVELAND COUNTY PA									
(3) JACKSONVILLE CHILDREN'S CLINIC PA									
(4) JAMES B PAYTON MD									
(5) JAMES BENFORD HARDIN MD PA									
(6) JAMES C STEVENS MD									
(7) JAMES E GARRETT MD PC									
(8) JAMES R DEVILLIER MD PC									
(9) JAMES S PARSONS MD									
(10) JENNINGS ORTHOPAEDIC ASSOCIATES PA									
(11) JOEL B ROSENBERG MD									
(12) JOHN A CHRETIEN MD									
(13) JOHN BURNETT HOLT MD									
(14) JOHN E LACOUTURE MD PA									

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								Yes	No
(271) JOHN E STEWART									
(1) JOHN R VAN GURP MD									
(2) JOHNSTON COUNTY PEDIATRICS									
(3) JOSEPH GUARINO MD									
(4) KIDS FIRST PEDIATRICS OF RAEFORD									
(5) KINSTON CARDIOLOGY ASSOCIATES									
(6) KINSTON SURGICAL ASSOCIATES PA									
(7) KULP DERMATOLOGY PA									
(8) LAFAYETTE MEDICAL CLINIC									
(9) LAKE NORMAN HEMATOLOGY ONCOLOGY									
(10) LAKESHORE PEDIATRIC CENTER PA									
(11) LAKESIDE DERMATOLOGY PA									
(12) LARRY KILBY MD PA									
(13) LASER SKIN CARE									
(14) LAUREL HILL FAMILY MEDICINE									

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								Yes	No
(286) LAURINBURG INTERNAL MEDICINE GROUP									
(1) LE'CHRIS INC									
(2) LELAND PEDIATRICS PC									
(3) LILLINGTON FAMILY MEDICAL CENTER									
(4) LOOKING GLASS EYE CENTER PA									
(5) LUMBERTON RADIOLOGICAL ASSOCIATES									
(6) MANN EAR NOSE AND THROAT									
(7) MARGARET B COLLINS-HILL MD PA									
(8) MARK W CORNELIUS MD									
(9) MARTHA G SMITH MD									
(10) MARTIN PEDIATRICS CLINIC									
(11) MASOUD AHDIEH MD PA									
(12) MATTHEWS PLASTIC SURGERY									
(13) MECKLENBURG CHEST MEDICINE									
(14) MECKLENBURG HEART SPECIALISTS PA									

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								Yes	No
(301) MEDAC HEALTH SERVICES PA									
(1) MEDICAL ARTS FAMILY PRACTICE PA									
(2) MEDICAL CARE INC									
(3) MEEHAN MEDICAL									
(4) MERCY MEDICAL CLINIC PA									
(5) METRO INTERNAL MEDICINE PA									
(6) MICHAEL LAW MD									
(7) MICHAEL SOCHAT MD									
(8) MICHEL HADDAD MD									
(9) MICHELE J DENKER MD									
(10) MID-ATLANTIC EMERGENCY MEDICAL ASSOCIATES PA									
(11) MID-ATLANTIC EYE PHYSICIANS									
(12) MONROE CHILDREN'S CENTER									
(13) MOUNTAIN AREA PEDIATRIC ASSOCIATES									
(14) MOUNTAIN EMERGENCY PHYSICIANS									

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								Yes	No
(316) MOUNTAIN PATHOLOGY SERVICES PA									
(1) MOUNTAIN RADIATION ONCOLOGY PA									
(2) MT OLIVE FAMILY MEDICINE CENTER INC									
(3) NC ARTHRITIS & ALLERGY CARE CENTER PA									
(4) NASH OBGYN ASSOCIATES PA									
(5) NASH X-RAY ASSOCIATES									
(6) NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS INC									
(7) NC PEDIATRIC ASSOCIATES									
(8) NELMS GRIFFIN FAMILY MEDICINE									
(9) NEUROSURGICAL ASSOCIATES									
(10) NEUROSURGICAL SOLUTIONS PA									
(11) NEW BERN PROFESSIONAL HEALTH SERVICES PC									
(12) NEW BERN SURGICAL ASSOCIATES PA									
(13) NEW HANOVER PERFUSION COMPANY									
(14) NEW HOPE FAMILY PRACTICE PC									

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								Yes	No
(331) NEWTON FAMILY PHYSICIANS PA									
(1) NORTH BUNCOMBE FAMILY MEDICINE PA									
(2) NORTH STATE PATHOLOGY ASSOCIATES PA									
(3) NORTHAMPTON FAMILY PRACTICE									
(4) NORTHEAST DIGESTIVE HEALTH CENTER									
(5) NORTHLAKE CHILDREN'S ASSOCIATES PA									
(6) NORTHWEST EAR NOSE & THROAT PA									
(7) NORTHWOOD MEDICAL CENTER									
(8) NOVA MEDICAL ASSOCIATES									
(9) OBAN ANESTHESIA CONSULTANTS									
(10) OCRACOKE HEALTH CENTER INC									
(11) ONCOLOGY SPECIALISTS OF CHARLOTTE									
(12) ONSLOW MEDICAL SPECIALTIES CLINIC									
(13) ONSLOW OPHTHALMOLOGY PA									
(14) PAMELA JEAN CULP MD									

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								Yes	No
(346) PARAGON SURGICAL SPECIALISTS									
(1) PARKWOOD EYE CENTER PA									
(2) PATHOLOGY ASSOCIATES OF KINSTON									
(3) PATHOLOGY ASSOCIATION II OF EASTERN NC									
(4) PAUL E VISER MD									
(5) PEDIATRIC OPHTHALMOLOGY ASSOCIATES									
(6) PEDIATRIC UROLOGY ASSOCIATES									
(7) PENSLOW HEALTH CLINIC INC									
(8) PERFORMANCE ORTHOPAEDIC SURGERY & SPORTS MEDICINE PA									
(9) PETER LARS JACOBSON MD									
(10) PETER PAUL BUONACCORSI									
(11) PHYSICIANS ELDERCARE PA									
(12) PIEDMONT ADULT & PEDIATRIC MEDICINE ASSOCIATES PA									
(13) PIEDMONT DIGESTIVE DISEASE									
(14) PIEDMONT HEALTH SERVICES INC									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(361) PIEDMONT NEUROSURGERY & SPINE PA									
(1) PIEDMONT PLASTIC & ORAL SURGERY CENTER									
(2) PIEDMONT RADIATION ONCOLOGY									
(3) PIEDMONT TRIAD ANESTHESIA PA									
(4) PINEHURST NEUROLOGY PA									
(5) PINEHURST PLASTIC SURGERY									
(6) PINEHURST RADIATION ONCOLOGY									
(7) PINEHURST RHEUMATOLOGY CLINIC									
(8) POLLEY CLINIC OF DERMATOLOGY									
(9) PREFERRED PAIN MANAGEMENT									
(10) PREMIER CARDIOVASCULAR PA									
(11) PREMIER PEDIATRICS PA									
(12) PRIMARY CARE OF MOUNT AIRY									
(13) PRIMARY MEDICAL CARE									
(14) PRIMECARE PHYSICIANS OF GOLDSBORO									

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(376) PRIMEDICAL HEALTHCARE PA									
(1) PRIMEVISION KINSTON PA									
(2) PROVIDENCE ANESTHESIOLOGY ASSOCIATES									
(3) PSI-MED PA									
(4) R PRASAD DEGALA MD PC									
(5) RADIATION ONCOLOGY CENTERS OF THE CAROLINAS INC									
(6) RAINBOW PEDIATRICS PA									
(7) RALEIGH CAPITOL EAR NOSE AND THROAT									
(8) RALEIGH DERMATOLOGY ASSOCIATES									
(9) RALEIGH DURHAM MEDICAL GROUP PA									
(10) RALEIGH EMERGENCY MEDICINE ASSOCIATES									
(11) RALEIGH HAND CENTER PA									
(12) RALEIGH INFECTIOUS DISEASES									
(13) RALEIGH NEUROSURGICAL CLINIC INC									
(14) RALEIGH OPTHALMOLOGY									

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(391) RALEIGH ORAL SURGERY									
(1) RALEIGH PATHOLOGY LABORATORY ASSOCIATES									
(2) RALEIGH PLASTIC SURGERY CENTER									
(3) RALEIGH PSYCHIATRIC ASSOCIATES PA									
(4) RALEIGH RADIOLOGY ASSOCIATES									
(5) RALEIGH URGENT CARE CENTER PA									
(6) RALEIGH VEIN AND LASER CENTER PA									
(7) REGIONAL MEDICAL ASSOCIATES									
(8) REGIONAL SURGICAL SPECIALISTS PC									
(9) REHABILITATION MEDICINE & PAIN									
(10) RENAISSANCE CENTER FOR PLASTIC SURGERY & WELLNESS									
(11) RETINA INSTITUTE OF NC PC									
(12) REVIVAL PAIN MANAGEMENT INC									
(13) REX PATHOLOGY ASSOCIATES PA									
(14) RHEMACARE INTERNAL MEDICINE INC									

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								Yes	No
(406) RICHARD A BREMER MD									
(1) RICHARD J FORSYTH MD									
(2) RICHARD M LEIGHTON DO									
(3) RICHARD W ZOLLINGER II PA									
(4) RICHARD WEISLER MD PA									
(5) RICHMOND INTERNAL MEDICINE									
(6) RICK J CORNELLA MD									
(7) RICKY A THOMPSON MD									
(8) RMS HEALTHCARE MANAGEMENT									
(9) RMZ ANESTHESIA SERVICES PA									
(10) ROANOKE CHOWAN COMMUNITY HEALTH CENTER									
(11) ROANOKE MEDICAL ASSOCIATES PA									
(12) ROBBINS FAMILY PRACTICE									
(13) ROBERT BUCHANAN MD INC									
(14) ROBERT CHEN MD									

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								Yes	No
(421) ROBERT K STACK MD									
(1) ROBESON PEDIATRICS PA									
(2) ROCKY MOUNT FAMILY MEDICAL CENTER									
(3) ROCKY MOUNT UROLOGY ASSOCIATES PA									
(4) RONALD H PEELER MD									
(5) RONALD L VEREEN MD									
(6) ROWAN DIAGNOSTIC CLINIC PA									
(7) ROWAN REGIONAL PATHOLOGY ASSOCIATES PA									
(8) RURAL HEALTH GROUP INC									
(9) RUTHERFORD DERMATOLOGY PA									
(10) RUTHERFORD PSYCHIATRIC & COUNSELING SERVICES									
(11) RUTHERFORD RADIOLOGICAL ASSOCIATES PA									
(12) SALISBURY INTERNAL MEDICINE									
(13) SALISBURY PEDIATRIC ASSOCIATES									
(14) SALISBURY PSYCHIATRIC ASSOCIATES PC									

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								Yes	No
(436) SANDHILLS NEPHROLOGY & INTERNAL MEDICINE									
(1) SANDRA LEE MCCORMACK MD									
(2) SAWL CORPORATION									
(3) SCOTLAND DERMATOLOGY									
(4) SCOTLAND MEDICAL CENTER PA									
(5) SCOTT LURIE MD PA									
(6) SCOTT ROBERT BURGER MD									
(7) SHELBY EMERGENCY ASSOCIATES PA									
(8) SHELBY MEDICAL ASSOCIATES PA									
(9) SHELBY PATHOLOGY GROUP PA									
(10) SMITHFIELD FAMILY PRACTICE PA									
(11) SMOKY MOUNTAIN ANESTHESIA									
(12) SOUTHEAST RADIATION ONCOLOGY GROUP									
(13) SOUTHEASTERN DERMATOLOGY									
(14) SOUTHPARK BEHAVIORAL MEDICINE									

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(451) SPECTRUM MEDICAL GROUP PA									
(1) SPINDALE FAMILY PRACTICE									
(2) STEDMAN WADE HEALTH SERVICES									
(3) STEPHEN D PROCTOR MD									
(4) STEPHEN J CANDELA MD PA									
(5) STEPHEN PAUL MCCLURE MD									
(6) STEPHEN R MCINTYRE MD									
(7) STRATEGIC IMAGING CONSULTANTS									
(8) SU WOOI TEOH									
(9) SURF PEDIATRICS AND MEDICINE PC									
(10) SUSAN ANDRACCHI MD PA									
(11) SUSAN C ECHTERLING MD									
(12) SWETANG PATEL MD PA									
(13) SYLVA FAMILY PRACTICE									
(14) TARHEEL FAMILY MEDICINE PA									

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								Yes	No
(466) TAYLOR VITREORETINAL CENTER									
(1) THE BONE AND JOINT SURGERY CLINIC									
(2) THE CARE CLINIC INC									
(3) THE PEDIATRIC EXPRESS									
(4) THE ZANNIS CENTER FOR PLASTIC SURGERY PA									
(5) THOMASVILLE OBGYN ASSOCIATES PA									
(6) TRIANGLE ENT SERVICES ASSOCIATES PA									
(7) TRIANGLE PREMIER WOMENS HEALTH									
(8) TRIANGLE PRIMARY CARE ASSOCIATES									
(9) TRIANGLE SPINE & BACK CARE CENTER									
(10) TRUCARE FAMILY PRACTICE									
(11) TYRRELL COUNTY RURAL HEALTH ASSOCIATION INC									
(12) UNIFOUR FAMILY PRACTICE									
(13) UROLOGY SPECIALISTS OF THE CAROLINAS									
(14) UWHARRIE REGIONAL PEDIATRICS									

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								Yes	No
(481) VEINCARE OF CENTRAL NORTH CAROLINA									
(1) VIEWMONT UROLOGY CLINIC									
(2) VILLAGE SURGICAL ASSOCIATES									
(3) VOCI CENTER PLASTIC SURGERY									
(4) WALTERS SURGICAL ASSOCIATES									
(5) WALTON K JOYNER JR MD PA									
(6) WASHINGTON MEDICAL CENTER									
(7) WATAUGA RADIOLOGICAL SERVICES PA									
(8) WATAUGA SURGICAL GROUP PA									
(9) WATERFORD WELLNESS PA									
(10) WATSON DRY EYE CENTER									
(11) WATSON EYE ASSOCIATES PA									
(12) WAYNE COUNTY ANESTHESIA ASSOCIATES									
(13) WAYNE RADIOLOGISTS									
(14) WENDELL MEDICAL CENTER									

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								Yes	No
(496) WESTERN CAROLINA EYE ASSOCIATES PA									
(1) WESTERN WAKE PEDIATRICS PA									
(2) WHITE CROSS MEDICAL									
(3) WHITEVILLE EYE ASSOCIATES PA									
(4) WHITEVILLE MEDICAL ASSOCIATES PA									
(5) WILKES ANESTHESIA ASSOCIATES PA									
(6) WILKES PEDIATRIC CLINIC									
(7) WILLIAM BLAKEMORE MD									
(8) WILLIAM C HAYES JR MD									
(9) WILLIAM K POSTON MD									
(10) WILMINGTON ENT ASSOCIATES PA									
(11) WILMINGTON PRIMARY CARE PA									
(12) WILSON DIGESTIVE DISEASES CENTER									
(13) WILSON FAMILY MEDICINE PA									
(14) WINSTON BONE & JOINT SURGICAL ASSOCIATES PA									

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								Yes	No
(511) WOLONICK FAMILY PRACTICE PA									
(1) WOMEN'S WELLNESS CENTER									
(2) ZIYAD MUGHARBIL MD PA									

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	NORTH CAROLINA MEDICAL SOCIETY	L	901,873	CASH VALUE
(1)	CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES	S	4,125,390	CASH VALUE
(2)	ALLERGY PARTNERS PA	S	3,982,417	CASH VALUE
(3)	HOSPICE & PALLIATIVE CARE CHARLOTTE REGION	S	3,617,708	CASH VALUE
(4)	FASTMED URGENT CARE PC	S	3,118,456	CASH VALUE
(5)	PIEDMONT HEALTH SERVICES INC	S	2,484,211	CASH VALUE
(6)	GASTON FAMILY HEALTH SERVICES INC	S	2,480,099	CASH VALUE
(7)	RURAL HEALTH GROUP INC	S	2,404,508	CASH VALUE
(8)	WAKE RADIOLOGY SERVICES LLC	S	1,827,628	CASH VALUE
(9)	RALEIGH DURHAM MEDICAL GROUP PA	S	1,754,240	CASH VALUE
(10)	CAROLINA UROLOGY PARTNERS	S	1,541,423	CASH VALUE
(11)	PROVIDENCE ANESTHESIOLOGY ASSOCIATES	S	1,459,897	CASH VALUE
(12)	PIEDMONT TRIAD ANESTHESIA PA	S	1,356,943	CASH VALUE
(13)	RALEIGH RADIOLOGY ASSOCIATES	S	1,307,896	CASH VALUE
(14)	BLUE RIDGE COMMUNITY HEALTH SERVICES	S	1,248,968	CASH VALUE
(15)	CAROLINA EYE ASSOCIATES PA	S	1,160,895	CASH VALUE
(16)	CAROLINA FAMILY HEALTH CENTERS INC	S	1,157,565	CASH VALUE
(17)	EASTERN RADIOLOGISTS INC	S	1,082,050	CASH VALUE
(18)	ASHEVILLE EYE ASSOCIATES PLLC	S	1,071,021	CASH VALUE
(19)	TRIAD RADIOLOGY PLLC	S	1,033,871	CASH VALUE
(20)	ASHEVILLE FAMILY HEALTH CENTERS PA	S	1,028,287	CASH VALUE
(21)	GRAYSTONE OPHTHALMOLOGY ASSOCIATES	S	1,004,514	CASH VALUE
(22)	ALLCARE CLINICAL ASSOCIATES PA	S	981,806	CASH VALUE
(23)	ROANOKE CHOWAN COMMUNITY HEALTH CENTER	S	981,220	CASH VALUE
(24)	CHILDREN'S HEALTH OF CAROLINA	S	916,467	CASH VALUE

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	CHARLOTTE GASTROENTEROLOGY & HEPATOLOGY PLLC	S	912,305	CASH VALUE
(1)	UROLOGY SPECIALISTS OF THE CAROLINAS	S	889,508	CASH VALUE
(2)	ER IMAGING INC	S	826,305	CASH VALUE
(3)	CAROLINA SPINE & NEUROSURGERY CENTER	S	773,286	CASH VALUE
(4)	APPALACHIAN COMMUNITY SERVICES	S	750,980	CASH VALUE
(5)	FREEDOM HOUSE RECOVERY CENTER INC	S	708,733	CASH VALUE
(6)	EASTERN NC MEDICAL GROUP PLLC	S	699,830	CASH VALUE
(7)	WAKE RADIOLOGY CONSULTANTS PA	S	697,081	CASH VALUE
(8)	RALEIGH CAPITOL EAR NOSE AND THROAT	S	665,661	CASH VALUE
(9)	MOUNTAIN EMERGENCY PHYSICIANS	S	663,542	CASH VALUE
(10)	ROWAN DIAGNOSTIC CLINIC PA	S	660,356	CASH VALUE
(11)	CATAWBA RADIOLOGICAL ASSOCIATES INC	S	646,713	CASH VALUE
(12)	SOUTHEAST RADIATION ONCOLOGY GROUP	S	627,284	CASH VALUE
(13)	MID-ATLANTIC EMERGENCY MEDICAL ASSOCIATES PA	S	612,064	CASH VALUE
(14)	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER PA	S	550,670	CASH VALUE
(15)	CABARRUS EYE CENTER PA	S	537,714	CASH VALUE
(16)	CAROLINA KIDNEY CARE PA	S	529,822	CASH VALUE
(17)	GRANVILLE VANCE DISTRICT HEALTH DEPARTMENT	S	525,428	CASH VALUE
(18)	COASTAL CAROLINA NEONATOLOGY PLLC	S	504,935	CASH VALUE
(19)	DELANEY RADIOLOGISTS GROUP LLP	S	481,898	CASH VALUE
(20)	SHELBY MEDICAL ASSOCIATES PA	S	478,495	CASH VALUE
(21)	ASHEVILLE PULMONARY & CRITICAL CARE ASSOCIATES PA	S	476,967	CASH VALUE
(22)	MARTIN TYRRELL WASHINGTON DISTRICT HEALTH DEPARTMENT	S	468,613	CASH VALUE
(23)	CAROLINA ENT HNSC PA	S	468,281	CASH VALUE
(24)	PHYSICIANS ELDERCARE PA	S	464,459	CASH VALUE

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	SPECTRUM MEDICAL GROUP PA	S	462,313	CASH VALUE
(1)	RALEIGH PATHOLOGY LABORATORY ASSOCIATES	S	461,661	CASH VALUE
(2)	THOMASVILLE ARCHDALE PEDIATRICS PLLC	S	461,511	CASH VALUE
(3)	BRIER CREEK INTEGRATED PAIN & SPINE	S	451,094	CASH VALUE
(4)	ROCKY MOUNT FAMILY MEDICAL CENTER	S	450,148	CASH VALUE
(5)	NORTHEAST DIGESTIVE HEALTH CENTER	S	445,457	CASH VALUE
(6)	TOE RIVER HEALTH DISTRICT	S	434,601	CASH VALUE
(7)	GASTON EYE ASSOCIATES LLP	S	424,044	CASH VALUE
(8)	COASTAL RADIOLOGY ASSOCIATES PLLC	S	422,804	CASH VALUE
(9)	ENT CAROLINA PA	S	421,347	CASH VALUE
(10)	RALEIGH EMERGENCY MEDICINE ASSOCIATES	S	420,269	CASH VALUE
(11)	HALIFAX MEDICAL SPECIALISTS PA	S	409,170	CASH VALUE
(12)	FAMILY MEDICAL ASSOCIATES OF RALEIGH PA	S	387,797	CASH VALUE
(13)	PARAGON SURGICAL SPECIALISTS	S	359,082	CASH VALUE
(14)	CARY PEDIATRIC CENTER PA	S	353,904	CASH VALUE
(15)	RALEIGH OPTHALMOLOGY	S	351,530	CASH VALUE
(16)	EYE ASSOCIATES OF WILMINGTON PA	S	350,799	CASH VALUE
(17)	THE BONE AND JOINT SURGERY CLINIC	S	334,398	CASH VALUE
(18)	POLLEY CLINIC OF DERMATOLOGY	S	331,189	CASH VALUE
(19)	NORTH CAROLINA MEDICAL SOCIETY	S	330,092	CASH VALUE
(20)	ORTHOPAEDIC SPECIALISTS OF NC	S	325,999	CASH VALUE
(21)	PREFERRED PAIN MANAGEMENT	S	325,849	CASH VALUE
(22)	EASTERN CAROLINA MEDICAL CENTER PC	S	317,303	CASH VALUE
(23)	SALISBURY PEDIATRIC ASSOCIATES	S	310,395	CASH VALUE
(24)	LAKE NORMAN HEMATOLOGY ONCOLOGY	S	310,308	CASH VALUE

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	ATLANTIC MEDICAL MANAGEMENT LLC	S	308,448	CASH VALUE
(1)	CARY ORTHOPAEDIC AND SPORTS MEDICINE SPECIALISTS	S	306,553	CASH VALUE
(2)	COASTAL CAROLINA RADIATION ONCOLOGY	S	304,305	CASH VALUE
(3)	DELANEY RADIOLOGISTS PA	S	301,836	CASH VALUE
(4)	FAYETTEVILLE ORTHOPAEDIC CLINIC	S	300,041	CASH VALUE
(5)	CARTERET SURGICAL ASSOCIATES	S	299,053	CASH VALUE
(6)	WAYNE RADIOLOGISTS	S	296,694	CASH VALUE
(7)	WOMEN'S WELLNESS CENTER	S	293,138	CASH VALUE
(8)	JACKSONVILLE CHILDREN'S CLINIC PA	S	286,914	CASH VALUE
(9)	NEWTON FAMILY PHYSICIANS PA	S	282,084	CASH VALUE
(10)	RMS HEALTHCARE MANAGEMENT	S	280,049	CASH VALUE
(11)	DURHAM RADIOLOGY ASSOCIATES INC	S	270,048	CASH VALUE
(12)	ONCOLOGY SPECIALISTS OF CHARLOTTE	S	265,382	CASH VALUE
(13)	EASTOVER PSYCHOLOGICAL	S	257,767	CASH VALUE
(14)	CABARRUS EMERGENCY MEDICINE ASSOCIATES PA	S	252,233	CASH VALUE
(15)	CAROLINA OPHTHALMOLOGY PA	S	252,041	CASH VALUE
(16)	ASHEBORO DERMATOLOGY & SKIN	S	243,820	CASH VALUE
(17)	CAPE FEAR CENTER FOR DIGESTIVE DISEASES PA	S	241,416	CASH VALUE
(18)	VILLAGE SURGICAL ASSOCIATES	S	240,003	CASH VALUE
(19)	COASTAL EYE CLINIC PA	S	239,967	CASH VALUE
(20)	FERNCREEK CARDIOLOGY PA	S	239,252	CASH VALUE
(21)	CAROLINA SURGICAL CLINIC OF CHARLOTTE PA	S	235,017	CASH VALUE
(22)	CAROLINA MOUNTAIN DERMATOLOGY PA	S	234,411	CASH VALUE
(23)	HOOKERTON FAMILY PRACTICE PA	S	232,878	CASH VALUE
(24)	CENTRAL DERMATOLOGY CENTER PA	S	232,694	CASH VALUE

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	BENSON AREA MEDICAL CENTER INC	S	232,549	CASH VALUE
(1)	NASH OBGYN ASSOCIATES PA	S	229,192	CASH VALUE
(2)	NEUROLOGY & PAIN MANAGEMENT CENTER PLLC	S	226,631	CASH VALUE
(3)	MEDAC HEALTH SERVICES PA	S	226,179	CASH VALUE
(4)	BLUE RIDGE DERMATOLOGY ASSOCIATES PA	S	224,649	CASH VALUE
(5)	DERMATOLOGY ASSOCIATES OF COASTAL CAROLINA	S	221,417	CASH VALUE
(6)	GASTROENTEROLOGY ASSOCIATES PA	S	221,411	CASH VALUE
(7)	CLECO PRIMARY CARE NETWORK	S	217,776	CASH VALUE
(8)	ASHEVILLE ENDOCRINOLOGY CONSULTANTS PA	S	217,440	CASH VALUE
(9)	GASTONIA MEDICAL SPECIALTY	S	215,856	CASH VALUE
(10)	DIABETES & ENDOCRINOLOGY CONSULTANTS PC	S	214,283	CASH VALUE
(11)	GARNER INTERNAL MEDICINE	S	214,207	CASH VALUE
(12)	GASTON HEMATOLOGY & ONCOLOGY	S	212,238	CASH VALUE
(13)	MT OLIVE FAMILY MEDICINE CENTER INC	S	207,041	CASH VALUE
(14)	RALEIGH NEUROSURGICAL CLINIC INC	S	205,990	CASH VALUE
(15)	BOTROS & POLLOCK PA	S	203,947	CASH VALUE
(16)	CAROLINA BONE & JOINT PA	S	201,882	CASH VALUE
(17)	HOSPICE & PALLIATIVE CARE OF IREDELL COUNTY	S	197,167	CASH VALUE
(18)	WATAUGA SURGICAL GROUP PA	S	196,977	CASH VALUE
(19)	PIEDMONT ADULT & PEDIATRIC MEDICINE ASSOCIATES PA	S	196,247	CASH VALUE
(20)	ASHEVILLE NEUROLOGY SPECIALISTS PA	S	195,204	CASH VALUE
(21)	CARY SKIN CENTER	S	193,997	CASH VALUE
(22)	UWHARRIE REGIONAL PEDIATRICS	S	190,392	CASH VALUE
(23)	BLUE RIDGE EAR NOSE & THROAT	S	188,240	CASH VALUE
(24)	RALEIGH DERMATOLOGY ASSOCIATES	S	186,455	CASH VALUE

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(126)	NC PEDIATRIC ASSOCIATES	S	185,878	CASH VALUE
(1)	HENDERSONVILLE PEDIATRICS PA	S	183,930	CASH VALUE
(2)	GASTON MEDICAL GROUP PA	S	181,763	CASH VALUE
(3)	CHILD AND FAMILY DEVELOPMENT	S	180,426	CASH VALUE
(4)	WNC FAMILY MEDICAL CENTER PLLC	S	180,402	CASH VALUE
(5)	STEDMAN WADE HEALTH SERVICES	S	180,401	CASH VALUE
(6)	NASH X-RAY ASSOCIATES	S	178,506	CASH VALUE
(7)	LE'CHRIS INC	S	178,070	CASH VALUE
(8)	RALEIGH INFECTIOUS DISEASES	S	176,393	CASH VALUE
(9)	REX PATHOLOGY ASSOCIATES PA	S	174,934	CASH VALUE
(10)	ROCKY MOUNT UROLOGY ASSOCIATES PA	S	174,083	CASH VALUE
(11)	WESTERN CAROLINA EYE ASSOCIATES PA	S	173,361	CASH VALUE
(12)	MOUNTAIN AREA PEDIATRIC ASSOCIATES	S	170,382	CASH VALUE
(13)	INTERNAL MEDICINE ASSOCIATES OF RALEIGH PA	S	168,350	CASH VALUE
(14)	CAROLINA VASCULAR SURGERY & DIAGNOSTICS	S	166,978	CASH VALUE
(15)	RALEIGH ORAL SURGERY	S	166,011	CASH VALUE
(16)	CATAWBA PEDIATRIC ASSOCIATES PA	S	165,921	CASH VALUE
(17)	WILKES ANESTHESIA ASSOCIATES PA	S	165,200	CASH VALUE
(18)	CLINTON X-RAY ASSOCIATES PA	S	164,823	CASH VALUE
(19)	WHITEVILLE MEDICAL ASSOCIATES PA	S	164,525	CASH VALUE
(20)	THOMASVILLE OBGYN ASSOCIATES PA	S	164,319	CASH VALUE
(21)	ROSEDALE INFECTIOUS DISEASES PLLC	S	162,295	CASH VALUE
(22)	GOLDSBORO OBGYN ASSOCIATES	S	160,659	CASH VALUE
(23)	SHELBY EMERGENCY ASSOCIATES PA	S	158,633	CASH VALUE
(24)	CARY DERMATOLOGY CENTER	S	156,083	CASH VALUE

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(151) WESTERN WAKE PEDIATRICS PA	S	155,963	CASH VALUE
(1) VIEWMONT UROLOGY CLINIC	S	153,826	CASH VALUE
(2) MOUNTAIN RADIATION ONCOLOGY PA	S	153,659	CASH VALUE
(3) WATSON EYE ASSOCIATES PA	S	153,446	CASH VALUE
(4) CAPITAL HEART ASSOCIATES PA	S	150,805	CASH VALUE
(5) GASTONIA PEDIATRIC ASSOCIATES PA	S	142,367	CASH VALUE
(6) COASTAL THORACIC SURGICAL ASSOCIATES	S	141,194	CASH VALUE
(7) UNIFOUR FAMILY PRACTICE	S	137,970	CASH VALUE
(8) MID-ATLANTIC EYE PHYSICIANS	S	137,468	CASH VALUE
(9) LOOKING GLASS EYE CENTER PA	S	134,169	CASH VALUE
(10) COASTAL SURGICAL SPECIALISTS PA	S	131,001	CASH VALUE
(11) WILKES PEDIATRIC CLINIC	S	129,533	CASH VALUE
(12) GOLDSBORO SKIN CENTER PA	S	128,791	CASH VALUE
(13) CAROLINA KIDNEY & HYPERTENSION PA	S	128,183	CASH VALUE
(14) RALEIGH HAND CENTER PA	S	127,482	CASH VALUE
(15) MOUNTAIN EYE ASSOCIATES PLLC	S	127,056	CASH VALUE
(16) JENNINGS ORTHOPAEDIC ASSOCIATES PA	S	126,513	CASH VALUE
(17) PIEDMONT NEUROSURGERY & SPINE PA	S	126,211	CASH VALUE
(18) FAYETTEVILLE ANESTHESIA PA	S	126,089	CASH VALUE
(19) SPINDALE FAMILY PRACTICE	S	126,079	CASH VALUE
(20) FORSYTH PLASTIC SURGICAL ASSOCIATES PA	S	125,939	CASH VALUE
(21) ASHEVILLE PEDIATRIC ASSOCIATES PA	S	125,933	CASH VALUE
(22) TRIANGLE PREMIER WOMENS HEALTH	S	125,212	CASH VALUE
(23) RICHARD J FORSYTH MD	S	124,381	CASH VALUE
(24) MANN EAR NOSE AND THROAT	S	122,580	CASH VALUE

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(176)	NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS INC	S	118,980	CASH VALUE
(1)	WAYNE COUNTY ANESTHESIA ASSOCIATES	S	117,537	CASH VALUE
(2)	ALLEN ORTHOPAEDICS	S	117,291	CASH VALUE
(3)	MARTIN PEDIATRICS CLINIC	S	117,099	CASH VALUE
(4)	URGENT CARE OF MOUNTAIN VIEW PLLC	S	117,033	CASH VALUE
(5)	COASTAL ANESTHESIA ASSOCIATES	S	115,674	CASH VALUE
(6)	CHILDREN'S UROLOGY OF THE CAROLINAS	S	114,975	CASH VALUE
(7)	TAYLOR VITREORETINAL CENTER	S	114,394	CASH VALUE
(8)	CAROLINA ONCOLOGY ASSOCIATES PA	S	114,253	CASH VALUE
(9)	PRIMEDICAL HEALTHCARE PA	S	112,211	CASH VALUE
(10)	MEDNORTH HEALTH CENTER	S	111,836	CASH VALUE
(11)	MICHAEL LAW MD	S	110,163	CASH VALUE
(12)	ASHEVILLE CHILDREN'S MEDICAL CENTER PA	S	110,022	CASH VALUE
(13)	CAROLINA RADIOLOGY CONSULTANTS PA	S	107,911	CASH VALUE
(14)	RAINBOW PEDIATRICS PA	S	107,311	CASH VALUE
(15)	WILMINGTON ENT ASSOCIATES PA	S	106,961	CASH VALUE
(16)	MASOUD AHDIEH MD PA	S	106,932	CASH VALUE
(17)	ALLIANCE MEDICAL ASSOCIATES PLLC	S	106,499	CASH VALUE
(18)	AESTHETIC & RECONSTRUCTIVE PLASTIC SURGERY	S	106,466	CASH VALUE
(19)	DAVIDSON EYE CLINIC	S	106,385	CASH VALUE
(20)	CRYSTAL COAST FAMILY PRACTICE PA	S	106,189	CASH VALUE
(21)	DAVIDSON SURGICAL ASSOCIATES	S	103,407	CASH VALUE
(22)	WILSON DIGESTIVE DISEASES CENTER	S	103,280	CASH VALUE
(23)	PIEDMONT RADIATION ONCOLOGY	S	103,267	CASH VALUE
(24)	JOHNSTON PAIN MANAGEMENT	S	102,016	CASH VALUE

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(201) ARBORETUM OBGYN	S	98,541	CASH VALUE
(1) FREDERICK A LUPTON III MD PA	S	97,081	CASH VALUE
(2) PARKWOOD EYE CENTER PA	S	96,782	CASH VALUE
(3) CAROLINA SKIN SURGERY CENTER PA	S	96,549	CASH VALUE
(4) CARTERET CLINIC FOR ADOLESCENTS & CHILDREN	S	94,729	CASH VALUE
(5) SEACOAST SKIN SURGERY PLLC	S	94,255	CASH VALUE
(6) LUMBERTON RADIOLOGICAL ASSOCIATES	S	93,358	CASH VALUE
(7) REVIVAL PAIN MANAGEMENT INC	S	93,247	CASH VALUE
(8) ROBESON PEDIATRICS PA	S	91,350	CASH VALUE
(9) HUFF ORTHOPAEDIC GROUP PA	S	91,136	CASH VALUE
(10) PINEHURST PAIN CLINIC PLLC	S	90,557	CASH VALUE
(11) CAROLINA SKIN CARE PA	S	89,990	CASH VALUE
(12) CAROLINA NEPHROLOGY	S	89,561	CASH VALUE
(13) SOUTHERN ONCOLOGY SPECIALISTS PLLC	S	89,336	CASH VALUE
(14) HAYWOOD PEDIATRIC & ADOLESCENT MEDICINE GROUP PA	S	88,881	CASH VALUE
(15) APPALACHIAN GASTROENTEROLOGY PA	S	88,344	CASH VALUE
(16) ROANOKE MEDICAL ASSOCIATES PA	S	85,460	CASH VALUE
(17) REGIONAL DERMATOLOGY	S	84,213	CASH VALUE
(18) GOLDSBORO FAMILY PHYSICIANS	S	84,045	CASH VALUE
(19) RADIATION ONCOLOGY CENTERS OF THE CAROLINAS INC	S	82,924	CASH VALUE
(20) RICHARD WEISLER MD PA	S	82,576	CASH VALUE
(21) CARLEY FAMILY CARE	S	82,322	CASH VALUE
(22) CELO HEALTH CENTER	S	82,272	CASH VALUE
(23) HIGH POINT NEPHROLOGY ASSOCIATES	S	81,099	CASH VALUE
(24) MEDICAL ARTS FAMILY PRACTICE PA	S	80,524	CASH VALUE

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(226) BALDWIN WOODS GYN PA	S	80,488	CASH VALUE
(1) SURGICAL ASSOCIATES OF ASHEBORO PLLC	S	79,846	CASH VALUE
(2) CRYSTAL COAST PAIN MANAGEMENT CENTER	S	79,570	CASH VALUE
(3) OUR FAMILY DOCTOR PLLC	S	79,117	CASH VALUE
(4) MECKLENBURG HEART SPECIALISTS PA	S	79,061	CASH VALUE
(5) ROWAN REGIONAL PATHOLOGY ASSOCIATES PA	S	78,568	CASH VALUE
(6) CRISWELL & CRISWELL PA	S	78,257	CASH VALUE
(7) CAROLINA'S ENT CENTER PA	S	78,188	CASH VALUE
(8) DERMATOLOGY CENTER OF SHELBY	S	77,686	CASH VALUE
(9) KINSTON CARDIOLOGY ASSOCIATES	S	77,417	CASH VALUE
(10) SOUTHEASTERN DERMATOLOGY	S	77,230	CASH VALUE
(11) NORTHWEST EAR NOSE & THROAT PA	S	76,967	CASH VALUE
(12) HEART RHYTHM ASSOCIATES	S	76,798	CASH VALUE
(13) RALEIGH PSYCHIATRIC ASSOCIATES PA	S	76,542	CASH VALUE
(14) CALDWELL FAMILY PHYSICIANS & URGENT CARE INC	S	76,174	CASH VALUE
(15) GREATER CAROLINA ENT	S	76,149	CASH VALUE
(16) PRIMECARE PHYSICIANS OF GOLDSBORO	S	75,458	CASH VALUE
(17) RUTHERFORD RADIOLOGICAL ASSOCIATES PA	S	74,582	CASH VALUE
(18) OCRACOKE HEALTH CENTER INC	S	74,502	CASH VALUE
(19) COASTAL DERMATOLOGY & SURGERY CENTER PA	S	74,081	CASH VALUE
(20) STEPHEN R MCINTYRE MD	S	73,627	CASH VALUE
(21) CENTRAL TRIAD RETINA	S	72,406	CASH VALUE
(22) MATTHEWS PLASTIC SURGERY	S	71,713	CASH VALUE
(23) LIBERTY ANESTHESIA PLLC	S	71,275	CASH VALUE
(24) WINSTON SALEM DERMATOLOGY & SURGERY CENTER PLLC	S	70,257	CASH VALUE

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(251) CAPE FEAR PULMONARY ASSOCIATES PA	S	70,119	CASH VALUE
(1) WINSTON BONE & JOINT SURGICAL ASSOCIATES PA	S	69,442	CASH VALUE
(2) WALTERS SURGICAL ASSOCIATES	S	69,131	CASH VALUE
(3) RIVA AESTHETIC DERMATOLOGY PLLC	S	69,016	CASH VALUE
(4) NEW BERN SURGICAL ASSOCIATES PA	S	69,000	CASH VALUE
(5) LAURINBURG INTERNAL MEDICINE GROUP	S	68,880	CASH VALUE
(6) NEW HANOVER PERFUSION COMPANY	S	68,848	CASH VALUE
(7) CHRISTOPHER T COUGHLIN MD	S	67,939	CASH VALUE
(8) PEDIATRIC UROLOGY ASSOCIATES	S	67,350	CASH VALUE
(9) NEUROSURGICAL ASSOCIATES	S	66,815	CASH VALUE
(10) EASTERN CAROLINA PSYCHIATRIC SERVICES	S	66,222	CASH VALUE
(11) PINEHURST PLASTIC SURGERY	S	66,198	CASH VALUE
(12) BLUE RIDGE FAMILY PRACTICE & SPORTS MEDICINE PA	S	65,782	CASH VALUE
(13) NELMS GRIFFIN FAMILY MEDICINE	S	65,629	CASH VALUE
(14) UNIVERSITY DERMATOLOGY PLLC	S	65,564	CASH VALUE
(15) HOOPER & BURNETTE INTERNAL MEDICINE	S	64,889	CASH VALUE
(16) SAWL CORPORATION	S	63,112	CASH VALUE
(17) BLUE SKY PEDIATRICS	S	62,706	CASH VALUE
(18) WATAUGA RADIOLOGICAL SERVICES PA	S	61,757	CASH VALUE
(19) ERNESTO JF GRAHAM MD	S	61,626	CASH VALUE
(20) STAT MEDICAL SOLUTIONS LLC	S	60,793	CASH VALUE
(21) NC ARTHRITIS & ALLERGY CARE CENTER PA	S	60,728	CASH VALUE
(22) VEINCARE OF CENTRAL NORTH CAROLINA	S	60,718	CASH VALUE
(23) CHRISTIAN G ANDERSON MD PA	S	59,517	CASH VALUE
(24) ZARZAR PSYCHIATRIC ASSOCIATES PLLC	S	59,438	CASH VALUE

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(276)	BLUE RIDGE PATHOLOGY ASSOCIATES	S	58,985	CASH VALUE
(1)	HILDEBRAN MEDICAL CLINIC	S	58,458	CASH VALUE
(2)	TYRRELL COUNTY RURAL HEALTH ASSOCIATION INC	S	57,675	CASH VALUE
(3)	SYLVA FAMILY PRACTICE	S	57,602	CASH VALUE
(4)	NEW HOPE FAMILY PRACTICE PC	S	57,501	CASH VALUE
(5)	DERMATOLOGIC LASER CENTER	S	57,415	CASH VALUE
(6)	EAST ASHEVILLE FAMILY HEALTHCARE	S	56,723	CASH VALUE
(7)	NEUROSURGICAL SOLUTIONS PA	S	56,665	CASH VALUE
(8)	JOHNSTON COUNTY PEDIATRICS	S	56,133	CASH VALUE
(9)	CLAYTON MEDICAL ASSOCIATES	S	55,253	CASH VALUE
(10)	OBAN ANESTHESIA CONSULTANTS	S	55,251	CASH VALUE
(11)	EASTERN CAROLINA MEDICAL SERVICES PLLC	S	55,239	CASH VALUE
(12)	ALBEMARLE MEDICAL SPECIALISTS	S	55,216	CASH VALUE
(13)	SCOTLAND MEDICAL CENTER PA	S	54,896	CASH VALUE
(14)	LAKESHORE PEDIATRIC CENTER PA	S	54,521	CASH VALUE
(15)	TARHEEL FAMILY MEDICINE PA	S	54,249	CASH VALUE
(16)	BRICK CITY PRIMARY CARE PLLC	S	53,829	CASH VALUE
(17)	GREENVILLE SURGICAL	S	53,774	CASH VALUE
(18)	SANDHILLS NEPHROLOGY & INTERNAL MEDICINE	S	53,630	CASH VALUE
(19)	CROSS CREEK MEDICAL CLINIC PA	S	53,247	CASH VALUE
(20)	INSTITUTIONAL MEDICAL SERVICES PLLC	S	53,016	CASH VALUE
(21)	DAVID C MATTHEWS MD PA	S	52,398	CASH VALUE
(22)	CATAWBA VALLEY INTERNAL MEDICINE PA	S	52,199	CASH VALUE
(23)	WILLIAM K POSTON MD	S	51,574	CASH VALUE
(24)	FAYETTEVILLE PULMONOLOGY CRITICAL CARE	S	51,294	CASH VALUE

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(301)	ALBEMARLE NEPHROLOGY ASSOCIATES	S	50,713	CASH VALUE
(1)	ENGELHARD MEDICAL CENTER INC	S	50,516	CASH VALUE
(2)	ABRONS FAMILY PRACTICE & URGENT CARE	S	50,490	CASH VALUE