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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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 $ 112,361,532

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

Activities & Governance

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	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2018 (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

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	103,601,410	106,082,309
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	989,371	1,146,086
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,590,781	107,228,395

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,000	60,700
14	Benefits paid to or for members (Part IX, column (A), line 4)	77,443,613	94,042,639
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,000	13,500
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)	13,803,476	16,346,760
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	91,267,089	110,463,599
19	Revenue less expenses Subtract line 18 from line 12	13,323,692	-3,235,204

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	53,554,728	51,859,136
21	Total liabilities (Part X, line 26)	10,925,944	12,743,814
22	Net assets or fund balances Subtract line 21 from line 20	42,628,784	39,115,322

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: 2019-11-11

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
				P01226973

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
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	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**	12		
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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	8		
	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	8		
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-A 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) ROBERT P GOSSETT MD CHAIRMAN	2 00	X		X				4,000	0	0
(2) RICHARD R BRUCH MD VICE CHAIRMAN	1 00	X		X				1,500	0	0
(3) G HADLEY CALLAWAY MD TRUSTEE	1 00	X						1,500	0	0
(4) ABIGAIL DEVRIES MD TRUSTEE FROM 4/2018	1 00	X						1,500	0	0
(5) JOHN A FAGG MD TRUSTEE	1 00	X						1,000	0	0
(6) ANDREW J HALL MD TRUSTEE THRU 4/2018	1 00	X						0	0	0
(7) KENNETH A HOLT MD TRUSTEE	1 00	X						1,500	0	0
(8) ROBERT LITTLETON MD TRUSTEE	1 00	X						1,500	0	0
(9) MERRITT SESHUL MD TRUSTEE FROM 8/2018	1 00	X						1,000	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) ▶								13,500	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	6,098,510
MMIC AGENCY LLC 700 SPRING FOREST RD SUITE 400 RALEIGH, NC 27609	SALES, MARKETING, AND ADMINISTRATION	5,901,067
MEDICAL MUTUAL INSURANCE CO OF NORTH CAR 700 SPRING FOREST RD SUITE 400 RALEIGH, NC 27609	MANAGEMENT AND ADMINISTRATION	953,414
NORTH CAROLINA MEDICAL SOCIETY 222 N PERSON ST RALEIGH, NC 27601	PLAN SPONSORSHIP AND ADMINISTRATION	894,225
LIFEWORKS US INC 3311 E OLD SHAKO MINNEAPOLIS, MN 55425	MANAGEMENT AND ADMINISTRATION	103,167

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 ▶ 5

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	106,082,309	106,082,309	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶		106,082,309		
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,252,767		1,252,767
	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	5,026,456			
	b Less cost or other basis and sales expenses	5,133,137			
	c Gain or (loss)	-106,681			
	d Net gain or (loss) . . . . . ▶		-106,681		-106,681
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 . . . . . ▶		107,228,395	106,082,309	0	1,146,086

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	60,700			
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	94,042,639			
5 Compensation of current officers, directors, trustees, and key employees	13,500			
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	7,967,360			
b Legal	51,480			
c Accounting	39,211			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	77,818			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,440,839			
12 Advertising and promotion				
13 Office expenses	8,205			
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	2,426			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	21,772			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .				
23 Insurance . . .	12,073			
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 HEALTH INSURANCE PROVID	1,325,804			
b TAXES & LICENSES	351,224			
c PCORI FEE	48,548			
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	110,463,599			
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	16,234,131	2	6,220,533
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,819,840	4	5,827,454
	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	35,500,757	11	39,811,149
	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)	53,554,728	16	51,859,136
Liabilities	17 Accounts payable and accrued expenses	533,597	17	1,552,497
	18 Grants payable	15,000	18	264,300
	19 Deferred revenue	2,469,322	19	2,516,911
	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	7,908,025	25	8,410,106
	26 **Total liabilities.** Add lines 17 through 25	10,925,944	26	12,743,814
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	42,628,784	32	39,115,322
	33 Total net assets or fund balances	42,628,784	33	39,115,322
	34 Total liabilities and net assets/fund balances	53,554,728	34	51,859,136

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	107,228,395
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,463,599
3	Revenue less expenses Subtract line 2 from line 1	3	-3,235,204
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,628,784
5	Net unrealized gains (losses) on investments	5	-195,817
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	-82,441
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,115,322

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 (2018)

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315017049

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 7/25/06, 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	8,170,000
DUE TO RELATED PARTY	240,106
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,410,106

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	106,949,383
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-195,817		
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	-195,817
3	Subtract line **2e** from line **1**			3	107,145,200
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	83,195		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	83,195
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	107,228,395

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	110,629,704
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	249,300		
e	Add lines **2a** through **2d**			2e	249,300
3	Subtract line **2e** from line **1**			3	110,380,404
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	83,195		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	83,195
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	110,463,599

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 TAX POSITIONS TAKEN BY THE TRUST, AND CONCLUDED THAT AS OF DECEMBER 31 , 2018 AND 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	ADJUSTMENT TO WELLNESS GRANTS 249,300

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 . . . . . ▶ 5

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
GASTON FAMILY HEALTH SERVICES INC 991 W HUDSON BLVD GASTONIA, NC 28052	58-1958398	N/A	20,000				WELLNESS INITIATIVES
HOSPICE OF IREDELL COUNTY INC 2347 SIMONTON RD STATESVILLE, NC 28625	56-1376577	N/A	10,300				WELLNESS INITIATIVES

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)	10,000				WELLNESS INITIATIVES
DELANEY RADIOLOGISTS GROUP PLLC 1025 MEDICAL CENTER DR WILMINGTON, NC 28401	56-1342388	N/A	9,800				WELLNESS INITIATIVES

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
TRIAD ADULT & PEDIATRIC MEDICINE 1002 S EUGENE ST GREENSBORO, NC 27406	56-1991438	N/A	6,100				WELLNESS INITIATIVES

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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.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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	(d) Corrected? 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	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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	916,306	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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 166,859 ADJUSTMENT TO WELLNESS GRANTS -249,300

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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.

(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)NORTH CAROLINA MEDICAL SOCIETY 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
(2)FREEDOM HOUSE RECOVERY CENTER INC							
(3)HOSPICE & PALLIATIVE CARE CHARLOTTE REGION							
(4)BENSON AREA MEDICAL CENTER INC							

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 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) AFYA GROUP LLC												
(2) ALBEMARLE MEDICAL SPECIALISTS												
(3) ALLERGY & ASTHMA CARE OF BLAKENEY												
(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) BUGLISI EYE CARE PLLC												
(13) CAROLINA BREAST & ONCOLOGIC SURGERY PLLC												
(14) CAROLINA COSMETIC & RECONSTRUCTIVE SURGERY 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 DERMATOLOGY PLLC												
(1) CAROLINA INPATIENT MEDICAL SPECIALISTS PLLC												
(2) CAROLINA UROLOGY PARTNERS												
(3) CARTERET MEDICAL SPECIALISTS PLLC												
(4) CARY DIGESTIVE DISEASES PLLC												
(5) CHAPEL HILL DERMATOLOGY PA												
(6) CHARLES A SHALLER MD PLLC												
(7) CHARLOTTE GASTROENTEROLOGY & HEPATOLOGY PLLC												
(8) CHESTNUT FAMILY PRACTICE PLLC												
(9) COASTAL CAROLINA NEONATOLOGY PLLC												
(10) COASTAL NEUROLOGY PLLC												
(11) CODE TEAM LLC												
(12) DELANEY RADIOLOGISTS GROUP LLP												
(13) DJL CLINICAL RESEARCH PLLC												
(14) DOCTOR'S ADVICE 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) DOUGHERTY RADIOLOGY PLLC												
(1) EAGLE FIT LLC												
(2) EASTERN CAROLINA MEDICAL SERVICES PLLC												
(3) GASTON EYE ASSOCIATES LLP												
(4) GOLD HILL FAMILY MEDICINE PLLC												
(5) GREENSBORO OPHTHALMOLOGY ASC PLLC												
(6) HARRIET HANSELL MD PLLC												
(7) HICKORY CHEST PLLC												
(8) INSTITUTIONAL MEDICAL SERVICES PLLC												
(9) INTEGRATIVE MEDICAL CLINIC OF NORTH CAROLINA PLLC												
(10) INTEGRATIVE PSYCHIATRY & PSYCHOTHERAPY PLLC												
(11) J THADDEUS COIN PHD MD PLLC												
(12) JMDO EMERGENCY SERVICES PLLC												
(13) JOHN L GREEN MD PLLC												
(14) LAUREL CREEK WELLNESS CENTER												

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) LIBERTY ANESTHESIA PLLC												
(1) LOUISBURG FAMILY PRACTICE & PAIN MANAGEMENT												
(2) MAHARAJ 1 LLC												
(3) MOSAIC COMPREHENSIVE CARE PLLC												
(4) MOUNTAIN DIABETES & ENDOCRINE CENTER												
(5) NEUROLOGY & PAIN MANAGEMENT CENTER PLLC												
(6) ORTHOPAEDIC SPECIALISTS OF NC												
(7) OUR FAMILY DOCTOR PLLC												
(8) PATRICK A WILSON MD												
(9) PINEHURST PAIN CLINIC PLLC												
(10) PINETREE CLINIC LLC												
(11) PREFERRED MD PLLC												
(12) PWT MEDICAL PLLC												
(13) RAKESH PARIKH MD PLLC												
(14) RALEIGH SKIN SURGERY CENTER 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) REGIONAL DERMATOLOGY												
(1) ROSEDALE INFECTIOUS DISEASES PLLC												
(2) SEACOAST SKIN SURGERY PLLC												
(3) SHANAHAN RHEUMATOLOGY & IMMUNOTHERAPY PLLC												
(4) SIGNATURE HEALTHCARE PLLC												
(5) STANLY COUNTY IMAGING PLLC												
(6) SURGICAL ASSOCIATES OF ASHEBORO PLLC												
(7) THE MEDICAL SPA PLLC												
(8) THE WILLIAMS GROUP OF DAVIDSON LLC												
(9) THOMASVILLE ARCHDALE PEDIATRICS PLLC												
(10) THROUGHCARE HEALTH PLLC												
(11) TOTAL WOMAN CARE LLC												
(12) TRIAD RADIOLOGY PLLC												
(13) TRIANGLE NEUROPSYCHIATRY PLLC												
(14) URGENT CARE OF MOUNTAIN VIEW 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) VIEWMONT INTERNAL MEDICINE PLLC												
(1) VITALITY MEDICAL WELLNESS INSTITUTE PLLC												
(2) WAKE RADIOLOGY CONSULTANTS PA												
(3) WAKE RADIOLOGY SERVICES LLC												
(4) WEST CARY FAMILY PHYSICIANS PLLC												
(5) WEST CARY PSYCHIATRY												
(6) WESTERN CARTERET MEDICAL CENTER PLLC												
(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) ARTHUR R HALLIDAY JR MD									
(1) ATLANTIC INTERNAL MEDICINE									
(2) BLUE SKY MD									
(3) CARE PLASTIC SURGERY									
(4) CAROLINA CHILDREN'S EYE CARE									
(5) CAROLINA PAIN & REHABILITATION SPECIALISTS									
(6) CAROLINAS CENTER FOR ORAL & FACIAL SURGERY									
(7) CLINICAL RESEARCH OF GASTONIA									
(8) CW WILLIAMS COMMUNITY HEALTH CENTER									
(9) EASTERN HEADACHE & SPINE									
(10) EDWIN L BELL MD									
(11) FAMILY FIRST PRIMARY CARE									
(12) FRIENDLY URGENT AND FAMILY CARE									
(13) HOSPICE OF RUTHERFORD COUNTY									
(14) LORI BIRDSONG MD									

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) LORIN ELAINE GUILLORY JOHNSON MD									
(1) MICHAEL D CRAWFORD MD									
(2) MICHAEL D HANKS MD									
(3) MIDTOWN DERMATOLOGY									
(4) NANCY C LEHMAN MD									
(5) NORTH CHARLOTTE PLASTIC & RECONSTRUCTIVE SURGERY									
(6) PIEDMONT ENDOCRINOLOGY									
(7) ROCKCLIFF ORAL SURGEONS									
(8) SM SHAH MD PA									
(9) SANDYA THIMMAPPA MD									
(10) STARKS PEDIATRIC AT MALLARD CREEK									
(11) TRIAD OCULAR AND FACIAL PLASTIC SURGERY									
(12) VANCEBORO INTERNAL MEDICINE									
(13) WOMEN'S HEALTH WILMINGTON PSYCHIATRIC MEDICINE									
(14) ALBERT A VERRILLI MD 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) AMITY MEDICAL GROUP INC									
(1) CABARRUS PATHOLOGY ASSOICATES PA									
(2) CAROLINA WOMEN'S HEALTH PA									
(3) CARY CARDIOLOGY PA									
(4) CROSSED B MEDICAL SERVICES PC									
(5) DERMATOLOGY CARE OF CHARLOTTE PA									
(6) DOCTOR G FAMILY MEDICAL SERVICES PC									
(7) GAURANG PALIKH MD PC									
(8) HEALING ARTS MEDICAL PA									
(9) KEVIN J FOLEY MD PA									
(10) LAKE NORMAN ANESTHESIA ASSOCIATES PA									
(11) LYNX RADIOLOGY PC									
(12) OCEANSIDE PEDIATRICS PA									
(13) RICHMOND COUNTY HOSPICE INC									
(14) SANDHILLS COMMUNITY CARE NETWORK INC									

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								Yes	No
(46) SHUBI SHAHIDA MD PC									
(1) SURGICAL ASSOCIATES OF THE CAROLINAS									
(2) ADVANCED ORAL & FACIAL SURGERY OF THE TRIAD									
(3) CAROLINAS PAIN INSTITUTE PA									
(4) BAILEY FAMILY PRACTICE CENTER PA									
(5) BLUE RIDGE CARDIOLOGY & INTERNAL MEDICINE									
(6) CAROLINA ARTHRITIS ASSOCIATES PA									
(7) CAROLINA INTERNAL MEDICINE ASSOCIATES PA									
(8) CAROLINA NEUROSCIENCE INSTITUTE PC									
(9) CAROLINA SKIN CARE PA									
(10) CAROLINA SPECIALTY CARE PA									
(11) CAROLINA WOMEN'S HEALTH CENTER									
(12) CARTERET SURGICAL ASSOCIATES									
(13) CHARLOTTE DERMATOLOGY PA									
(14) COASTAL CAROLINA SURGICAL ASSOCIATES PA									

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								Yes	No
(61) COASTAL CHILDREN'S CLINIC									
(1) DERMATOLOGY ASSOCIATES PA									
(2) EASTERN CAROLINA ENT HEAD & NECK									
(3) FAYETTEVILLE NEUROLOGY ASSOCIATES PA									
(4) GASTON RADIOLOGY PA									
(5) GOLDSBORO EMERGENCY MED SPECIALISTS									
(6) HECKER OPHTHALMOLOGY PA									
(7) HENDERSONVILLE RADIOLOGICAL CONSULTANTS PA									
(8) HRC BEHAVIORAL HEALTH & PSYCHIATRY									
(9) IMMEDIATE CARE OF GOLDSBORO									
(10) KELLY EYE CENTER PA									
(11) KIDZCARE PEDIATRICS PC									
(12) MARK B WILLIAMSON MD									
(13) PEDIATRIC SURGICAL ASSOCIATES PA									
(14) PIEDMONT ENT									

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								Yes	No
(76) PIEDMONT INTERNAL MEDICINE PULMONARY & INFECTIOUS DISEASES PA									
(1) PROFESSIONAL ANESTHESIA SERVICES INC									
(2) RALEIGH HAND CENTER PA									
(3) ROCKY MOUNT EYE PA									
(4) TEMAS EYE CENTER									
(5) UNIVERSITY DERMATOLOGY PLLC									
(6) WHITE OAK FAMILY PHYSICIANS PA									
(7) WILMINGTON GASTROENTEROLOGY ASSOCIATES									
(8) WOMEN'S SPECIALTY CARE									
(9) KAMM MCKENZIE OBGYN									
(10) CENTRAL CAROLINA SKIN & DERMATOLOGY CENTER PA									
(11) EASTERN CAROLINA MEDICAL CENTER PC									
(12) FACIALS AND FILLERS AESTHETICS CENTER									
(13) MID-ATLANTIC EMERGENCY MEDICAL ASSOCIATES PA									
(14) ADULT INTERNAL MEDICINE PA									

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								Yes	No
(91) ADVANCED REPRODUCTIVE CONCEPTS									
(1) AESTHETIC & RECONSTRUCTIVE PLASTIC SURGERY									
(2) AGHA ARTHRITIS ASSOCIATES PA									
(3) ALBEMARLE ALLERGY & ASTHMA PC									
(4) ALBEMARLE ANESTHESIOLOGY									
(5) ALEXANDRA N POWELL MD PA									
(6) ALLCARE CLINICAL ASSOCIATES PA									
(7) ALLEN D HUFFMAN MD									
(8) ALLEN ORTHOPAEDICS									
(9) ALLERGY & ASTHMA SPECIALTY GROUP PA									
(10) ALLERGY ASTHMA & SINUS CENTER PA									
(11) ANN BREWER MD									
(12) ANNEMARIE I RUSSELL MD									
(13) APPALACHIAN COMMUNITY SERVICES									
(14) APPALACHIAN GASTROENTEROLOGY PA									

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								Yes	No
(106) ARBORETUM OBGYN									
(1) ARMSTRONG NEUROLOGY									
(2) ASHEBORO DERMATOLOGY & SKIN									
(3) ASHEVILLE CHILDREN'S MEDICAL CENTER PA									
(4) ASHEVILLE ENDOCRINOLOGY CONSULTANTS PA									
(5) ASHEVILLE FAMILY HEALTH CENTERS PA									
(6) ASHEVILLE NEUROLOGY SPECIALISTS PA									
(7) ASHEVILLE PULMONARY & CRITICAL CARE ASSOCIATES PA									
(8) BALDWIN WOODS GYN PA									
(9) BIOLOGUE INC									
(10) BLAND CLINIC PA									
(11) BLUE RIDGE COMMUNITY HEALTH SERVICES									
(12) BLUE RIDGE DERMATOLOGY ASSOCIATES PA									
(13) BLUE RIDGE FAMILY PRACTICE & SPORTS MEDICINE PA									
(14) BLUE RIDGE PATHOLOGY ASSOCIATES									

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								Yes	No
(121) BLUE RIDGE PEDIATRIC & ADOLESCENT MEDICINE INC									
(1) BLUE SKY PEDIATRICS									
(2) BOTROS & POLLOCK PA									
(3) BOYD GASQUE JR MD									
(4) BYRON C ABELS JR MD									
(5) CABARRUS EYE CENTER PA									
(6) CABARRUS ROWAN COMMUNITY HEALTH CENTERS INC									
(7) CALDWELL FAMILY PHYSICIANS & URGENT CARE INC									
(8) CAPE FEAR CENTER FOR DIGESTIVE DISEASES PA									
(9) CAPITAL EYE CENTER PA									
(10) CAPITAL HEART ASSOCIATES PA									
(11) CAPITAL NEUROLOGY & HEADACHE CENTER PA									
(12) CARDIOLOGY SPECIALISTS OF THE CAROLINAS PA									
(13) CAROLINA COASTAL PLASTIC SURGERY									
(14) CAROLINA DERMATOLOGY & ENDOCRINOLOGY PA									

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								Yes	No
(136) CAROLINA ENDOCRINE PA									
(1) CAROLINA ENT HNSC PA									
(2) CAROLINA EYE ASSOCIATES PA									
(3) CAROLINA FAMILY HEALTH CENTERS INC									
(4) CAROLINA GASTROENTEROLOGY PA									
(5) CAROLINA KIDNEY & HYPERTENSION PA									
(6) CAROLINA KIDNEY CARE PA									
(7) CAROLINA MOUNTAIN INTERNAL MEDICINE									
(8) CAROLINA NEPHROLOGY									
(9) CAROLINA ONCOLOGY ASSOCIATES PA									
(10) CAROLINA ONCOLOGY SPECIALISTS PA									
(11) CAROLINA RADIOLOGY CONSULTANTS PA									
(12) CAROLINA RADIOLOGY PA									
(13) CAROLINA RETINA & VITREOUS CONSULTANTS PA									
(14) CAROLINA SKIN SURGERY CENTER PA									

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								Yes	No
(151) CAROLINA VASCULAR SPECIALISTS									
(1) CAROLINA WEST RADIOLOGY PA									
(2) CAROLINA'S ENT CENTER PA									
(3) CARRBORO FAMILY MEDICINE									
(4) CARTERET CLINIC FOR ADOLESCENTS & CHILDREN									
(5) CARY DERMATOLOGY CENTER									
(6) CARY PEDIATRIC CENTER PA									
(7) CARY SKIN CENTER									
(8) CATAWBA RADIOLOGICAL ASSOCIATES INC									
(9) CELSO B LOBAO MD PA									
(10) CENTRAL DERMATOLOGY CENTER PA									
(11) CENTRAL TRIAD RETINA									
(12) CHAPEL HILL ENT									
(13) CHARLES W JONES MD PA									
(14) CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES									

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								Yes	No
(166) CHERYL H YANUCK MD PC									
(1) CHILDREN'S HEALTH OF CAROLINA									
(2) CHILDREN'S UROLOGY OF THE CAROLINAS									
(3) CHRISTIAN G ANDERSON MD PA									
(4) CHRISTOPHER E LORD MD									
(5) CHRISTOPHER PAUL GARWACKI MD PA									
(6) CHRISTOPHER T COUGHLIN MD									
(7) CLAIRE V COOPER MD									
(8) CLECO PRIMARY CARE NETWORK									
(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
(181) COASTAL EYE CLINIC PA									
(1) COASTAL NEPHROLOGY PA									
(2) COASTAL PATHOLOGY ASSOCIATES PA									
(3) COASTAL SURGICAL SPECIALISTS PA									
(4) COASTAL THORACIC SURGICAL ASSOCIATES									
(5) COLEY COSMETIC & HAND SURGERY CENTER PA									
(6) COMMUNITY HEALTH SERVICES OF UNION COUNTY									
(7) CRAIG H STEFFEE MD									
(8) CROSS CREEK MEDICAL CLINIC PA									
(9) CROSSROADS FAMILY MEDICAL CARE PA									
(10) CRYSTAL COAST CARE FOR WOMEN PC									
(11) CRYSTAL COAST FAMILY PRACTICE PA									
(12) CUMBERLAND INTERNAL MEDICINE PA									
(13) CUMMINGS PLASTIC SURGERY RC									
(14) CW SCHUPBACH MD									

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								Yes	No
(196) CYNTHIA I CASKEY MD									
(1) DANIEL M RICCI MD PA									
(2) DARE HEART CENTER									
(3) DAVID BIERMAN MD PA									
(4) DAVID C MATTHEWS MD PA									
(5) DAVID M SUSCO MD									
(6) DAVID S THOMAS MD PA									
(7) DAVIDSON EYE CLINIC									
(8) DAVIDSON SURGICAL ASSOCIATES									
(9) DDB MEDICAL CONSULTANTS INC									
(10) DELANEY RADIOLOGISTS PA									
(11) DERMATOLOGY ASSOCIATES									
(12) DERMATOLOGY ASSOCIATES OF COASTAL CAROLINA									
(13) DERMATOLOGY CENTER OF SHELBY									
(14) DOCTORS WEIGHT LOSS CENTER OF CARY									

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								Yes	No
(211) DOLLINGER & TOVE FAMILY MEDICINE ASSOCIATES PA									
(1) DONALD DOUGLAS PETERSON MD									
(2) DONALD R WHALEY MD PC									
(3) DR JAMILA BATTLE & ASSOCIATES PA									
(4) DURHAM NEPHROLOGY ASSOCIATES PA									
(5) DURHAM RADIOLOGY ASSOCIATES INC									
(6) DURMAN WILLIAM MOOSE JR MD									
(7) EAST ASHEVILLE FAMILY HEALTHCARE									
(8) EAST CAROLINA DERMATOLOGY									
(9) EASTERN CAROLINA PSYCHIATRIC SERVICES									
(10) EASTERN INTERNAL MEDICINE									
(11) EASTERN RADIOLOGISTS INC									
(12) EASTOVER PSYCHOLOGICAL									
(13) EDWARD E BURTON JR MD PA									
(14) ELISA MACY ROBERTS MD									

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								Yes	No
(226) ELIZABETH D BRYAN MD PA									
(1) ENT CAROLINA PA									
(2) ER IMAGING INC									
(3) ERNESTO JF GRAHAM MD									
(4) EYE ASSOCIATES OF WILMINGTON PA									
(5) EYE INSTITUTE OF NC PC									
(6) FAMILY MEDICAL ASSOCIATES OF RALEIGH PA									
(7) FASTMED URGENT CARE PC									
(8) FAYETTEVILLE ANESTHESIA PA									
(9) FAYETTEVILLE ORTHOPAEDIC CLINIC									
(10) FAYETTEVILLE PULMONOLOGY CRITICAL CARE									
(11) FORSYTH PLASTIC SURGICAL ASSOCIATES PA									
(12) FRANK INGRAM MD PA									
(13) FRANKLIN FAMILY PRACTICE									
(14) FUAD RAFIQUE AHMAD									

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								Yes	No
(241) GARNER INTERNAL MEDICINE									
(1) GARY L SMOOT MD PA									
(2) GASTON FAMILY HEALTH SERVICES INC									
(3) GASTONIA MEDICAL SPECIALTY									
(4) GASTONIA PEDIATRIC ASSOCIATES PA									
(5) GASTONIA WELLNESS & LONG TERM CARE									
(6) GASTROENTEROLOGY ASSOCIATES OF THE PIEDMONT									
(7) GASTROENTEROLOGY ASSOCIATES PA									
(8) GEORGE CHEKAN MD									
(9) GOLDSBORO FAMILY PHYSICIANS									
(10) GOLDSBORO OBGYN ASSOCIATES									
(11) GOLDSBORO PSYCHIATRIC CLINIC									
(12) GRACE HEMATOLOGY & ONCOLOGY									
(13) GRACE MEDICAL CLINICS PA									
(14) GRAYSTONE OPHTHALMOLOGY ASSOCIATES									

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								Yes	No
(256) GREATER CAROLINA ENT									
(1) GREENVILLE EYE CLINIC INC									
(2) GREENVILLE SURGICAL									
(3) GREGORY D STREETER MD									
(4) HALIFAX MEDICAL SPECIALISTS PA									
(5) HARVEY KOHN MD FACOG									
(6) HAWTHORNE EYE ASSOCIATES PA									
(7) HEART RHYTHM ASSOCIATES									
(8) HEMANT N SHETH MD									
(9) HENDERSONVILLE PEDIATRICS PA									
(10) HIGH POINT NEPHROLOGY ASSOCIATES									
(11) HIGHLANDS ANESTHESIA ASSOCIATES									
(12) HOOKERTON FAMILY PRACTICE PA									
(13) HOPE PHYSICIANS									
(14) HOSPICE & PALLIATIVE CARE OF IREDELL COUNTY									

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								Yes	No
(271) HOSPICE OF THE PIEDMONT INC									
(1) INTERNAL MEDICINE ASSOCIATES									
(2) INTERNAL MEDICINE ASSOCIATES OF RALEIGH PA									
(3) INTERNAL MEDICINE OF CLEVELAND COUNTY PA									
(4) JACKSONVILLE CHILDREN'S CLINIC PA									
(5) JAMES BENFORD HARDIN MD PA									
(6) JAMES C STEVENS MD									
(7) JAMES E GARRETT MD PC									
(8) JAMES S PARSONS MD									
(9) JENNINGS ORTHOPAEDIC ASSOCIATES PA									
(10) JOHN A CHRETIEN MD									
(11) JOHN BURNETT HOLT MD									
(12) JOHN E STEWART									
(13) JOHN R VAN GURP MD									
(14) JOHNSTON COUNTY PEDIATRICS									

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								Yes	No
(286) KIDS FIRST PEDIATRICS OF RAEFORD									
(1) KINSTON SURGICAL ASSOCIATES PA									
(2) LAFAYETTE MEDICAL CLINIC									
(3) LAKESIDE DERMATOLOGY PA									
(4) LASER SKIN CARE									
(5) LAURINBURG INTERNAL MEDICINE GROUP									
(6) LELAND PEDIATRICS PC									
(7) LILLINGTON FAMILY MEDICAL CENTER									
(8) LUMBERTON RADIOLOGICAL ASSOCIATES									
(9) MANN EAR NOSE AND THROAT									
(10) MARGARET B COLLINS-HILL MD PA									
(11) MARTIN PEDIATRICS CLINIC									
(12) MATTHEWS PLASTIC SURGERY									
(13) MECKLENBURG CHEST MEDICINE									
(14) MECKLENBURG HEART SPECIALISTS PA									

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								Yes	No
(301) MECKLENBURG RADIOLOGY ASSOCIATES									
(1) MEDAC HEALTH SERVICES PA									
(2) MEDICAL CARE INC									
(3) METRO INTERNAL MEDICINE PA									
(4) MICHAEL LAW MD									
(5) MICHAEL SOCHAT MD									
(6) MICHEL HADDAD MD									
(7) MID-ATLANTIC EYE PHYSICIANS									
(8) MONROE CHILDREN'S CENTER									
(9) MOUNTAIN EMERGENCY PHYSICIANS									
(10) MOUNTAIN PATHOLOGY SERVICES PA									
(11) MT OLIVE FAMILY MEDICINE CENTER INC									
(12) NC ARTHRITIS & ALLERGY CARE CENTER PA									
(13) NASH OBGYN ASSOCIATES PA									
(14) NASH X-RAY ASSOCIATES									

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								Yes	No
(316) NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS INC									
(1) NELMS GRIFFIN FAMILY MEDICINE									
(2) NEUROSURGICAL ASSOCIATES									
(3) NEUROSURGICAL SOLUTIONS PA									
(4) NEW BERN SURGICAL ASSOCIATES PA									
(5) NEW HANOVER PERFUSION COMPANY									
(6) NEW HOPE FAMILY PRACTICE PC									
(7) NEWTON FAMILY PHYSICIANS PA									
(8) NORTH BUNCOMBE FAMILY MEDICINE PA									
(9) NORTH STATE PATHOLOGY ASSOCIATES PA									
(10) NORTHEAST DIGESTIVE HEALTH CENTER									
(11) NORTHLAKE CHILDREN'S ASSOCIATES PA									
(12) NORTHWEST EAR NOSE & THROAT PA									
(13) NORTHWOOD MEDICAL CENTER									
(14) NOVA MEDICAL 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
(331) OBAN ANESTHESIA CONSULTANTS									
(1) OCRACOKE HEALTH CENTER INC									
(2) ONCOLOGY SPECIALISTS OF CHARLOTTE									
(3) ONSLOW MEDICAL SPECIALTIES CLINIC									
(4) ONSLOW OPHTHALMOLOGY PA									
(5) PAMELA JEAN CULP MD									
(6) PARKWOOD EYE CENTER PA									
(7) PATHOLOGY ASSOCIATES OF KINSTON									
(8) PATHVENTURE PC									
(9) PAUL E VISER MD									
(10) PEDIATRIC UROLOGY ASSOCIATES									
(11) PERFORMANCE ORTHOPAEDIC SURGERY & SPORTS MEDICINE PA									
(12) PETER PAUL BUONACCORSI									
(13) PHYSICIANS ELDERCARE PA									
(14) PIEDMONT ADULT & PEDIATRIC MEDICINE ASSOCIATES PA									

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								Yes	No
(346) PIEDMONT DIGESTIVE DISEASE									
(1) PIEDMONT HEALTH SERVICES INC									
(2) PIEDMONT NEUROSURGERY & SPINE PA									
(3) PIEDMONT PLASTIC & ORAL SURGERY CENTER									
(4) PIEDMONT RADIATION ONCOLOGY									
(5) PIEDMONT TRIAD ANESTHESIA PA									
(6) PINEHURST NEPHROLOGY ASSOCIATES PC									
(7) PINEHURST PLASTIC SURGERY									
(8) PINEHURST RADIATION ONCOLOGY									
(9) PREFERRED PAIN MANAGEMENT									
(10) PREMIER PEDIATRICS PA									
(11) PRIMARY MEDICAL CARE									
(12) PRIME MEDICAL ASSOCIATES OF NORTH RALEIGH PC									
(13) PRIMECARE PHYSICIANS OF GOLDSBORO									
(14) PRIMEDICAL HEALTHCARE 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
(361) PRIMEVISION KINSTON PA									
(1) PROVIDENCE ANESTHESIOLOGY ASSOCIATES									
(2) RADIATION ONCOLOGY CENTERS OF THE CAROLINAS INC									
(3) RALEIGH CAPITOL EAR NOSE AND THROAT									
(4) RALEIGH DERMATOLOGY ASSOCIATES									
(5) RALEIGH DURHAM MEDICAL GROUP ASSOCIATES									
(6) RALEIGH DURHAM MEDICAL GROUP PA									
(7) RALEIGH EMERGENCY MEDICINE ASSOCIATES									
(8) RALEIGH INFECTIOUS DISEASES									
(9) RALEIGH NEUROSURGICAL CLINIC INC									
(10) RALEIGH ORAL SURGERY									
(11) RALEIGH PATHOLOGY LABORATORY ASSOCIATES									
(12) RALEIGH PEDIATRIC ASSOCIATES PA									
(13) RALEIGH PSYCHIATRIC ASSOCIATES PA									
(14) RALEIGH RADIOLOGY ASSOCIATES									

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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) RALEIGH URGENT CARE CENTER PA									
(1) RALEIGH VEIN AND LASER CENTER PA									
(2) REGIONAL MEDICAL ASSOCIATES									
(3) REGIONAL SURGICAL SPECIALISTS PC									
(4) REHABILITATION MEDICINE & PAIN									
(5) RETINA INSTITUTE OF NC PC									
(6) REVIVAL PAIN MANAGEMENT INC									
(7) REX PATHOLOGY ASSOCIATES PA									
(8) RHEMACARE INTERNAL MEDICINE INC									
(9) RICHARD A BREMER MD									
(10) RICHARD J FORSYTH MD									
(11) RICHARD M LEIGHTON DO									
(12) RICHARD WEISLER MD PA									
(13) RICHMOND INTERNAL MEDICINE									
(14) RICK J CORNELLA MD									

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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) RICKY A THOMPSON MD									
(1) RMS HEALTHCARE MANAGEMENT									
(2) RMZ ANESTHESIA SERVICES PA									
(3) ROANOKE MEDICAL ASSOCIATES PA									
(4) ROBERT BUCHANAN MD INC									
(5) ROBERT K STACK MD									
(6) ROBESON PEDIATRICS PA									
(7) ROCKY MOUNT FAMILY MEDICAL CENTER									
(8) ROCKY MOUNT UROLOGY ASSOCIATES PA									
(9) RONALD L VEREEN MD									
(10) ROWAN REGIONAL PATHOLOGY ASSOCIATES PA									
(11) RURAL HEALTH GROUP INC									
(12) RUTHERFORD DERMATOLOGY PA									
(13) RUTHERFORD PSYCHIATRIC & COUNSELING SERVICES									
(14) RUTHERFORD RADIOLOGICAL ASSOCIATES PA									

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

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

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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
(421) SOUTHPARK BEHAVIORAL MEDICINE									
(1) SPECTRUM MEDICAL GROUP PA									
(2) STEDMAN WADE HEALTH SERVICES									
(3) STEPHEN J CANDELA MD PA									
(4) STRATEGIC IMAGING CONSULTANTS									
(5) SU WOOI TEOH									
(6) SURF PEDIATRICS AND MEDICINE PC									
(7) SUSAN ANDRACCHI MD PA									
(8) SUSAN C ECHTERLING MD									
(9) SWETANG PATEL MD PA									
(10) SYLVA FAMILY PRACTICE									
(11) TAYLOR VITREORETINAL CENTER									
(12) THE BONE AND JOINT SURGERY CLINIC									
(13) THE CARE CLINIC INC									
(14) THE ZANNIS CENTER FOR PLASTIC SURGERY 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
(436) TRIAD ADULT & PEDIATRIC MEDICINE									
(1) TRIANGLE ENT SERVICES ASSOCIATES PA									
(2) TRIANGLE PREMIER WOMENS HEALTH									
(3) TRIANGLE PRIMARY CARE ASSOCIATES									
(4) TRIANGLE SPINE & BACK CARE CENTER									
(5) TRIANGLE UROLOGY ASSOCIATES PA									
(6) TRUCARE FAMILY PRACTICE									
(7) TYRRELL COUNTY RURAL HEALTH ASSOCIATION INC									
(8) UROLOGY SPECIALISTS OF THE CAROLINAS									
(9) UWHARRIE REGIONAL PEDIATRICS									
(10) VEINCARE OF CENTRAL NORTH CAROLINA									
(11) VILLAGE SURGICAL ASSOCIATES									
(12) WALTON K JOYNER JR MD PA									
(13) WATAUGA RADIOLOGICAL SERVICES PA									
(14) WATERFORD WELLNESS PA									

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								Yes	No
(451) WATSON DRY EYE CENTER									
(1) WAYNE COUNTY ANESTHESIA ASSOCIATES									
(2) WAYNE RADIOLOGISTS									
(3) WENDELL MEDICAL CENTER									
(4) WESTERN CAROLINA EYE ASSOCIATES PA									
(5) WESTERN WAKE PEDIATRICS PA									
(6) WHITE CROSS MEDICAL									
(7) WHITEVILLE EYE ASSOCIATES PA									
(8) WHITEVILLE MEDICAL ASSOCIATES PA									
(9) WILKES ANESTHESIA ASSOCIATES PA									
(10) WILKES PEDIATRIC CLINIC									
(11) WILLIAM K POSTON MD									
(12) WILSON DIGESTIVE DISEASES CENTER									
(13) WILSON FAMILY MEDICINE PA									
(14) WINSTON BONE & JOINT SURGICAL ASSOCIATES PA									

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								Yes	No
(466) WOMEN'S WELLNESS CENTER									
(1) 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	916,306	CASH VALUE
(1)	CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES	S	4,579,728	CASH VALUE
(2)	HOSPICE & PALLIATIVE CARE CHARLOTTE REGION	S	4,091,868	CASH VALUE
(3)	FASTMED URGENT CARE PC	S	3,525,257	CASH VALUE
(4)	PIEDMONT HEALTH SERVICES INC	S	3,401,468	CASH VALUE
(5)	GASTON FAMILY HEALTH SERVICES INC	S	3,152,800	CASH VALUE
(6)	RURAL HEALTH GROUP INC	S	3,103,250	CASH VALUE
(7)	PROVIDENCE ANESTHESIOLOGY ASSOCIATES	S	2,055,584	CASH VALUE
(8)	RALEIGH DURHAM MEDICAL GROUP ASSOCIATES	S	1,978,804	CASH VALUE
(9)	PIEDMONT TRIAD ANESTHESIA PA	S	1,713,758	CASH VALUE
(10)	WAKE RADIOLOGY SERVICES LLC	S	1,693,027	CASH VALUE
(11)	BLUE RIDGE COMMUNITY HEALTH SERVICES	S	1,622,189	CASH VALUE
(12)	RALEIGH RADIOLOGY ASSOCIATES	S	1,561,691	CASH VALUE
(13)	CAROLINA EYE ASSOCIATES PA	S	1,395,810	CASH VALUE
(14)	CAROLINA UROLOGY PARTNERS	S	1,365,393	CASH VALUE
(15)	CAROLINA FAMILY HEALTH CENTERS INC	S	1,299,823	CASH VALUE
(16)	GRAYSTONE OPHTHALMOLOGY ASSOCIATES	S	1,226,438	CASH VALUE
(17)	TRIAD RADIOLOGY PLLC	S	1,198,822	CASH VALUE
(18)	ASHEVILLE FAMILY HEALTH CENTERS PA	S	1,188,383	CASH VALUE
(19)	ASHEVILLE EYE ASSOCIATES PLLC	S	1,146,516	CASH VALUE
(20)	UROLOGY SPECIALISTS OF THE CAROLINAS	S	1,129,708	CASH VALUE
(21)	EASTERN RADIOLOGISTS INC	S	1,127,938	CASH VALUE
(22)	CHARLOTTE GASTROENTEROLOGY & HEPATOLOGY PLLC	S	1,115,377	CASH VALUE
(23)	MECKLENBURG RADIOLOGY ASSOCIATES	S	961,155	CASH VALUE
(24)	HOSPICE & PALLIATIVE CARE OF IREDELL COUNTY	S	933,524	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)	GASTROENTEROLOGY ASSOCIATES OF THE PIEDMONT	S	916,393	CASH VALUE
(1)	ER IMAGING INC	S	902,418	CASH VALUE
(2)	RALEIGH DURHAM MEDICAL GROUP PA	S	867,404	CASH VALUE
(3)	CHILDREN'S HEALTH OF CAROLINA	S	828,676	CASH VALUE
(4)	HOSPICE OF THE PIEDMONT INC	S	828,593	CASH VALUE
(5)	HOSPICE OF RUTHERFORD COUNTY	S	814,464	CASH VALUE
(6)	SOUTHEAST RADIATION ONCOLOGY GROUP	S	794,043	CASH VALUE
(7)	CAROLINAS CENTER FOR ORAL & FACIAL SURGERY	S	760,916	CASH VALUE
(8)	FREEDOM HOUSE RECOVERY CENTER INC	S	676,787	CASH VALUE
(9)	RALEIGH CAPITOL EAR NOSE AND THROAT	S	661,990	CASH VALUE
(10)	WAKE RADIOLOGY CONSULTANTS PA	S	647,213	CASH VALUE
(11)	MOUNTAIN EMERGENCY PHYSICIANS	S	639,729	CASH VALUE
(12)	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER PA	S	636,232	CASH VALUE
(13)	PHYSICIANS ELDERCARE PA	S	634,621	CASH VALUE
(14)	CATAWBA RADIOLOGICAL ASSOCIATES INC	S	617,754	CASH VALUE
(15)	RMS HEALTHCARE MANAGEMENT	S	613,294	CASH VALUE
(16)	MID-ATLANTIC EMERGENCY MEDICAL ASSOCIATES PA	S	598,638	CASH VALUE
(17)	CAROLINA KIDNEY CARE PA	S	586,938	CASH VALUE
(18)	DELANEY RADIOLOGISTS GROUP LLP	S	572,725	CASH VALUE
(19)	APPALACHIAN COMMUNITY SERVICES	S	547,918	CASH VALUE
(20)	CABARRUS EYE CENTER PA	S	547,090	CASH VALUE
(21)	CAROLINAS PAIN INSTITUTE PA	S	531,566	CASH VALUE
(22)	ORTHOPAEDIC SPECIALISTS OF NC	S	529,372	CASH VALUE
(23)	CAROLINA ENT HNSC PA	S	518,665	CASH VALUE
(24)	COASTAL CAROLINA NEONATOLOGY PLLC	S	502,308	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
(51)	ASHEVILLE PULMONARY & CRITICAL CARE ASSOCIATES PA	S	499,529	CASH VALUE
(1)	THOMASVILLE ARCHDALE PEDIATRICS PLLC	S	490,605	CASH VALUE
(2)	RALEIGH PEDIATRIC ASSOCIATES PA	S	486,423	CASH VALUE
(3)	GASTON EYE ASSOCIATES LLP	S	479,535	CASH VALUE
(4)	ROCKY MOUNT FAMILY MEDICAL CENTER	S	469,377	CASH VALUE
(5)	RALEIGH EMERGENCY MEDICINE ASSOCIATES	S	467,756	CASH VALUE
(6)	NORTHEAST DIGESTIVE HEALTH CENTER	S	446,389	CASH VALUE
(7)	KIDZCARE PEDIATRICS PC	S	444,506	CASH VALUE
(8)	JACKSONVILLE CHILDREN'S CLINIC PA	S	424,994	CASH VALUE
(9)	NEWTON FAMILY PHYSICIANS PA	S	421,453	CASH VALUE
(10)	ENT CAROLINA PA	S	418,518	CASH VALUE
(11)	ATLANTIC MEDICAL MANAGEMENT LLC	S	417,989	CASH VALUE
(12)	TRIAD ADULT & PEDIATRIC MEDICINE	S	415,800	CASH VALUE
(13)	EYE ASSOCIATES OF WILMINGTON PA	S	405,233	CASH VALUE
(14)	SHELBY MEDICAL ASSOCIATES PA	S	391,599	CASH VALUE
(15)	GASTROENTEROLOGY ASSOCIATES PA	S	379,681	CASH VALUE
(16)	CAROLINA ONCOLOGY SPECIALISTS PA	S	372,485	CASH VALUE
(17)	RALEIGH PATHOLOGY LABORATORY ASSOCIATES	S	362,023	CASH VALUE
(18)	SALISBURY PEDIATRIC ASSOCIATES	S	359,685	CASH VALUE
(19)	WOMEN'S WELLNESS CENTER	S	352,971	CASH VALUE
(20)	DURHAM RADIOLOGY ASSOCIATES INC	S	351,913	CASH VALUE
(21)	DELANEY RADIOLOGISTS PA	S	350,709	CASH VALUE
(22)	CABARRUS ROWAN COMMUNITY HEALTH CENTERS INC	S	350,537	CASH VALUE
(23)	GASTON RADIOLOGY PA	S	349,582	CASH VALUE
(24)	CARY PEDIATRIC CENTER PA	S	347,654	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)	FAYETTEVILLE ORTHOPAEDIC CLINIC	S	330,449	CASH VALUE
(1)	WAYNE RADIOLOGISTS	S	326,437	CASH VALUE
(2)	ALLCARE CLINICAL ASSOCIATES PA	S	318,049	CASH VALUE
(3)	NORTH CAROLINA MEDICAL SOCIETY	S	312,643	CASH VALUE
(4)	CAROLINA INTERNAL MEDICINE ASSOCIATES PA	S	310,788	CASH VALUE
(5)	KAMM MCKENZIE OBGYN	S	307,652	CASH VALUE
(6)	RALEIGH NEUROSURGICAL CLINIC INC	S	303,147	CASH VALUE
(7)	CENTRAL DERMATOLOGY CENTER PA	S	296,680	CASH VALUE
(8)	CARTERET SURGICAL ASSOCIATES	S	293,659	CASH VALUE
(9)	ONCOLOGY SPECIALISTS OF CHARLOTTE	S	288,281	CASH VALUE
(10)	PIEDMONT ENT	S	285,994	CASH VALUE
(11)	ASHEBORO DERMATOLOGY & SKIN	S	284,926	CASH VALUE
(12)	SPECTRUM MEDICAL GROUP PA	S	282,345	CASH VALUE
(13)	BLUE RIDGE PEDIATRIC & ADOLESCENT MEDICINE INC	S	277,678	CASH VALUE
(14)	CAPE FEAR CENTER FOR DIGESTIVE DISEASES PA	S	274,128	CASH VALUE
(15)	THE BONE AND JOINT SURGERY CLINIC	S	262,134	CASH VALUE
(16)	BENSON AREA MEDICAL CENTER INC	S	261,123	CASH VALUE
(17)	STEDMAN WADE HEALTH SERVICES	S	257,448	CASH VALUE
(18)	HOOKERTON FAMILY PRACTICE PA	S	255,203	CASH VALUE
(19)	SANDHILLS COMMUNITY CARE NETWORK INC	S	252,501	CASH VALUE
(20)	ASHEVILLE ENDOCRINOLOGY CONSULTANTS PA	S	250,665	CASH VALUE
(21)	EASTOVER PSYCHOLOGICAL	S	244,521	CASH VALUE
(22)	MT OLIVE FAMILY MEDICINE CENTER INC	S	244,079	CASH VALUE
(23)	WHITE OAK FAMILY PHYSICIANS PA	S	230,319	CASH VALUE
(24)	NASH OBGYN ASSOCIATES PA	S	229,452	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) CARY SKIN CENTER	S	228,542	CASH VALUE
(1) GARNER INTERNAL MEDICINE	S	223,856	CASH VALUE
(2) RICHMOND COUNTY HOSPICE INC	S	222,883	CASH VALUE
(3) COASTAL EYE CLINIC PA	S	221,177	CASH VALUE
(4) CLECO PRIMARY CARE NETWORK	S	220,165	CASH VALUE
(5) CARY CARDIOLOGY PA	S	215,996	CASH VALUE
(6) BLUE RIDGE DERMATOLOGY ASSOCIATES PA	S	213,805	CASH VALUE
(7) FAMILY MEDICAL ASSOCIATES OF RALEIGH PA	S	210,895	CASH VALUE
(8) UWHARRIE REGIONAL PEDIATRICS	S	207,816	CASH VALUE
(9) HENDERSONVILLE PEDIATRICS PA	S	198,564	CASH VALUE
(10) URGENT CARE OF MOUNTAIN VIEW PLLC	S	193,994	CASH VALUE
(11) BLUE SKY MD	S	192,945	CASH VALUE
(12) GASTONIA MEDICAL SPECIALTY	S	188,429	CASH VALUE
(13) HRC BEHAVIORAL HEALTH & PSYCHIATRY	S	188,108	CASH VALUE
(14) DERMATOLOGY ASSOCIATES OF COASTAL CAROLINA	S	187,335	CASH VALUE
(15) PREFERRED PAIN MANAGEMENT	S	185,856	CASH VALUE
(16) TRIANGLE UROLOGY ASSOCIATES PA	S	185,765	CASH VALUE
(17) WILMINGTON GASTROENTEROLOGY ASSOCIATES	S	184,516	CASH VALUE
(18) REX PATHOLOGY ASSOCIATES PA	S	183,765	CASH VALUE
(19) PIEDMONT ADULT & PEDIATRIC MEDICINE ASSOCIATES PA	S	182,314	CASH VALUE
(20) RALEIGH INFECTIOUS DISEASES	S	181,981	CASH VALUE
(21) WESTERN CAROLINA EYE ASSOCIATES PA	S	179,277	CASH VALUE
(22) RALEIGH ORAL SURGERY	S	177,849	CASH VALUE
(23) NASH X-RAY ASSOCIATES	S	177,339	CASH VALUE
(24) ASHEVILLE NEUROLOGY SPECIALISTS PA	S	176,778	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)	ROCKY MOUNT UROLOGY ASSOCIATES PA	S	176,616	CASH VALUE
(1)	SURF PEDIATRICS AND MEDICINE PC	S	169,518	CASH VALUE
(2)	RALEIGH DERMATOLOGY ASSOCIATES	S	168,018	CASH VALUE
(3)	COASTAL THORACIC SURGICAL ASSOCIATES	S	167,084	CASH VALUE
(4)	LAKE NORMAN ANESTHESIA ASSOCIATES PA	S	166,969	CASH VALUE
(5)	CARY DERMATOLOGY CENTER	S	166,929	CASH VALUE
(6)	NC FOUNDATION FOR ADVANCED HEALTH PROGRAMS INC	S	160,888	CASH VALUE
(7)	FORSYTH PLASTIC SURGICAL ASSOCIATES PA	S	160,270	CASH VALUE
(8)	WILKES PEDIATRIC CLINIC	S	158,411	CASH VALUE
(9)	SIGNATURE HEALTHCARE PLLC	S	157,427	CASH VALUE
(10)	ROSEDALE INFECTIOUS DISEASES PLLC	S	156,593	CASH VALUE
(11)	WESTERN WAKE PEDIATRICS PA	S	155,221	CASH VALUE
(12)	CENTRAL TRIAD RETINA	S	151,712	CASH VALUE
(13)	GOLDSBORO EMERGENCY MED SPECIALISTS	S	149,185	CASH VALUE
(14)	TAYLOR VITREORETINAL CENTER	S	149,088	CASH VALUE
(15)	WHITEVILLE MEDICAL ASSOCIATES PA	S	149,071	CASH VALUE
(16)	HALIFAX MEDICAL SPECIALISTS PA	S	147,359	CASH VALUE
(17)	WNC FAMILY MEDICAL CENTER PLLC	S	146,685	CASH VALUE
(18)	OCRACOKE HEALTH CENTER INC	S	144,519	CASH VALUE
(19)	GOLDSBORO OBGYN ASSOCIATES	S	142,860	CASH VALUE
(20)	AESTHETIC & RECONSTRUCTIVE PLASTIC SURGERY	S	141,002	CASH VALUE
(21)	CHILDREN'S UROLOGY OF THE CAROLINAS	S	139,719	CASH VALUE
(22)	CABARRUS PATHOLOGY ASSOICATES PA	S	137,834	CASH VALUE
(23)	DURHAM NEPHROLOGY ASSOCIATES PA	S	135,558	CASH VALUE
(24)	CAROLINA KIDNEY & HYPERTENSION PA	S	135,257	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
(151) COASTAL SURGICAL SPECIALISTS PA	S	133,806	CASH VALUE
(1) CRYSTAL COAST FAMILY PRACTICE PA	S	131,769	CASH VALUE
(2) MICHAEL LAW MD	S	129,841	CASH VALUE
(3) COASTAL CAROLINA RADIATION ONCOLOGY	S	129,346	CASH VALUE
(4) RICHARD J FORSYTH MD	S	128,269	CASH VALUE
(5) CAROLINA ARTHRITIS ASSOCIATES PA	S	126,230	CASH VALUE
(6) ASHEVILLE CHILDREN'S MEDICAL CENTER PA	S	125,587	CASH VALUE
(7) TRIANGLE PREMIER WOMENS HEALTH	S	124,971	CASH VALUE
(8) MID-ATLANTIC EYE PHYSICIANS	S	122,900	CASH VALUE
(9) WAYNE COUNTY ANESTHESIA ASSOCIATES	S	121,367	CASH VALUE
(10) SEACOAST SKIN SURGERY PLLC	S	121,276	CASH VALUE
(11) RALEIGH HAND CENTER PA	S	118,548	CASH VALUE
(12) NEUROLOGY & PAIN MANAGEMENT CENTER PLLC	S	118,320	CASH VALUE
(13) DAVIDSON EYE CLINIC	S	117,458	CASH VALUE
(14) GASTONIA PEDIATRIC ASSOCIATES PA	S	116,257	CASH VALUE
(15) COASTAL CAROLINA SURGICAL ASSOCIATES PA	S	114,718	CASH VALUE
(16) SOUTHEASTERN DERMATOLOGY	S	114,101	CASH VALUE
(17) MARTIN PEDIATRICS CLINIC	S	113,790	CASH VALUE
(18) MEDAC HEALTH SERVICES PA	S	112,882	CASH VALUE
(19) CHARLOTTE DERMATOLOGY PA	S	111,977	CASH VALUE
(20) CARTERET CLINIC FOR ADOLESCENTS & CHILDREN	S	111,499	CASH VALUE
(21) RALEIGH PSYCHIATRIC ASSOCIATES PA	S	111,348	CASH VALUE
(22) ALLEN ORTHOPAEDICS	S	110,872	CASH VALUE
(23) CAROLINA ONCOLOGY ASSOCIATES PA	S	110,819	CASH VALUE
(24) RADIATION ONCOLOGY CENTERS OF THE CAROLINAS INC	S	110,621	CASH VALUE

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

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(176) PEDIATRIC SURGICAL ASSOCIATES PA	S	110,608	CASH VALUE
(1) BLUE SKY PEDIATRICS	S	107,240	CASH VALUE
(2) FAYETTEVILLE ANESTHESIA PA	S	106,574	CASH VALUE
(3) PRIMEDICAL HEALTHCARE PA	S	106,520	CASH VALUE
(4) COASTAL CHILDREN'S CLINIC	S	105,157	CASH VALUE
(5) ROBESON PEDIATRICS PA	S	105,022	CASH VALUE
(6) JOHNSTON COUNTY PEDIATRICS	S	103,150	CASH VALUE
(7) WINSTON SALEM DERMATOLOGY & SURGERY CENTER PLLC	S	102,000	CASH VALUE
(8) NORTH BUNCOMBE FAMILY MEDICINE PA	S	101,659	CASH VALUE
(9) PIEDMONT NEUROSURGERY & SPINE PA	S	101,549	CASH VALUE
(10) MANN EAR NOSE AND THROAT	S	100,967	CASH VALUE
(11) CAROLINA DERMATOLOGY PLLC	S	100,815	CASH VALUE
(12) HENDERSONVILLE RADIOLOGICAL CONSULTANTS PA	S	100,764	CASH VALUE
(13) ARBORETUM OBGYN	S	97,117	CASH VALUE
(14) CAROLINA RADIOLOGY CONSULTANTS PA	S	96,554	CASH VALUE
(15) BALDWIN WOODS GYN PA	S	96,095	CASH VALUE
(16) PINEHURST PAIN CLINIC PLLC	S	95,657	CASH VALUE
(17) CAROLINA ENDOCRINE PA	S	94,920	CASH VALUE
(18) ROWAN REGIONAL PATHOLOGY ASSOCIATES PA	S	93,249	CASH VALUE
(19) PINEHURST NEPHROLOGY ASSOCIATES PC	S	92,577	CASH VALUE
(20) DERMATOLOGY CENTER OF SHELBY	S	91,857	CASH VALUE
(21) IMMEDIATE CARE OF GOLDSBORO	S	91,324	CASH VALUE
(22) PIEDMONT RADIATION ONCOLOGY	S	90,199	CASH VALUE
(23) PARKWOOD EYE CENTER PA	S	89,393	CASH VALUE
(24) HEART RHYTHM ASSOCIATES	S	89,114	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
(201)	SURGICAL ASSOCIATES OF ASHEBORO PLLC	S	88,600	CASH VALUE
(1)	HECKER OPHTHALMOLOGY PA	S	88,363	CASH VALUE
(2)	CAROLINA NEPHROLOGY	S	88,310	CASH VALUE
(3)	JENNINGS ORTHOPAEDIC ASSOCIATES PA	S	85,846	CASH VALUE
(4)	CAROLINA SPECIALTY CARE PA	S	84,685	CASH VALUE
(5)	BRICK CITY PRIMARY CARE PLLC	S	84,513	CASH VALUE
(6)	CENTRAL CAROLINA SKIN & DERMATOLOGY CENTER PA	S	83,014	CASH VALUE
(7)	ZARZAR PSYCHIATRIC ASSOCIATES PLLC	S	80,851	CASH VALUE
(8)	RUTHERFORD RADIOLOGICAL ASSOCIATES PA	S	80,707	CASH VALUE
(9)	DAVID C MATTHEWS MD PA	S	80,533	CASH VALUE
(10)	PINEHURST PLASTIC SURGERY	S	79,081	CASH VALUE
(11)	REGIONAL DERMATOLOGY	S	77,703	CASH VALUE
(12)	WILSON DIGESTIVE DISEASES CENTER	S	77,416	CASH VALUE
(13)	DAVIDSON SURGICAL ASSOCIATES	S	76,392	CASH VALUE
(14)	DERMATOLOGY ASSOCIATES PA	S	75,897	CASH VALUE
(15)	SYLVA FAMILY PRACTICE	S	75,275	CASH VALUE
(16)	CALDWELL FAMILY PHYSICIANS & URGENT CARE INC	S	75,257	CASH VALUE
(17)	ALBEMARLE MEDICAL SPECIALISTS	S	75,238	CASH VALUE
(18)	EASTERN CAROLINA MEDICAL SERVICES PLLC	S	75,098	CASH VALUE
(19)	WILKES ANESTHESIA ASSOCIATES PA	S	72,107	CASH VALUE
(20)	REVIVAL PAIN MANAGEMENT INC	S	72,075	CASH VALUE
(21)	HIGH POINT NEPHROLOGY ASSOCIATES	S	71,674	CASH VALUE
(22)	LIBERTY ANESTHESIA PLLC	S	71,209	CASH VALUE
(23)	CW WILLIAMS COMMUNITY HEALTH CENTER	S	70,475	CASH VALUE
(24)	CAROLINA'S ENT CENTER PA	S	69,671	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
(226)	BOTROS & POLLOCK PA	S	69,438	CASH VALUE
(1)	NEUROSURGICAL ASSOCIATES	S	68,977	CASH VALUE
(2)	NELMS GRIFFIN FAMILY MEDICINE	S	68,705	CASH VALUE
(3)	SCOTLAND MEDICAL CENTER PA	S	68,470	CASH VALUE
(4)	PRIMECARE PHYSICIANS OF GOLDSBORO	S	67,997	CASH VALUE
(5)	CHRISTOPHER T COUGHLIN MD	S	67,923	CASH VALUE
(6)	GREATER CAROLINA ENT	S	66,127	CASH VALUE
(7)	CAROLINA WEST RADIOLOGY PA	S	65,454	CASH VALUE
(8)	GOLDSBORO FAMILY PHYSICIANS	S	65,427	CASH VALUE
(9)	NEW HANOVER PERFUSION COMPANY	S	65,367	CASH VALUE
(10)	CAPITAL HEART ASSOCIATES PA	S	65,065	CASH VALUE
(11)	CAROLINA WOMEN'S HEALTH CENTER	S	63,974	CASH VALUE
(12)	WINSTON BONE & JOINT SURGICAL ASSOCIATES PA	S	63,065	CASH VALUE
(13)	NORTHWEST EAR NOSE & THROAT PA	S	63,064	CASH VALUE
(14)	NEW BERN SURGICAL ASSOCIATES PA	S	62,543	CASH VALUE
(15)	BLAND CLINIC PA	S	62,500	CASH VALUE
(16)	THE MEDICAL SPA PLLC	S	62,482	CASH VALUE
(17)	PEDIATRIC UROLOGY ASSOCIATES	S	62,309	CASH VALUE
(18)	LAURINBURG INTERNAL MEDICINE GROUP	S	61,574	CASH VALUE
(19)	CHRISTIAN G ANDERSON MD PA	S	61,418	CASH VALUE
(20)	CAROLINA BREAST & ONCOLOGIC SURGERY PLLC	S	60,990	CASH VALUE
(21)	FAYETTEVILLE PULMONOLOGY CRITICAL CARE	S	59,314	CASH VALUE
(22)	EAST ASHEVILLE FAMILY HEALTHCARE	S	58,991	CASH VALUE
(23)	INTERNAL MEDICINE ASSOCIATES OF RALEIGH PA	S	58,865	CASH VALUE
(24)	CAROLINA SKIN SURGERY CENTER PA	S	58,007	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
(251)	OBAN ANESTHESIA CONSULTANTS	S	57,684	CASH VALUE
(1)	WATAUGA RADIOLOGICAL SERVICES PA	S	57,219	CASH VALUE
(2)	SWETANG PATEL MD PA	S	57,085	CASH VALUE
(3)	CAROLINA DERMATOLOGY & ENDOCRINOLOGY PA	S	57,059	CASH VALUE
(4)	PINEHURST RADIATION ONCOLOGY	S	56,568	CASH VALUE
(5)	ATLANTIC INTERNAL MEDICINE	S	56,564	CASH VALUE
(6)	TOTAL WOMAN CARE LLC	S	56,317	CASH VALUE
(7)	TEMAS EYE CENTER	S	56,174	CASH VALUE
(8)	BLUE RIDGE CARDIOLOGY & INTERNAL MEDICINE	S	55,603	CASH VALUE
(9)	EASTERN CAROLINA PSYCHIATRIC SERVICES	S	55,050	CASH VALUE
(10)	GREENVILLE SURGICAL	S	54,111	CASH VALUE
(11)	VEINCARE OF CENTRAL NORTH CAROLINA	S	53,981	CASH VALUE
(12)	INSTITUTIONAL MEDICAL SERVICES PLLC	S	53,603	CASH VALUE
(13)	WILLIAM K POSTON MD	S	53,546	CASH VALUE
(14)	COASTAL DERMATOLOGY & SURGERY CENTER PA	S	53,278	CASH VALUE
(15)	AGHA ARTHRITIS ASSOCIATES PA	S	52,067	CASH VALUE
(16)	CARDIOLOGY SPECIALISTS OF THE CAROLINAS PA	S	51,170	CASH VALUE
(17)	BLUE RIDGE FAMILY PRACTICE & SPORTS MEDICINE PA	S	50,951	CASH VALUE
(18)	DJL CLINICAL RESEARCH PLLC	S	50,737	CASH VALUE
(19)	JAMES S PARSONS MD	S	50,306	CASH VALUE