### \*\* PUBLIC DISCLOSURE COPY \*\* 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

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending									
B c a	heck if pplicable	<b>C</b> Name of organization	C Name of organization D Employer identification number						
	Addres	FORSYTH MEDICAL CENTER	FOUNDATION						
	Name		TH FORSYTH MEDIO	CAL CE	56-21	2095	59		
	Initial	Number and street (or P.O. box if mail is not del		Room/suite					
	 Final return/	2085 FRONTIS PLAZA BLVI			336-2				
	termin- ated				<b>G</b> Gross receipts	<b>G</b> Gross receipts \$ 38,869,740.			
	Amend return				H(a) Is this a g	group re			
	Applica- tion F Name and address of principal officer: CARL ARMATO						? Yes X No		
	pendin	<sup>9</sup> SAME AS C ABOVE			H(b) Are all subor	dinates ind	cluded? Yes No		
IT	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," a	ttach a l	list. See instructions		
	Vebsit		H.ORG		H(c) Group ex				
			ssociation Other	L Year	of formation: 19	981 м	I State of legal domicile: NC		
Pa		Summary							
đ	1	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	ILE O				
Governance	.								
er né	2	6	ntinued its operations or dispo			- I I			
No.	3	Number of voting members of the governing body					25		
ن ھ		Number of independent voting members of the gov					20		
Activities &		Total number of individuals employed in calendar y					<u>5</u> 25		
ivit		Total number of volunteers (estimate if necessary)							
Act		Total unrelated business revenue from Part VIII, co				0.			
	b	Net unrelated business taxable income from Form	990-1, Part I, line 11		Prior Year	. 7b	Current Year		
		Contributions and grants (Dort )/III line 1b)			3,907,4	96	3,967,017.		
ne					5,907,4	0.	0.		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4,	and Zd)		2,607,7		1,628,793.		
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		2,007,1	0.	0.			
		Total revenue - add lines 8 through 11 (must equal			6,515,2		5,595,810.		
		Grants and similar amounts paid (Part IX, column (			3,392,8		3,974,213.		
			aid to or for members (Part IX, column (A), line 4)				0.		
		Salaries, other compensation, employee benefits (F			452,7	0.	541,020.		
Ise		Professional fundraising fees (Part IX, column (A), li			•	0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line	010 0	87.					
Ш		Other expenses (Part IX, column (A), lines 11a-11d,			390,9		193,716.		
		Total expenses. Add lines 13-17 (must equal Part I)			4,236,6		4,708,949.		
	19	Revenue less expenses. Subtract line 18 from line	12		2,278,6	532.	886,861.		
Net Assets or Fund Balances				Be	eginning of Curren		End of Year		
sets	20	Total assets (Part X, line 16)			76,328,6		83,318,371.		
t As	21				256,4		1,019,374.		
New York	22	Net assets or fund balances. Subtract line 21 from	line 20		76,072,1	.75.	82,298,997.		
	art II	Signature Block							
	•	Ities of perjury, I declare that I have examined this return,	• • • •				knowledge and belief, it is		
true,	correct	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledg	je.			
Sign Signature of officer					Date				
Sig		-			Daid				
Her	e i	ALICE POPE, EVP & CFO Type or print name and title							
			Dropororio oigneture	T	Date	Check	PTIN		
Paid		Print/Type preparer's name	Preparer's signature			if self-employe			

i uiu		3eii-eiiipiuyeu		
Preparer	Firm's name	Firm's EIN		
Use Only	Firm's address			
		Phone no.		
May the IF	RS discuss this return with the preparer shown above? See instructions	 	Yes	No

332001 12-21-23

LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<u>must use</u>	Form 7004 to request an extension of time to file incom	e tax retur	ns.				
<u>Part I - Id</u>	dentification						
Type or	Name of exempt organization, employer, or other filer, see instructions.			Taxpayer identification number			
Print							
Elle hardha	FORSYTH MEDICAL CENTER FOUND		N		56-21209	959	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 2085 FRONTIS PLAZA BLVD						
instructions.	City, town or post office, state, and ZIP code. For a for WINSTON SALEM, NC 27103	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01	
Applicati		Return	Application Is For			Return	
Арріїсаці		Code	Application is for			Code	
Eorm 000	) or Form 990-EZ	01	Form 4720 (other than individual)			09	
		03	Form 5227			10	
	20 (individual)	03				10	
Form 990		04	Form 6069 Form 8870			11	
	0-T (sec. 401(a) or 408(a) trust)						
	0-T (trust other than above)	06	Form 5330 (individual)			13	
	)-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08					
•	ou enter your Return Code, complete either Part II or Par	t III. Part II	i, including signature, is applicable of	only for an	extension of		
	e Form 5330.						
<ul> <li>If this a</li> </ul>	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.				
Plai	n Name						
Plai	n Number						
Plai	n Year Ending (MM/DD/YYYY)						
	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)				
The bo	poks are in the care of <u>WENDI</u> STOCKSTILL						
	2085 FRONTIS PLAZ	ZA BLV	D - WINSTON SALEM,	NC 2	7103		
Teleph	none No. 336-277-2411		Fax No.				
<ul> <li>If the c</li> </ul>	organization does not have an office or place of business	s in the Uni					
	is for a Group Return, enter the organization's four-digit						
box	. If it is for part of the group, check this box						
<b>1</b> I red	quest an automatic 6-month extension of time until N						
	organization named above. The extension is for the organization				pr organization r	otunnor	
	calendar year 20 23 or	anization s					
27		00				00	
	tax year beginning	, 20	, and ending		<u> </u>	20	
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reaso	on: Initial return	Final retur	n		
3a If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
	nonrefundable credits. See instructions.			3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and				
	imated tax payments made. Include any prior year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa				· ·		
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	990 (2023) FORSYTH MEDICAL CENTER FOUNDATION	56-2120	959 Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Г	Yes X No
	If "Yes," describe these new services on Schedule O.	L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	\$? [	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services.		
	revenue, if any, for each program service reported.	· · ·	115 <del>5</del> 5, and
4a	(Code:) (Expenses \$4, 114, 699. including grants of \$3, 974, 213. ) (Re		0.
	THE ORGANIZATION OPERATES TO RAISE COMMUNITY SUPPORT AN THROUGH CHARITABLE GIVING FOR ESSENTIAL PROGRAMS, IMPRO		
	AND STATE-OF-THE-ART TECHNOLOGY OF NOVANT HEALTH FORSYT		11165,
	CENTER, NOVANT HEALTH KERNERSVILLE MEDICAL CENTER, AND		ALTH
	CLEMMONS MEDICAL CENTER, AS WELL AS AFFILIATED OPERATIC	ONS IN THE	
	HEALTH SYSTEM AND OTHER HEALTHCARE RELATED COMMUNITY CA	USES.	
4b	(Code:) (Expenses \$ including grants of \$ ) (Re	venue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
4d	Other program services (Describe on Schedule O.)		
10	(Expenses \$ including grants of \$ ) (Revenue \$		)
4e	Total program service expenses 4, 114, 699.		·
			Form <b>990</b> (202
332002	12-21-23		

<b>—</b>	000	(0000)
⊢orm	990	(2023)

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		77	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 11	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a		х
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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		X
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		X
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		X
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		_X_
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X X
20a		20a		<u> </u>
	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 approximation of the second secon		х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	<b>1</b> 7	

332003 12-21-23

2023.05000 FORSYTH MEDICAL CENTER FO FMCF\_\_\_1

4

Form	990	(2023)
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			Yes	No
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	X	
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		v	
	Schedule J	23	X	
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? <i>If</i> "Yes," answer lines 24b through 24d and complete	240		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	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		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
-	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		Х
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		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c		
332004	- 12-21-23		<b>990</b> (	2023)

5

2023.05000 FORSYTH MEDICAL CENTER FO FMCF\_\_\_1

Form	990 (2023) FORSYTH MEDICAL CENTER FOUNDATION	56-2120	959	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			_	Yes	No
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		х
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 Ac	COUNTS (FRAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
			50 50		- 23
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				х
	•		<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			77	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
0	amounts due or received from them.)	11b			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		100		
			12a		
	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.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
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	-		
	Enter the amount of reserves on hand	13c			37
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)

332005 12-21-23

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Form 990	(2023)
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### FORSYTH MEDICAL CENTER FOUNDATION

56-2120959 Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI		X
Section A. Governing Body and Management		
	Vaa	Na

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S		s filed?	4	Х	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•			37	
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
-	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•	•		v	
a	The governing body?			8a	X X	
b	Each committee with authority to act on behalf of the governing body?			8b	Δ	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					<u> </u>
		•	,,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		C C			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," a	lescribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					37
_	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401		
Sec	exempt status with respect to such arrangements?			16b		
000						

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on 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
	WENDI STOCKSTILL - 336-277-2411

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2023.05000 FORSYTH MEDICAL CENTER FO FMCF\_\_\_1

Form **990** (2023)

Dout VII	Componention of Officers Divertors T	www.etee.e. Key Employee.e. Higheet Company	a a t a a
Part VII	U Compensation of Officers, Directors, T	rustees, Key Employees, Highest Compens	sated
	Employees, and Independent Contractor	ore	
	Employees, and independent Contract	.013	

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 the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

• List the organization's live current nighest compensated employees (other than an onicer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more	l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both r/trus	n an	compensation	compensation	amount of
	week				reciu	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or di	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	utiona		nploy	st cor	1			organizations
	line)	Individ	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			e gamente
(1) FRED HARGETT	0.20									
EVP/CFO (TO 9/6/23)	50.00	1		х				0.	2,400,670.	50,705.
(2) KIMBERLY HENDERSON	0.00									
FMR OFFICER (12/31/19)	50.00						Х	0.	1,085,117.	155,975.
(3) GEOFFREY GARDNER	0.20									
CFO (FR 9/6/23)	50.00			Х				0.	909,106.	128,749.
(4) DOROTHY ANN CAULKINS	8.00									
SVP FDN	42.00			Х				0.	725,233.	111,754.
(5) THOMAS GROTE MD	0.20									
TRUSTEE/ONCOLOGIST	45.00	Х						0.	732,259.	45,408.
(6) JOHN CARD MD	0.20									
TRUSTEE, CHAIR (FR 12/6/23)/INTERNIST	45.00	Х		X				0.	459,157.	45,950.
(7) JALEEMA SPEAKS MD	0.20								410 685	<b>F4 C0 0</b>
TRUSTEE/OBSTETRICIAN/GYNECOLOGIST	45.00	X						0.	418,675.	54,692.
(8) HEATHER EGAN	25.00			37				1 (7 ))(	0	
EXEC DIRECTOR	25.00			X				167,236.	0.	45,792.
(9) ROLLAND BARRETT MD TRUSTEE/CLIN ETHICS MED ED CONSULT	0.20	x						0	2,016.	0
(10) ANDREA GENDRACHI	0.20	<u> </u>						0.	2,010.	0.
TRUSTEE (FR 1/1/23)	0.20	x						0.	0.	0.
(11) ANDREW SCHNEIDER MD	0.00	^				-		0.	0.	0.
TRUSTEE	0.20	x						0.	0.	0.
(12) BONNIE DONAHUE	0.20							0.	0.	0.
TRUSTEE	0.00	x						0.	0.	0.
(13) CHARLES BLIXT	0.20							<b>Ŭ</b>		<b>.</b>
TRUSTEE (FR 1/1/23)	0.00	x						0.	0.	0.
(14) DAMON PRATT	0.20									
TRUSTEE	0.00	x						0.	0.	0.
(15) DAVID BAILEY	0.20									
TRUSTEE	0.00	x						0.	0.	0.
(16) ELIZABETH MADDEN	0.20									
TRUSTEE, CHAIR (TO 12/6/23)	0.00	х		x				0.	0.	0.
(17) ELMS ALLEN MD	0.20									
TRUSTEE (TO 12/31/23)	0.00	Х						0.	0.	0.
										Farm 990 (0000)

8

332007 12-21-23

Form 990 (2023)

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2023.05000 FORSYTH MEDICAL CENTER FO FMCF\_

E	FORSYTH	MEDICAL	CENTER	FOUNDATION	

56-2120959 Page 8

Part VII Section A. Officers, Directors, Trus		oloy I	ees,			ghes	st C		· · · ·			
(A)	(B)			(C Pos	<b>C)</b> itior	n		(D)	(E)	_	(F)	
Name and title	Average hours per		not cł	heck	eck more than one person is both an			Reportable compensation	Reportable compensation		stimate nount	
	week					or/trus		from	from related		other	01
	(list any	ector						the	organizations	com	pensa	ation
	hours for related	or dir	e			ated		organization	(W-2/1099-MISC/		rom th	
	organizations	ustee	truste		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	, v	janizat d relat	
	below	ndividual trustee or director	n stit utio nal tru stee	_	n ploye	Highest compensated employee	5	,			anizati	
	line)	Indivi	Institu	Officer	Key employee	Highe	Former					
(18) EVA WU	0.20								_			_
TRUSTEE	0.00	X						0.	0.	┝───		0.
(19) GARY ORTIZ	0.20	x						0	0.			0
TRUSTEE (FR 1/1/23) (20) GWENDOLYN CLEMENTS	0.00	^						0.	0.			0.
TRUSTEE (FR 1/1/23)	0.00	х						0.	0.			0.
(21) JOHN WOLFE	0.20								•••			
TRUSTEE (FR 1/1/23)	0.00	х						0.	0.			0.
(22) JOHN-MARK MITCHELL	0.20											
TRUSTEE (FR 1/1/23)	0.00	Х						0.	0.	<u> </u>		0.
(23) JOSEPH ELY	0.20			37				0	0			0
TRUSTEE, VICE CHAIR (TO 12/6/23) (24) JOSEPH LOGAN	0.20	Х		Х				0.	0.	├───		0.
TRUSTEE, VICE CHAIR (FR 12/6/23)	0.20	x		х				0.	0.			0.
(25) LARRY PULLIAM	0.20											
TRUSTEE	0.00	х						0.	0.			0.
(26) MARY FOWLER	0.20											
TRUSTEE	0.00	Х						0.	0.	-		0.
1b Subtotal								167,236.	6,732,233.	63	9,0	25.
c Total from continuation sheets to Part VI								0.	6,732,233.	63	9,0	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>										05	9,0	<u> </u>
compensation from the organization		030	11310	u ac	0000	.,	010					1
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3	Х	
4 For any individual listed on line 1a, is the su	•							-	-			
and related organizations greater than \$150										4	Х	
5 Did any person listed on line 1a receive or a	•				-		elate	ed organization or individ	lual for services	-		X
rendered to the organization? <i>If "Yes," con</i> Section B. Independent Contractors	plete Schedule	e J fe	or su	ich į	bers	son .				5		А
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs tł	nat received more than \$	100.000 of compensa	tion fr	om	
the organization. Report compensation for	•	•										
(A)								(B)			C)	
Name and business	address	NC	ONE	5				Description of s	ervices C	ompe	nsatio	n
2 Total number of independent contractors (i	ncluding but of	nt lin	nitod	l to '	thor		ted	above) who recoived me	ore than			
\$100,000 of compensation from the organi	•	Je iii	meu	0	(	)	ucu	above, who received the				
SEE PART VII, SECTION		IN	UΑ	ΤI	ON	S	HE	ETS		Form	<b>990</b> (	2023)

SEE PART VII, SECTION A CONTINUATION SHEETS 332008 12-21-23

Form 990 (2023)

9

Form 990 FORSYTH M	IEDICAL	CE	NT	ER	F	υO	ND	ATION	56-212	0959
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per week							from the	from related organizations	other compensation
		tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)		organization
	related	stee o	ustee			en sat				and related
	organizations	al trus	onal tr		oloyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) RONNIE WILLARD	0.20	Ч	=	04	l ₹	Ŧ	Fc			
TRUSTEE	0.20	х						0.	0.	0.
(28) SHERRY POLONSKY	0.20	21								
TREAS	0.00	х		х				0.	0.	0.
(29) STEPHANIE FLORES DE VALGAZ	0.20	23								<b>.</b>
TRUSTEE	0.00	х						0.	0.	0.
(30) TADELRO BROWN	0.20									
SECR	0.00	х		х				0.	0.	0.
						-				
	1		I		1	1				
Total to Part VII, Section A, line 1c										

332201 04-01-23

Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response	or note to any line	( • )	(5)	(2)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
ran	b						
Ū.	с	- · · · · · · · · · · · · · · · · · · ·					
ar A	d						
s, G mila	е	Government grants (contributions)					
r Si	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	3,967,017.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	3,442.				
<u>5</u>	h	Total. Add lines 1a-1f		3,967,017.			
			Business Code				
e Ce	2 a	l					
ervi	b						
gram Ser Revenue	C						
graı Rev	d	1					
Program Service Revenue	e f	All other program service revenue					
-	1	<b>Total.</b> Add lines 2a-2f					
	3	Investment income (including dividends, inter-					
	•	other similar amounts)		876,173.			876,173.
	4	Income from investment of tax-exempt bond					
	5	Royalties	Г				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	· · · · · · · · · · · · · · · · · · ·					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 34,026,550	·				
	b	Less: cost or other basis					
nue		and sales expenses <b>7b</b> 33,273,930.					
Revenue		Gain or (loss)		752 620			752 620
<u> </u>	C	I Net gain or (loss)		752,620.			752,620.
Othe	8 a	Gross income from fundraising events (not including \$ of					
0		including \$ of contributions reported on line 1c). See					
		Part IV, line 18					
	b	b Less: direct expenses					
	c		-				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses	<b>)</b>				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold 10					
	c	Net income or (loss) from sales of inventory					
S			Business Code				
leot	11 a						
cellaneo evenue	b						
Miscellaneous Revenue							
Ë		All other revenue					
	<u>е</u> 12	Total. Add lines 11a-11d     Total revenue. See instructions		5,595,810.	0.	0.	1628793.
33200	9 12-2 <sup>.</sup>			, , , •			Form <b>990</b> (2023)

FORSYTH MEDICAL CENTER FOUNDATION

Form 990 (2023)

56-2120959 Page 9

FORSYTH MEDICAL CENTER FOUNDATION 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 respons	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,487,661.	3,487,661.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	486,552.	486,552.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	213,028.		213,028.	
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	272,766.	68,192.	46,371.	158,203.
8	Pension plan accruals and contributions (include			1 100	4
	section 401(k) and 403(b) employer contributions)	7,016.	1,754.	<u>1,192.</u> 3,170.	<u>4,070.</u> 9,655.
9	Other employee benefits	21,631.	8,806.		9,655.
10	Payroll taxes	26,579.	6,645.	4,518.	15,416.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	9 F				
d	, , , , , , , , , , , , , , , , , , ,				
е	, н				
f	Investment management fees	52,006.		52,006.	
g		F 1 F 0		F 0.71	10
	column (A), amount, list line 11g expenses on Sch 0.)	5,172.	55.	5,071.	46. 4,808. 2,591.
12	Advertising and promotion	9,616.	4,808.	<b>F</b> (00	4,808.
13	Office expenses	13,208.	2,988.	7,629.	2,591.
14	Information technology	952.	238.	162.	552.
15	Royalties	20.040		20.040	
16	Occupancy	30,248.	0.004	30,248.	2 012
17	Travel	6,472.	2,224.	1,235.	3,013.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	C1	20	10	
19	Conferences, conventions, and meetings	61.	26.	13.	22.
20	Interest				
21	Payments to affiliates	11,363.	4,524.	3,052.	3,787.
22	Depreciation, depletion, and amortization	586.	4,544.	586.	5,101.
23	Insurance	500.		500.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		46,468.	35,604.	4,583.	6,281.
b	TRAINING & EDUCATION	9,752.	2,438.	1,658.	5,656.
c c	REPAIRS AND MAINTENANCE	6,364.	1,591.	1,082.	3,691.
d	DUES AND SUBSCRIPTIONS	1,058.	338.	196.	524.
	All other expenses	390.	255.	63.	72.
25 25	Total functional expenses. Add lines 1 through 24e	4,708,949.	4,114,699.	375,863.	218,387.
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)				
					Form <b>990</b> (2023

12

2023.05000 FORSYTH MEDICAL CENTER FO FMCF\_\_\_1

13 2023.05000 FORSYTH MEDICAL CENTER FO FMCF\_\_\_1

FORSYTH MEDICAL CENTER FOUNDATION 56-2120959 Page 11

			ha ha -	uline in this Dout M			
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			980,307.	1	1,347,054.
	2	Cash - non-interest-bearingSavings and temporary cash investments	500,507.	2	1,517,051.		
	3		1,880,615.	2	3,671,099.		
		Pledges and grants receivable, net			35,499.	3 4	1,346.
	4	Accounts receivable, net Loans and other receivables from any current o			55,455.	4	1,540.
	5	-					
		trustee, key employee, creator or founder, subs				5	
	6	controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	-			c	
	-	under section 4958(f)(1)), and persons describe				6 7	
Assets	7	Notes and loans receivable, net				-	
Ass	8	Inventories for sale or use				8	
	9		1	······		9	
	10a	Land, buildings, and equipment: cost or other	10-	196,941.			
		basis. Complete Part VI of Schedule D	10a		104,797.		02 /22
	b	Less: accumulated depreciation			65,922,423.	10c	93,433. 61,322,312.
	11	Investments - publicly traded securities			7,405,018.	11	
	12	Investments - other securities. See Part IV, line		Γ	/,405,018.	12	16,883,127.
	13	Investments - program-related. See Part IV, line		Г		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		76 220 650	15	02 210 271	
	16	Total assets. Add lines 1 through 15 (must equ		76,328,659.	16	83,318,371. 90,795.	
	17	Accounts payable and accrued expenses			84,807.	17	90,795.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the		F		22	
_	23	Secured mortgages and notes payable to unrel		Г		23	
	24	Unsecured notes and loans payable to unrelate	-	F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X	171 677		000 570
		of Schedule D			171,677.		928,579.
	26	Total liabilities. Add lines 17 through 25	<u></u>	T	256,484.	26	1,019,374.
s		Organizations that follow FASB ASC 958, che	eck her	e X			
JCe		and complete lines 27, 28, 32, and 33.			62 404 002		67 051 720
alar	27				63,494,882.	27	67,951,738.
Net Assets or Fund Balances	28			·····	12,577,293.	28	14,347,259.
ŭ		Organizations that do not follow FASB ASC 9	958, che	eck here			
г		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e		Г		30	
tΑ	31	Retained earnings, endowment, accumulated in		·····		31	
Ne	32	Total net assets or fund balances			76,072,175.	32	82,298,997.
	33	Total liabilities and net assets/fund balances			76,328,659.	33	83,318,371.

Form **990** (2023)

Form 990 (		
Part X	Balance	Sheet

	1990 (2023) FORSYTH MEDICAL CENTER FOUNDATION	<u>56-2</u>	120959	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,595	<u> </u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,708	<u> </u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	886 76,072		61.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4         Net unrealized gains (losses) on investments       5						
5	Net unrealized gains (losses) on investments	4,860	),9:	16.			
6	Donated services and use of facilities						
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	479	<del>),0</del>	<u>45.</u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	82,298	3,9 <u>9</u>	<u>97.</u>		
Pa	rt 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 X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	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	X	L		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X			
				000			

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nan	ne of t	the organization						Employer	identification number			
		FORS	YTH MEDICAL	L CENTER FOUN	IDATIC	ON			6-2120959			
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	ie general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	: II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city,	and state of	the college	or			
		university:										
10		An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fr	om gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See <b>section</b> §	5 <b>09(a)(3).</b> (	Check the box on			
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.				
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled l	by its supp	orted orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting			
		organization. You must o	complete Part IV, Se	ctions A and B.								
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	orted			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	nd functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization operation	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution req	uirement and	an attentiv	reness			
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	II, Type III				
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			general public described in d-grant college a college or fees, and gross receipts from upport from gross investment ization after June 30, 1975. out the purposes of one or <b>b</b> (a)(3). Check the box on fg. cally by giving of the supporting b), by having the supported integrated with, d organization(s) a attentiveness fype III 			
f	Ente	er the number of supported o	organizations									
g		vide the following information										
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	inization listed ng document?	(v) Amount of	,				
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)			
Tota	al											

#### Schedule A (Form 990) 2023 Part II Support Sch

FORSYTH MEDICAL CENTER FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	2090974.	2719712.	2644941.	3907496.	3967017.	15330140.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2090974.	2719712.	2644941.	3907496.	3967017.	15330140.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5707471.
	Public support. Subtract line 5 from line 4.						9622669.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019 2090974.	(b) 2020 2719712.	(c) 2021 2644941.	(d) 2022 3907496.	(e) 2023	(f) Total 15330140.
-	Amounts from line 4	2090974.	2/19/12.	2044941.	3907490.	390/UI/.	15550140.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1223815.	962,053.	1040141.	968,399.	876,173.	5070581.
~	and income from similar sources	1223013.	902,055.	1040141.	900,399.	070,173.	5070561.
9	Net income from unrelated business						
	activities, whether or not the			1,273.			1,273.
40	business is regularly carried on			1,2/3.			1,2/3.
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						20401994.
	Gross receipts from related activities,		ne)			12	
	First 5 years. If the Form 990 is for th	-		iourth or fifth tax y			
10	organization, check this box and <b>stor</b>	-		-			
Sec	tion C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	47.17 %
	Public support percentage from 2022					15	48.15 %
	<b>33 1/3% support test - 2023.</b> If the o	•					
	stop here. The organization qualifies	-					
b	<b>33 1/3% support test - 2022.</b> If the o		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

(Complete only if you checked	the box on line 10	) of Part I or if the	organization failed	to qualify under Pa	art II. If the organiz	ation fails to
qualify under the tests listed b	elow, please comp	olete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						

FORSYTH MEDICAL CENTER FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

check this box and <b>stop here</b>							
Section C. Computation of Public Support Percentage							
15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%					
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%					
Section D. Computation of Investment Income Percentage							
17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%					
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%					
19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33	3 1/3	%, and line 17 is not					
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organizat	ion						
b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more	re tha	an 33 1/3%, and					
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly suppor	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see inst	ructi	ons					

#### 332023 12-21-23

Schedule A (Form 990) 2023

56-2120959 Page 3

17

Schedule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

Yes No

### Part IV Supporting Organizations

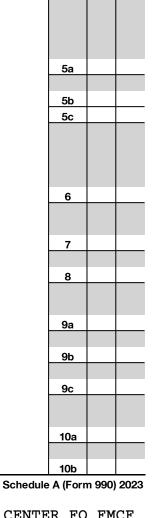
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23

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18

## Schedule A (Form 990) 2023 FORSYTH MEDICAL CENTER FOUNDATION Part IV Supporting Organizations (continued)

Yes No

V. N

Yes No

1

las the organization accepted a gift or contribution from any of the following persons?		Yes	No
			1
person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
r percent whe areas of manocity controle, on the areas of together war percente accombined of model in a areas			
1c below, the governing body of a supported organization?	11a		
family member of a person described on line 11a above?	11b		
35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
letail in Part VI.	11c		
on B. Type I Supporting Organizations			
		Yes	No
bid the governing body, members of the governing body, officers acting in their official capacity, or membership of one or nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, lirectors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>ffectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>reganization, describe how the power to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	1		
Did the organization operate for the benefit of any supported organization other than the supported			
rganization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	2		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide tetail in Part VI. Don B. Type I Supporting Organizations bid the governing body, members of the governing body, officers acting in their official capacity, or membership of one or hore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, irrectors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> how the supported organization(s) ffectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported rganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the upported organization operate for the benefit of any supported organization other than the supported rganization(s) that operated, supervised, or controlled the supporting organization of the rthan the supported rganization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i>	35% controlled entity of a person described on line 11a or 11b above? // "Yes" to line 11a, 11b, or 11c, provide       11c         11c       11c         on B. Type I Supporting Organizations       11c         bid the governing body, members of the governing body, officers acting in their official capacity, or membership of one or nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, irectors, or trustees at all times during the tax year? // "No," describe in Part VI how the supported organization(s)         ffectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the upported organization operate for the benefit of any supported organization other than the supported reganization (s) that operated, supervised, or controlled the supporting organization? // "Yes," explain in vart VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization)       2	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" <i>to line 11a, 11b, or 11c, provide</i> 11c         11c

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in <b>Part VI</b> how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	

Section D. All Type III Supporting Organizations	

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a The organization satisfied the Activities Test. *Complete* line 2 *below*.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a governm	ental entity (see instruction <u>s).</u>
---	--	--------------------------------	----------------------	-------------------------	-------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust or	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.	<u>.</u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

332026 12-21-23

7 Г

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instructions).

Schedule A (Form 990) 2023

### FORSYTH MEDICAL CENTER FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer		1						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
_7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	e organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount		1	10					
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023				
_1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
<u>a</u>	From 2018								
b	From 2019								
C	From 2020								
d	From 2021								
e	From 2022								
f	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2023 distributable amount								
<u>    i</u>	Carryover from 2018 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2023 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in <b>Part VI.</b> See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, <i>explain in</i>								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2020								
	Excess from 2022								
	Excess from 2023								
_									

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023				FOUNDATIO		56-2120959	Page 8
Part VI	Supplemental Info Part IV, Section A, lines	1, 2, 3b, 3c, 4b, 4	c, 5a, 6, 9a, 9b, 9	9c, 11a, 11b, a	and 11c; Part IV, S	Section B, lines 1 a	17b; Part III, line 12; and 2; Part IV, Section	C,
	line 1; Part IV, Section I Section D, lines 5, 6, an (See instructions.)	0, lines 2 and 3; Pa d 8; and Part V, Se	rt IV, Section E, ection E, lines 2,	lines 1c, 2a, 2 5, and 6. Also	b, 3a, and 3b; Par complete this par	t V, line 1; Part V, t for any addition	Section B, line 1e; Pa al information.	rt V,
332028 12-21-2	3						Schedule A (Form 9	190) 202,
	<sup>3</sup> 1/3970 БМСБ			22		NEDTOT		

### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

F

	ORSYTH	MEDICAL	CENTER	FOUNDATION	
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56-2120959

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

FORSYTH MEDICAL CENTER FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 1,108,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 1,400,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 125,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 80,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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Employer identification number

56-2120959

(a)     (b)     FMV (or estimate)     (c)       Part1     (c)     (c)     Data received       (a)     (b)     (c)     FMV (or estimate)     (c)       (b)     (c)     (c)     (c)     Data received       (c)     (c)     (c)     (c)     Data received       (c)     (c)     (c)     (c)     Data received       (c)     (c)     FMV (or estimate)     (c)     Data received       (c)     (c)     FMV (or estimate)     Data received       (a)     (b)     FMV (or estimate)     C(f)	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
No. Part 1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a)     (b)     (c)     (d)       (a)     (b)     (c)     (d)       (b)     (c)     FMV (or estimate)     (d)       (c)     (c)     FMV (or estimate)     (d)       (e)     (c)     FMV (or estimate)     (d)       (e)     Description of noncash property given     (c)     FMV (or estimate)       (a)     (b)     (c)     FMV (or estimate)     (c)       (a)     Description of noncash property given     (c)     FMV (or estimate)     (c)       (a)     Description of noncash property given     (c)     FMV (or estimate)     (c)       (a)     Description of noncash property given     (c)     FMV (or estimate)     (c)       (b)     Trom     Description of noncash property given     (c)     FMV (or estimate)       (a)     (b)     FMV (or estimate)     (c)     Date received       (a)     Description of noncash property given     (c)     FMV (or estimate)     (c)       (b)     Trom     Description of noncash property given     (c)     FMV (or estimate)       (b)     Trom     Description of noncash property given     (c)     FMV (or estimate)			\$	
(a)     No.     (c)     (d)       Part 1     Description of noncash property given     (c)     (d)       (a)     (b)     (c)     (c)       (a)     (c)     (c)     (c)       (a)     (b)     (c)     (c)       (c)     (c)     (c)     (c)       (a)     (b)     (c)     (c)       Part 1     Description of noncash property given     (c)       (a)     (b)     (c)     (c)       Part 1     Description of noncash property given     (c)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (d)       (a)     (b)     FMV (or estimate)     (d)       (a)     (b)     FMV (or estimate)     (c)       (a)     (b)     FMV (or estimate)     (c)       (a)     (b)     FMV (or estimate)     (c)       (a)     (b)     (c)     FMV (or estimate)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       (b)     (b)     FMV (or estimate)     (c)       (a)     (b)     (c)     FMV (or estimate)       (b)     (b)	No. from		FMV (or estimate)	
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a)     (b)     (c)     (d)       Part 1     Description of noncash property given     (see instructions.)     (d)       Date received     s     (c)       (a)     (b)     (c)     (c)       No.     (b)     (c)     (c)       from     S     (c)     (c)       (a)     (b)     (c)     (d)       Part 1     Description of noncash property given     (c)       FMV (or estimate)     (c)     (d)       Part 1     Description of noncash property given     (c)       (a)     (b)     (c)     (d)       No.     (b)     (c)     (d)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       No.     (b)     (c)     (c)       from     Description of noncash property given     (c)       (a)     (b)     (c)     (d)       No.     (b)     (c)     FMV (or estimate)       (See instructions.)     (d)     Date received	No. from		FMV (or estimate)	
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a)       (b)       (c)       (d)         FMV (or estimate)       (d)       Date received         Part 1	No. from		FMV (or estimate)	
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a)     (b)     (c)     (d)       from     Description of noncash property given     (see instructions.)     (d)       Part I	No. from		FMV (or estimate)	
No.     (b)     (c)     (d)       from     Description of noncash property given     (See instructions.)     Date received			\$	
	No. from		FMV (or estimate)	
			\$	Schedule B (Form 990) (2023)

26

FORSYTH MEDICAL CENTER FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Employer identification number

56-2120959

Schedule B (Form 990) (2023)

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	B (Form 990) (2023) rganization		Page 4 Employer identification number				
HODOX	NEDIAL GENEED BOUND		FC 010050				
Part III	from any one contributor. Complete columns (a)	ons to organizations described in set through (e) and the following line entri- charitable, etc., contributions of \$1,000 or lo	$\frac{56 - 2120959}{\text{stion 501(c)(7), (8), or (10) that total more than $1,000 for the year}}$ y. For organizations ess for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
323454 12-26	-23		Schedule B (Form 990) (2023)				

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27 2023.05000 FORSYTH MEDICAL CENTER FO FMCF\_\_\_1

(Form	990)
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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.



OMB No. 1545-0047

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	ment of the Treasury I Revenue Service	-	0 for instructions and the latest in	nformation.		Inspect	ion
Nam	e of the organizati					r identificatio	
D.		FORSYTH MEDICAL CE				6-21209	
Par		ations Maintaining Donor Advise		unas or Ac	counts.	Complete if t	he
	organizatio	on answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(	<b>b)</b> Funds an	d other accou	unts
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year			1-		
5	-	on inform all donors and donor advisors in v	-				
6		on's property, subject to the organization's on inform all grantees, donors, and donor a				Yes	└── No
6		poses and not for the benefit of the donor o					
	impermissible priv			•	0	Yes	No
Par		vation Easements. Complete if the org	panization answered "Yes" on Form	n 990. Part IV.	line 7.		
1		servation easements held by the organization		,			
•		n of land for public use (for example, recrea		ation of a histo	orically impo	rtant land are	a
		of natural habitat		ation of a certi	•		
	Preservation	n of open space					
2	Complete lines 2a	a through 2d if the organization held a qualif	ied conservation contribution in the	e form of a co	nservation e	asement on tl	he last
	day of the tax yea	r.			Held	at the End of t	he Tax Year
а	Total number of c	onservation easements			2a		
b	Total acreage rest	tricted by conservation easements			2b		
с	Number of conser	rvation easements on a certified historic stru	ucture included on line 2a		2c		
d		rvation easements included on line 2c acqu					
		ture listed in the National Register			2d		
3	Number of conser	rvation easements modified, transferred, rel	eased, extinguished, or terminated	by the organi	zation during	g the tax	
	year						
4		where property subject to conservation eas					
5	-	ation have a written policy regarding the per		-			<b>—</b>
~		forcement of the conservation easements it					
6	Stan and voluntee	er hours devoted to monitoring, inspecting,	nandling of violations, and enforcin	ig conservatio	n easement	s during the y	ear
7	Amount of oxnone	 ses incurred in monitoring, inspecting, hanc	ling of violations, and onforcing on	noon ation on	omonto dur	ing the year	
7	Amount of expens	ses incurred in monitoring, inspecting, nanc	ing of violations, and enforcing co	nservation eas		ing the year	
8	Does each conser	 rvation easement reported on line 2d above	satisfy the requirements of section	n 170(h)(4)(B)(i)			
U		)(4)(B)(ii)?				Yes	No No
9		be how the organization reports conservation					
		d include, if applicable, the text of the footr		-		the	
	organization's acc	counting for conservation easements.					
Par	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar As	sets.	
	Complete i	if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue state	ment and bala	ance sheet v	vorks	
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or resear	ch in furtherar	ice of public	;	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes the	se items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statemen	nt and balance	sheet work	s of	
		sures, or other similar assets held for public	exhibition, education, or research	in furtherance	of public se	ervice,	
		ing amounts relating to these items.					
		uded on Form 990, Part VIII, line 1					
-							
2		received or held works of art, historical tre		nancial gain, p	provide		
		unts required to be reported under FASB A			*		
а	Revenue included	l on Form 990, Part VIII, line 1			\$		

	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice,	see the Instructions for Form 990.

Schedule D (Form 990) 2023

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Sche		MEDICAL CE						20959		2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Other S	Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that r	make sign	ificant use	of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or ex	change prograr	n					
b	Scholarly research	е	Other	0.0						
с	Preservation for future generations									_
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatior	ı's exempt	t purpose i	n Part )	KIII.		
5	During the year, did the organization solicit o									
•	to be sold to raise funds rather than to be ma							Yes		0
Par	t IV Escrow and Custodial Arran						rt IV. lir	-		-
	reported an amount on Form 990, Pai		ie in the englin-alle				,			
1a	Is the organization an agent, trustee, custodi		iary for contributio	ns or other ass	ets not inc	cluded				_
iu	on Form 990, Part X?		•					Yes		^
h	If "Yes," explain the arrangement in Part XIII						ட	103		0
b			owing table.					Amount		—
•	Beginning balance					1c		/ unounc		—
	<b>c c</b>					1d				_
	Additions during the year					1e				_
f	Distributions during the year Ending balance					1f				—
22	Did the organization include an amount on Fe					· · · · ·		Yes		_
	If "Yes," explain the arrangement in Part XIII.				•		∟	] 163		0
Par		the organization ans	wered "Yes" on Fo	rm 990 Part IV	/ line 10					
		(a) Current year	(b) Prior year	(c) Two years		) Three year	s back	(e) Four	years back	
19	Beginning of year balance	12,577,293.	11,321,269			12,447		. ,	307,011	
h	Contributions	3,945,648.	2,974,912			1,914			435,742	
0	Net investment earnings, gains, and losses	61,185.	-140,614	· · ·	,160.		,023.		234,221	
с А			133,741.		,827.		,841.		69,505	_
u	Grants or scholarships		100,711,	, ,,,	, • 2 / •	50	, • • • •			<u> </u>
е	Other expenditures for facilities	2,236,867.	1,444,533.	2,454	0.8.0	2,934	916	1	459 728	ł
	and programs	2,230,007.	1,444,555	2,131	,000.	2,554	, , , , , , , , , , , , , , , , , , , ,	±,	459,728	<u>·</u>
	Administrative expenses	14,347,259.	12,577,293	. 11,321	269	11,493	574	12	447,741	
g	End of year balance				,205.	11,495	, 57	12,	,/	<u> </u>
2	Provide the estimated percentage of the curr	• 0000		a)) neid as:						
a L	Board designated or quasi-endowment Permanent endowment100		_%							
a	0000	%								
с										
0-	The percentages on lines 2a, 2b, and 2c sho	•			d fa a de a					
Ja	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	na administere	a for the			Г	Yes No	_
	organization by:								X	
	(i) Unrelated organizations?							3a(i)	X	_
								3a(ii)		—
	If "Yes" on line 3a(ii), are the related organiza							3b		—
4 Par	t VI Land, Buildings, and Equipm		vment tunds.							
1 41	Complete if the organization answere		Part IV line 11a 9	See Form 990	Part X lin	o 10				
			. ,	,				(-I) D I		_
	Description of property	(a) Cost or of basis (investm		t or other (other)	• •	umulated eciation		(d) Book	value	
	Land	· · · · · ·			uepie					—
	Land									—
	Buildings									_
	Leasehold improvements		1 /	6 0 4 1	1 0	12 500		0.7	122	_
	Equipment			96,941.	ΤU	3,508	•	93	3,433	•
	Other						_	0.0	122	—
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	K <u>, line 10c, columr</u>	<u>н (В))</u>	<u></u>				,433	
						Scl	nedule	D (Form	990) 202	23

Part VII Investments - Other Securities Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) OTHER SECURITIES	16,883,127.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	16 002 107		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	16,883,127.		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)			a e. your market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" of	n Form 990 Part IV line 1	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			0.
(2) DUE TO AFFILIATES			928,579
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7)			928,579.

FORSYTH MEDICAL CENTER FOUNDATION

56-2120959 Page 3

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 FORSYTH MEDICAL CENTER		56-2120959 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	es per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt 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.

### PART V, LINE 4:

THE ENDOWMENT FUNDS ARE HELD FOR AFFILIATE HOSPITAL SERVICE COSTS RELATED
TO VARIOUS CENTERS AT THE ACUTE CARE FACILITIES AND SUPPORT FOR THE
SURROUNDING COMMUNITY. THE VARIOUS ENDOWMENT FUNDS SUPPORT CANCER
SERVICES, BEHAVIORAL HEALTH MEDICAL PROGRAMS, NEUROLOGY/STROKE PROGRAMS &
EDUCATION, MEDICAL STAFF DEVELOPMENT, NURSING EDUCATION, REHABILITATION
SERVICES, NEONATAL SERVICES, WOMEN'S HEALTH SERVICES, ASSISTANCE TO
EMPLOYEES, AND OTHER PROGRAMS THAT BENEFIT NOVANT HEALTH FACILITIES.

31

### PART X, LINE 2: LIABILITY UNDER FIN 48 (ASC 740) FOOTNOTE

### THE AUDIT FOR NOVANT HEALTH AND ITS AFFILIATES IS PREPARED ON A

332054 09-28-23

Schedule D (Form 990) 2023	FORSYTH MEDI	CAL CENTER	FOUNDATION	56-2120959 Pag	je <b>5</b>
Part XIII Supplemental Inform	mation (continued)				
CONSOLIDATED BASIS.	THE COMPANY	IS REQUIRE	D TO EVALUATE	UNCERTAIN TAX	
POSITIONS. THIS EVAL	JUATION INCLUI	DES A QUAN	FIFICATION OF	TAX RISK IN AREAS	
SUCH AS UNRELATED BU	JSINESS TAXABI	LE INCOME	AND THE TAXAT	ION OF OUR	
FOR-PROFIT SUBSIDIAF	RIES. THIS EVA	ALUATION D	ID NOT HAVE A	MATERIAL EFFECT ON	
THE COMPANY'S CONSOL	IDATED STATEN	IENTS OF O	PERATIONS AND	CHANGES IN NET	
ASSETS FOR THE YEARS	5 ENDED DECEME	BER 31, 202	23 AND 2022.		

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		_	Attach to Form				Open to Public
		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization FORSYTH MI	EDICAL CE	NTER FOUNDA	TION				Employer identification number 56-2120959
Part I General Information on Grants ar	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?				•		on XYes No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to D					nization answered "V	as" on Form 990 Par	t IV line 21 for any
recipient that received more than \$	-						
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION, INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
	13 3013737	501(0)(3)	10,000.	••			
COMMUNITY CARE CENTER FOR FORSYTH COUNTY - 2135 NEW WALKERTOWN ROAD - WINSTON-SALEM, NC 27101	58-1403699	501(C)(3)	250,000.	0.			COMMUNITY OUTREACH
FORSYTH HEALTHCARE, INC. 515 N CLEVELAND AVE WINSTON-SALEM, NC 27101	32-0097975	501(C)(3)	250,000.	0.			COMMUNITY OUTREACH
FORSYTH MEMORIAL HOSPITAL, INC 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	56-0928089	501(C)(3)	1,776,170.	0.			TO SUPPORT NHFMC, NHCMC, NHKMC, AND FMCI
FOUNDATION HEALTH SYSTEMS CORP. 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	56-1373175	501(C)(3)	573,892.	0.			TO SUPPORT TODAY'S WOMAN AND OTHER OPERATIONS
NOVANT MEDICAL GROUP, INC. 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	58-1728803		120,977.	0.			TO SUPPORT NOVANT MEDICAL GROUP, INC.
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>			e line 1 table			·	8.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

### FORSYTH MEDICAL CENTER FOUNDATION

	MEDICAL CE						6-2120959 Pag
Part II Continuation of Grants and Oth (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	(Schein (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV,	rt II.) (g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
					appraisal, other)		
OVANT HEALTH, INC.							
085 FRONTIS PLAZA BLVD							TO SUPPORT NOVANT HEALT
INSTON-SALEM, NC 27103	56-1376950	501(C)(3)	432,806.	0.			INC. AND AFFILIATES
INDION DALLA, NC 27103	50 1570550	501(0/(5/	452,000.	••			
ORSYTH COUNTY							
01 N CHESTNUT STREET							
	56 6000450		52.016				
INSTON-SALEM, NC 27101	56-6000450	GOVERNMENT	73,816.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

Schedule I (Form 990) 2023

### FORSYTH MEDICAL CENTER FOUNDATION

56-2120959

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMPLOYEE EMERGENCY FUND	148	82,506.	0.		
MAMMOGRAMS	941	148,311.	0.		
MEDICATION FOR INDIGENT PATIENTS	111	0.	7,840.	FMV	MEDICATION FOR INDIGENT PATIENTS
PATIENT ASSISTANCE	4823	195,999.	4,902.	FMV	WHEELCHAIRS FOR INDIGENT PATIENTS
PATIENT TRANSPORTATION	17	0.	2,294.	FM77	CAB FARES FOR INDIGENT PATIENTS
Part IV Supplemental Information. Provide the information red			,		
PART I, LINE 2: PROCEDURES FOR MON	ITORING I	HE USE OF	GRANT FUND	S	
THE FILING ORGANIZATION IS PART OF	THE INTE	GRATED HEA	LTHCARE SY	STEM	
OPERATED BY NOVANT HEALTH, INC. ("	NOVANT HE	ALTH"), TH	IE PARENT		
ORGANIZATION. NOVANT HEALTH'S BYL	AWS AUTHC	RIZE IT TO	) ESTABLISH	I CERTAIN	
POLICIES FOR ALL OF ITS SUBSIDIARI	ES WITHIN	THE SYSTE	EM. NOVANT	HEALTH	
HAS ESTABLISHED A SYSTEM-WIDE CORP	ORATE POL	ICY WITH S	<b>TANDARDIZE</b>	D	
GUIDELINES THAT ARE TO BE USED IN	REVIEWING	THE ELIGI	BILITY AND	)	
SELECTION OF GRANTEES RECEIVING CE	RTAIN EXE	MPT PURPOS	SE FUNDS. T	ΉE	
FILING ORGANIZATION MAINTAINS DOCU	MENTATION	OF THE EI	JIGIBILITY	AND	

Schedule I (Form 990) FORSYTH MEDIC	56-2120959 Page				
Part III Continuation of Grants and Other Assistance to De	omestic Individuals	(Schedule I (Form 99	90), Part III.)	1	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	6.	22,000.	0.		
PATIENT ASSISTANCE - ZOLL VEST	7.	0.	22,700.	FMV	ZOLL LIFE VESTS

Schedule I (Form 990)

Schedule I (Form 990) FORSYTH MEDICAL CENTER FOUNDATION Part IV Supplemental Information	56-2120959	Page <b>2</b>
SELECTION CRITERIA AND RECORDS OF THE AMOUNTS ARE MAINTAINE	D VIA THE	
GENERAL LEDGER. FUNDS ARE GENERALLY NOT TRACKED AFTER BEING	GRANTED, AS	
THE ORIGINAL ELIGIBILITY AND SELECTION CRITERIA HAVE ALREAD	Y BEEN MET.	
332291 04-01-23	Schedule I (Fo	orm 990)

SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	99	)
		Compensated Employees		20	<b>Z</b> J	)
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Pub	lic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization			identificatio		mber
		FORSYTH MEDICAL CENTER FOUNDATION	56-2	212095	9	
Ра	rt I Question	s Regarding Compensation				<del></del>
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	· · · · ·	line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or c					
		vel for companions       Payments for business use of personal r         indemnification and gross-up payments       Health or social club dues or initiation fe         cretionary spending account       Personal services (such as maid, chauffe         the boxes on line 1a are checked, did the organization follow a written policy regarding payment or         sement or provision of all of the expenses described above? If "No," complete Part III to explain         organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         which, if any, of the following the organization used to establish the compensation of the organization of the CEO/Executive Director, but explain in Part III.         mpensation committee       Written employment contract				
	<b>X</b> Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
-						
b	•				v	
•				1b	Х	-
2	-				х	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	~	<u> </u>
2	Indianta which if a	we of the following the experimetion used to establish the compensation of the experimetion?				
3						
	·					
	·					
	·	ompensation consultant	ommittoo			
		ther organizations Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
		eive payment from a supplemental nonqualified retirement plan?			Х	<u> </u>
	-	eive payment from an equity-based compensation arrangement?				x
•		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
org a Re b Pa c Pa If "	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$			
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?	<u></u>	9		
For		on Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	) 2023

Schedule J (Form 990) 2023

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRED HARGETT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	886,648.	1,074,292.	439,730.	19,800.	30,905.	2,451,375.	0.
(2) KIMBERLY HENDERSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	620,747.	346,188.	118,182.	125,670.	30,305.	1,241,092.	57,617.
(3) GEOFFREY GARDNER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	496,309.	343,441.	69,356.	98,858.	29,891.	1,037,855.	25,993.
(4) DOROTHY ANN CAULKINS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	362,587.	272,742.	89,904.	78,889.	32,865.	836,987.	38,250.
(5) THOMAS GROTE MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	591,521.	103,783.	36,955.	19,800.	25,608.	777,667.	0.
(6) JOHN CARD MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	349,484.	26,936.	82,737.	19,800.	26,150.	505,107.	0.
(7) JALEEMA SPEAKS MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	281,876.	127,896.	8,903.	17,504.	37,188.	473,367.	0.
(8) HEATHER EGAN	(i)	152,953.	13,290.	993.	9,699.	36,093.	213,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: FRINGE OR EXPENSE EXPLANATION

FIRST-CLASS OR CHARTER TRAVEL:

FIRST-CLASS OR CHARTER TRAVEL IS NOT A COVERED TRAVEL EXPENSE FOR

EXECUTIVES; THEY ARE LIMITED TO BUSINESS OR COACH CLASS FARES FOR

COMMERCIAL FLIGHTS. HOWEVER, CHARTER TRAVEL IS AVAILABLE TO CERTAIN

EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL MEETING

APPLICABLE POLICY CRITERIA.

TRAVEL FOR COMPANIONS:

COMPANIONS ARE ALLOWED ON CERTAIN CHARTER FLIGHTS PAID FOR BY THE

ORGANIZATION. IN THAT CASE, THE VALUE OF THE COMPANION'S FLIGHT IS

CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE

EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS.

DISCRETIONARY SPENDING ACCOUNT:

CERTAIN EXECUTIVES RECEIVE A DISCRETIONARY SPENDING ACCOUNT. THE DOLLAR

AMOUNT IN THE ACCOUNT IS PRE-APPROVED BY THE COMPENSATION AND LEADERSHIP

COMMITTEE OF THE NOVANT HEALTH BOARD OF TRUSTEES. THE EXECUTIVE MAY DEFER

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### THE AMOUNT TO A RETIREMENT ACCOUNT OR THE AMOUNT IS TREATED AS COMPENSATION

AND IS SPREAD OUT OVER THE COURSE OF THE YEAR IN THE EXECUTIVE'S PAYCHECKS

AS TAXABLE INCOME.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

WE PROVIDE TEMPORARY HOUSING ALLOWANCES IN CERTAIN EXECUTIVE RECRUITMENT

AND RELOCATION PACKAGES. THE VALUE IS CALCULATED UNDER APPLICABLE TAX LAWS

AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S INCOME AS PRESCRIBED BY THE

APPLICABLE TAX LAWS.

PART I, LINE 3:

THE FILING ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, AN INTEGRATED

HEALTHCARE SYSTEM AND RELIES UPON NOVANT HEALTH, INC., THE PARENT

ORGANIZATION, TO USE THE PROCESS DESCRIBED IN PART VI, LINE 15A/15B OF THIS

RETURN TO ESTABLISH COMPENSATION FOR CERTAIN EXECUTIVES. THIS PROCESS

ADHERES TO THE REQUIREMENTS SET FORTH TO SECURE THE REBUTTABLE PRESUMPTION

OF REASONABLENESS AND INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT AND

DISINTERESTED MEMBERS OF A COMPENSATION COMMITTEE, CONSULTATION WITH

INDEPENDENT COMPENSATION CONSULTANTS, THE UTILIZATION OF THIRD-PARTY

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### COMPARABILITY DATA SUCH AS PUBLISHED COMPENSATION SURVEYS, AND

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

### PART I, LINES 4A-C: SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

#### SEVERANCE

NONE

#### NONQUALIFIED

DOROTHY CAULKINS \$43,170

GEOFFREY GARDNER \$25,993

KIMBERLY HENDERSON \$66,932

EQUITY-BASED

NONE

### PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS:

THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO

#### SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION. GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS

TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF THE PARTICIPANT'S BASE

SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN

COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE CONTRIBUTIONS OR

PAYMENTS, THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE

("COMMITTEE") WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN

COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3 YEAR CLASS-YEAR

VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED

AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING WILL OCCUR ON

JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD.

THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL

ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS

AWARDED UNDER THIS SERP.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

FORSYTH MEDICAL CENTER FOUNDATION



Employer identification number 56-2120959

FORM 990, ITEM C, DOING BUSINESS AS:

NOVANT HEALTH FORSYTH MEDICAL CENTER FOUNDATION

FORM 990, PI, L1: ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES NOVANT HEALTH IS A NON-PROFIT INTEGRATED HEALTHCARE SYSTEM OF 15 MEDICAL CENTERS WITH MORE THAN 35,000 EMPLOYEES AND 1,800 PHYSICIANS IN OVER 800 LOCATIONS, AS WELL AS NUMEROUS OUTPATIENT SURGERY CENTERS, MEDICAL PLAZAS, REHABILITATION PROGRAMS, DIAGNOSTIC IMAGING CENTERS AND COMMUNITY HEALTH OUTREACH PROGRAMS. HEADQUARTERED IN WINSTON-SALEM, NORTH CAROLINA, NOVANT HEALTH'S TEAM MEMBERS AND PHYSICIAN PARTNERS CARE FOR PATIENTS AND COMMUNITIES IN NORTH CAROLINA, SOUTH CAROLINA AND GEORGIA.

THE NOVANT HEALTH INTEGRATED HEALTHCARE SYSTEM OPERATES TO CARRY OUT ITS CHARITABLE MISSION OF IMPROVING THE HEALTH OF COMMUNITIES IT SERVES AND MAKING HEALTHCARE REMARKABLE FOR PATIENTS. NOVANT HEALTH ACCOMPLISHES THAT MISSION BY PROVIDING AND SUPPORTING EXCELLENT HEALTHCARE FACILITIES AND PHYSICIAN PRACTICES AND BY MAKING A COMMITMENT TO COMMUNITY OUTREACH/SERVICE THROUGH THE PROVISION OF COMMUNITY BENEFIT PROGRAMS. BY BRINGING TOGETHER WORLD-CLASS TECHNOLOGY AND CLINICIANS TO PROVIDE QUALITY CARE, NOVANT HEALTH IS COMMITTED TO CREATING A HEALTHCARE EXPERIENCE THAT IS SIMPLER, MORE CONVENIENT, AND MORE AFFORDABLE SO PATIENTS CAN FOCUS ON GETTING BETTER AND STAYING HEALTHY. IN 2023, NOVANT HEALTH PROVIDED NEARLY 7 MILLION PATIENT VISITS AND OVER \$1.5 BILLION OF COMMUNITY BENEFIT EXPENDITURES For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

44

Name of the organization

Employer identification number 56-2120959

#### SYSTEM-WIDE.

FORSYTH MEDICAL CENTER FOUNDATION ("FMCF") IS AN INTEGRAL PART OF THE NOVANT HEALTH SYSTEM. FMCF, DOING BUSINESS AS NOVANT HEALTH FORSYTH MEDICAL CENTER FOUNDATION, EXISTS TO SEEK GRANTS, ACCEPT GIFTS, INVEST FUNDS, AND ADMINISTER DONATIONS IN SUPPORT OF FORSYTH MEMORIAL HOSPITAL, DOING BUSINESS AS NOVANT HEALTH FORSYTH MEDICAL CENTER ("NHFMC"), NOVANT HEALTH KERNERSVILLE MEDICAL CENTER ("NHKMC"), AND NOVANT HEALTH CLEMMONS MEDICAL CENTER ("NHCMC"). FMCF'S MISSION IS TO ENGAGE DONORS IN PROJECTS AND INITIATIVES THAT IMPROVE THE HEALTH OF THE COMMUNITIES SERVED BY NOVANT HEALTH. FMCF'S CAUSE IS TO CREATE A HEALTHIER FUTURE AND BRING REMARKABLE EXPERIENCES TO LIFE. FMCF SUPPORTS PATIENTS, FAMILIES, CAREGIVERS, AND TEAM MEMBERS WITH PROGRAMS AND SERVICES PROVIDING EXPANDED CARE, TREATMENT AND PREVENTION OPTIONS. FMCF ALSO PROVIDES A MISSION-ALIGNED GRANT TO THE COMMUNITY CARE CENTER TO SUPPLEMENT HEALTHCARE AND PREVENTION PROGRAMS FOR UNDERSERVED AND UNINSURED PATIENTS. ITS DIVERSE BOARD OF COMMUNITY LEADERS FROM WINSTON SALEM, CLEMMONS, KERNERSVILLE, AND GREENSBORO, NORTH CAROLINA PROVIDES STEWARDSHIP AND OVERSIGHT OF THE ORGANIZATION'S OPERATIONS AND ACTIVITIES.

COMMUNITY OUTREACH

COMMUNITY OUTREACH IS A CRITICAL COMPONENT TO THE MISSION OF NOVANT HEALTH. THE HEALTHCARE SYSTEM PROVIDES HUNDREDS OF PROGRAMS THAT SERVE PATIENTS, NEIGHBORS, AND SOME OF THE COMMUNITIES' MOST VULNERABLE CITIZENS. NOVANT ALSO PROVIDES FINANCIAL ASSISTANCE (I.E., CHARITY CARE) FOR ITS QUALIFIED UNINSURED PATIENTS, CATASTROPHIC SETTLEMENTS 332212 11-14-23 Chedule O (Form 990) 2023

15491119 143879 FMCF

2023.05000 FORSYTH MEDICAL CENTER FO FMCF\_\_\_1

Schedule O (Form 990) 2023	Page 2
Name of the organization FORSYTH MEDICAL CENTER FOUNDATION	Employer identification number 56-2120959
AND LONG-TERM PAYMENT PLANS TO MEDICALLY INDIGENT PATIENTS	, SERVICES TO
PATIENTS WITH MEDICARE, MEDICAID, AND OTHER GOVERNMENT MED	ICAL PROGRAM
COVERAGE (REIMBURSED AT LESS THAN COST), COMMUNITY HEALTH	EDUCATION,
SUPPORT GROUPS, SUBSIDIZED OUTREACH SERVICES, AND COMMUNIT	Y
EVENTS/SCREENINGS. IN ADDITION, NOVANT PARTICIPATES IN MED	ICAL
RESEARCH, AS WELL AS ACADEMIC HEALTH PROGRAMS AND PARTNERS	HIPS WITH A
DIVERSE GROUP OF ORGANIZATIONS TO PROVIDE OTHER COMMUNITY	INITIATIVES.
NOVANT HEALTH IS ALSO COMMITTED TO SUPPORTING THE COMMUNIT	IES IT SERVES
THROUGH CHARITABLE CONTRIBUTIONS TO COMMUNITY-BASED PROGRA	MS THAT
IMPROVE HEALTH EQUITY AND UPWARD MOBILITY FOR THOSE WHO NE	ED IT MOST.
TOWARD THAT GOAL, NOVANT INVESTS IN COMMUNITY-BASED PROGRA	MS THAT ALIGN
WITH ITS TWO INVESTMENT PRIORITIES OF DEVELOPING HEALTHY C	OMMUNITIES
AND EXPANDING OPPORTUNITIES FOR HEALTHCARE EDUCATION.	
IN 2023, FMCF'S GIFTS, GRANTS, AND EARNINGS FROM INVESTMEN	TS WERE USED
TO SUPPORT MANY PATIENT AND COMMUNITY OUTREACH PROGRAMS, T	OUCHING
VIRTUALLY EVERY INSTITUTE AT NHFMC. EXAMPLES OF FINANCIAL	SUPPORT

PROVIDED TO NHFMC INCLUDE:

SALARY FUNDING FOR ONCOLOGY NURSE NAVIGATORS, PATIENT MEDICATION &
 TRANSPORTATION, NURSING EDUCATION FINANCIAL AWARDS, MAMMOGRAMS, AND
 STAFF EDUCATION
 SALARY FUNDING FOR COMMUNITY HEALTH WORKERS SUPPORTING PATIENTS WITH

CHRONIC HEALTH CONDITIONS LIKE DIABETES, COPD, AND CONGESTIVE HEART

FAILURE. PATIENTS PARTICIPATED IN A 90-DAY PROGRAM PROVIDING NEEDED

TOOLS TO MANAGE DISEASES WITH THE GOAL OF SUSTAINABLE HEALTHY OUTCOMES

AND DECREASING EMERGENCY DEPARTMENT UTILIZATION RATES

332212 11-14-23

Schedule O (Form 990) 2023

46

Schedule O (Form 990) 2023 Name of the organization FORSYTH MEDICAL CENTER FOUNDATION	Page 2 Employer identification number 56 – 2120959
	•
- BLOOD PRESSURE CUFFS AND SCALES FOR PATIENTS WITH CHRON	
DISEASE, ESPECIALLY IMPORTANT WHEN PATIENTS ARE NOT ABLE	
VISIT A PROVIDER'S OFFICE OR PHARMACY TO MONITOR THEIR WE	
- DENTAL CARE FOR PATIENTS WITH HEAD/NECK CANCER REQUIRIN	IG EXPENSIVE
ORAL SURGERY PRIOR TO UNDERGOING CANCER TREATMENT.	
- OPERATIONAL FUNDING FOR FIRST STEPS, AN IN-HOME NURSE N	VISIT PROGRAM
FOR NEW MOTHERS DELIVERING AT NHFMC AND SUPPORTING FORSY	H AND DAVIDSON
COUNTIES, WHICH CONNECTS PATIENTS WITH A RANGE OF COMMUNI	TY RESOURCES
INCLUDING POSTPARTUM DEPRESSION SCREENING AND SUPPORT.	
- SAFE SLEEPING SACKS FOR NEWBORNS IN THE NICU	
- ANGEL EYE CAMERAS IN THE NICU, PROVIDING FAMILIES WITH	THE ABILITY TO
VIEW THEIR BABIES WHEN FAMILY CANNOT BE PHYSICALLY PRESEN	IT AT BEDSIDE
AND ALLOWING FAMILIES THE ABILITY TO MONITOR 24 HOURS/DAY	TO PROVIDE
ASSURANCE AND PEACE OF MIND THAT NEWBORNS ARE BEING CAREL	FOR.
- OPERATIONAL FUNDING FOR NOVANT HEALTH TODAY'S WOMAN OB	GYN AND
TODAY'S PEDIATRICS, A CLINIC SERVING PATIENTS IN AN UNDER	RSERVED
COMMUNITY, WHICH PROVIDES BILINGUAL TEAM MEMBERS TO ASSIS	T PATIENTS
WITH TRANSPORTATION, SOCIAL WORK SUPPORT, AND CONNECTIONS	S WITH EXTERNAL
COMMUNITY NON-PROFIT PARTNERS.	
- OPERATIONAL FUNDING FOR NOVANT HEALTH'S EMPLOYEE EMERGE	ENCY FUND,
SUPPORTING RENT & UTILITY PAYMENTS AND GROCERIES FOR TEAM	MEMBERS
FACING EMERGENCIES OR OTHER FINANCIAL CHALLENGES.	
- OPERATIONAL FUNDING FOR THE WOMEN'S COUNCIL OF NOVANT H	IEALTH FORSYTH
MEDICAL CENTER FOUNDATION, WHICH ENGAGES WOMEN IN RAISING	G THE STANDARD
FOR WOMEN'S HEALTH AND EXPANDING HEALTHCARE OPPORTUNITIES	5 FOR ALL
WOMEN, REGARDLESS OF THEIR ECONOMIC CIRCUMSTANCES. IN 202	3, THE WOMEN'S
COUNCIL PROVIDED FUNDS FOR A PERINATAL NAVIGATOR FOR WOME	EN WITH
HIGH-RISK PREGNANCIES.	
332212 11-14-23 <b>47</b>	Schedule O (Form 990) 2023

Name of the organization FORSYTH MEDICAL CENTER FOUNDATION	Employer identification number 56-2120959
- OPERATIONAL FUNDING FOR THE CLINICAL PASTORAL EDUCATION	PROGRAM AT
NHFMC, EXPANDING SPIRITUAL CARE OFFERINGS TO OUR PATIENTS,	
AND TEAM MEMBERS	
- SALARY FUNDING FOR A NIGHT SHIFT CHAPLAIN TO SUPPORT PAT	IENTS DURING

TIMES OF CRISIS.

FORM 990, PART III, LINE 1: OUR CAUSE (FKA MISSION, VISION AND VALUES)

IN THE SPIRIT OF KEEPING OUR FOCUS ON PATIENT-CENTERED, EQUITABLE AND

COMPASSIONATE CARE WHILE ENSURING OUR ORGANIZATION IS SUSTAINABLE FOR

FUTURE GENERATIONS, WE HAVE RESTATED OUR MISSION, VISION AND VALUES AND

ARE NOW GUIDED BY OUR CAUSE.

#### OUR CAUSE

WE CREATE A HEALTHIER FUTURE AND BRING REMARKABLE EXPERIENCES TO LIFE.

### DISCOVER

WE CONSISTENTLY SEEK TO INNOVATE, COURAGEOUSLY TRANSFORM OURSELVES AND

FIND NEW WAYS TO ADD VALUE FOR OUR PATIENTS, COMMUNITIES AND ONE

ANOTHER.

EMPOWER

WE PROVIDE ONE ANOTHER, OUR PATIENTS, FAMILIES AND COMMUNITIES WITH THE

### RESOURCES AND ENVIRONMENT TO CREATE SHARED ACCOUNTABILITY AND ACTION.

### THRIVE

WE DEMONSTRATE EQUITY, EMPATHY, SAFETY AND QUALITY TO HELP EACH OTHER,

48

AND OUR COMMUNITIES GROW AND SUCCEED.

332212 11-14-23

### TOGETHER

WE WORK AS A TRUSTED TEAM WITH OUR UNIQUE PERSPECTIVES, LIFE

EXPERIENCES AND EXPERTISE TO BRING REMARKABLE TO LIFE IN EVERY

INTERACTION. WE ALL BELONG.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS UPDATED FOR CLARITY, CONSISTENCY, AND ALIGNMENT WITH PRACTICES. KEY CHANGES INCLUDE: NO APPOINTED DIRECTOR FROM ADVISORY BOARDS, BOARD TERM LIMIT IS 3 3-YEAR TERMS, AND DIRECTORS SHALL ATTEND 75% OF MEETINGS.

FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF MEMBERS AND THEIR RIGHTS FORSYTH MEMORIAL HOSPITAL, INC. APPOINTS THE MAJORITY OF THE FORSYTH MEDICAL CENTER FOUNDATION'S BOARD.

FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD DELEGATES REVIEW OF THE FORM 990 TO NOVANT HEALTH'S BOARD OF TRUSTEES' AUDIT AND COMPLIANCE COMMITTEE ("THE COMMITTEE"), WHICH OVERSEES TAX MATTERS FOR ENTITIES IN THE NOVANT HEALTH SYSTEM. THE COMMITTEE IS THE REVIEW BODY FOR ALL OF THE FORM 990S FILED FOR TAX-EXEMPT ORGANIZATIONS WITHIN THE NOVANT HEALTH SYSTEM. THE COMMITTEE IS PROVIDED A COPY OF FORM 990 AND MEETS TO ADDRESS ANY QUESTIONS AND SIGNIFICANT DISCLOSURES WITHIN THE FORM 990 PRIOR TO ITS FILING WITH THE IRS.

49

332212 11-14-23

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization FORSYTH MEDICAL CENTER FOUNDATION	Employer identification number 56-2120959
FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENF	ORCEMENT OF COI
THE ORGANIZATION'S TRUSTEE CONFLICT OF INTEREST POLICY APP	LIES TO ALL
TRUSTEES, PRINCIPAL OFFICERS OR MEMBERS OF A COMMITTEE WIT	H BOARD DELEGATED
POWERS INCLUDING ANY APPLICABLE DISREGARDED ENTITIES. ALL	TRUSTEES ARE
SENT AN ANNUAL DISCLOSURE QUESTIONNAIRE. THE TRUSTEE ANNUA	L DISCLOSURE
QUESTIONNAIRES ARE REVIEWED BY THE COMPLIANCE AND TAX DEPA	RTMENTS. WITH
RESPECT TO PARTICULAR TRANSACTIONS THAT COME BEFORE THE BO	ARD, THE CONFLICT
OF INTEREST POLICY WOULD BE FOLLOWED. THE POTENTIAL CONFLI	CT OF INTEREST
WOULD BE DISCLOSED BY THE BOARD MEMBER BEFORE A VOTE ON TH	E TRANSACTION AND
THE REST OF THE BOARD WOULD DETERMINE WHETHER A CONFLICT O	F INTEREST
EXISTS. IF THE REST OF THE BOARD DETERMINED THAT A CONFLIC	T OF INTEREST
EXISTED THEN THE BOARD MEMBER WITH THE CONFLICT OF INTERES	T WOULD NOT
PARTICIPATE IN THE DELIBERATIONS AND VOTE.	

FORM 990, PART VI, SECTION B, LINE 15A/15B:

THE FILING ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, AN INTEGRATED HEALTHCARE SYSTEM. INDEPENDENT AND DISINTERESTED BOARD MEMBERS OF THE PARENT ORGANIZATION, NOVANT HEALTH, INC. BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD), REVIEW, APPROVE, AND OVERSEE ALL ASPECTS OF COMPENSATION AND BENEFITS FOR CERTAIN LEADERS ("EXECUTIVES") SERVING AS OFFICERS, INCLUDING THE TOP MANAGEMENT OFFICIAL, OR KEY EMPLOYEES FOR NOVANT HEALTH ENTITIES. THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT AND USES THIRD PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS TO ENSURE THAT TOTAL COMPENSATION AND BENEFITS FOR EACH EXECUTIVE IS REASONABLE. THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF Schedule O (Form 990) 2023 332212 11-14-23 50

50

Schedule O (Form 990) 202	Schedule O (Form 990) 2023 Page 2												
Name of the organization	FORSYTH	MEDICAL CEN	TER FOUNDATION	Employer identification number 56-2120959									
NOVANT HEALTH,	AND IN	A MANNER TH	AT QUALIFIES FOR THE	REBUTTABLE									

PRESUMPTION OF REASONABLENESS.

THE ORGANIZATION DOES NOT HAVE ANY KEY EMPLOYEES AND THE ORGANIZATION'S ONLY OFFICERS, OTHER THAN THE TOP MANAGEMENT OFFICIAL, ARE STATE LAW BOARD OFFICERS. THESE EMPLOYEES DO NOT HOLD A CORPORATE POSITION OF INFLUENCE THAT RESULTS IN REVIEW OF THEIR COMPENSATION BY THE PARENT ORGANIZATION'S COMPENSATION AND LEADERSHIP COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS DISCLOSURE THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINING ALL ORGANIZATIONS IN THE NOVANT HEALTH SYSTEM ARE POSTED TO THE NOVANT HEALTH WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:CONTRIBUTION ADJUSTMENT166,869.AFFILIATE TRANSFER312,176.TOTAL TO FORM 990, PART XI, LINE 9479,045.

332212 11-14-23

### SCHEDULE R

(Form 990)

## **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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 56 - 2120959

Department of the Treasury Internal Revenue Service

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

Name of the organization

### FORSYTH MEDICAL CENTER FOUNDATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AUXILIARY OF FORSYTH MEMORIAL HOSPITAL -							
56-0862112, 2085 FRONTIS PLAZA BLVD, WINSTON					FORSYTH MEMORIAL		
SALEM, NC 27103	GIFT SHOP	NORTH CAROLINA	501(C)(3)	LINE 10	HOSPITAL, INC.		х
BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION -					BRUNSWICK		
27-4616751, 2085 FRONTIS PLAZA BLVD, WINSTON					COMMUNITY		
SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	HOSPITAL, LLC		х
CAROLINA HEALTHCARE ASSOCIATES, INC					NOVANT HEALTH NEW		
56-2049697, 2085 FRONTIS PLAZA BLVD, WINSTON	7				HANOVER REGIONAL		
SALEM, NC 27103	HEALTHCARE STAFFING	NORTH CAROLINA	501(C)(3)	LINE 3	MEDICAL CENTER,		х
COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.					NOVANT HEALTH		
- 56-1828629, 2085 FRONTIS PLAZA BLVD,					THOMASVILLE		
WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	MEDICAL CENTER,		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</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	contr	g) 512(b)(13) rolled zation? No
FORSYTH MEMORIAL HOSPITAL, INC 56-0928089						100	
2085 FRONTIS PLAZA BLVD	1				NOVANT HEALTH		
WINSTON SALEM, NC 27103	- HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRIAD REGION, LLC		x
FOUNDATION HEALTH SYSTEMS CORP 56-1373175							
2085 FRONTIS PLAZA BLVD	7				NOVANT HEALTH,		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	INC.		х
NEW HANOVER REGIONAL MEDICAL CENTER					NOVANT HEALTH NEW		
FOUNDATION, INC 56-1752396, 2085 FRONTIS	7				HANOVER REGIONAL		
PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	MEDICAL CENTER,		х
NHRMC HOME CARE - 35-2379154							
2085 FRONTIS PLAZA BLVD	7				PENDER MEMORIAL		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	HOSPITAL, INC.		х
NOVANT HEALTH, INC 56-1376950							
2085 FRONTIS PLAZA BLVD	7						
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	N/A		х
NOVANT MEDICAL GROUP, INC 58-1728803							
2085 FRONTIS PLAZA BLVD	7						
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NMG SERVICES, LLC		х
PENDER MEMORIAL HOSPITAL, INC 56-0653348					NOVANT HEALTH NEW		
2085 FRONTIS PLAZA BLVD					HANOVER REGIONAL		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	MEDICAL CENTER,		Х
PRESBYTERIAN HOSPITAL FOUNDATION -					NOVANT HEALTH		
58-1413074, 2085 FRONTIS PLAZA BLVD, WINSTON					SOUTHERN PIEDMONT		
SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	REGION, LLC		Х
ROWAN REGIONAL MEDICAL CENTER AUXILIARY -					NOVANT HEALTH		
23-7022472, 2085 FRONTIS PLAZA BLVD, WINSTON					ROWAN MEDICAL		
SALEM, NC 27103	GIFT SHOP	NORTH CAROLINA	501(C)(3)	LINE 10	CENTER, LLC		Х
ROWAN REGIONAL MEDICAL CENTER FOUNDATION,					NOVANT HEALTH		
INC 56-1424818, 2085 FRONTIS PLAZA BLVD,					ROWAN MEDICAL		
WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	CENTER, LLC		X
SELF INSURANCE FUND - NOVANT HEALTH, INC							
58-1867242, 2085 FRONTIS PLAZA BLVD, WINSTON				LINE 12C,	NOVANT HEALTH,		
SALEM, NC 27103	INSURANCE	NORTH CAROLINA	501(C)(3)	III-FI	INC.		X
THE PRESBYTERIAN HOSPITAL - 56-0554230					NOVANT HEALTH		
2085 FRONTIS PLAZA BLVD					SOUTHERN PIEDMONT		1
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	REGION, LLC		Х

### Schedule R (Form 990) 2023 FORSYTH MEDICAL CENTER FOUNDATION

56-2120959 Page 2

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.

		· <b>,</b>										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging ner?	Percentage ownership
		country)		sections 512-514)		233613	Yes	No	K-1 (Form 1065)	Yes	No	
										1		
	1											
	1											
	4											
	<u> </u>			I			1	1		1		

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Sect	) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b) contro entit	o)(13) olled
		country)						Yes	No
ADEPT HEALTH, INC 56-2226937									i
2085 FRONTIS PLAZA BLVD.									i
WINSTON SALEM, NC 27103	ADMIN SERVICES	NC	N/A	C CORP	N/A	N/A	N/A		Х
CHOICEHEALTH, INC 56-1896065									i
2085 FRONTIS PLAZA BLVD.									l
WINSTON SALEM, NC 27103	MANAGED CARE	NC	N/A	C CORP	N/A	N/A	N/A		х
COMMUNICARE, INC 56-1952950									i
2085 FRONTIS PLAZA BLVD.									l
WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	N/A	C CORP	N/A	N/A	N/A		х
KERNERSVILLE MEDICAL CENTER PARK OWNERS'									i
ASSOCIATION - 47-1511401, 2085 FRONTIS PLAZA									i
BLVD., WINSTON SALEM, NC 27103	REAL PROPERTY MGMT	NC	N/A	C CORP	N/A	N/A	N/A		x
MEDQUEST, INC. & SUBSIDIARIES - 22-3860764									1
3480 PRESTON RIDGE RD., STE 600									l
ALPHARETTA, GA 30005	DIAGNOSTIC IMAGING	DE	N/A	C CORP	N/A	N/A	N/A		Х

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	<b>i)</b> b)(13) rolled tity?
		country)				235013		Yes	No
SALEM DIAGNOSTICS, INC 56-1513621	_								
2085 FRONTIS PLAZA BLVD.	_		/_						l
WINSTON SALEM, NC 27103	INACTIVE	NC	N/A	C CORP	N/A	N/A	N/A		X
SALEM HEALTH SERVICES, INC 56-1342654	_								
2085 FRONTIS PLAZA BLVD.	_								
WINSTON SALEM, NC 27103	INACTIVE	NC	N/A	C CORP	N/A	N/A	N/A		X
THE PARK AT MONROE PROPERTY OWNERS									
ASSOCIATION, INC 46-3910256, 2085 FRONTIS									
PLAZA BLVD., WINSTON SALEM, NC 27103	REAL PROPERTY MGMT	NC	N/A	C CORP	N/A	N/A	N/A		X
NOVANT HEALTH AFFILIATE II, INC									
93-4532877, 2085 FRONTIS PLAZA BLVD.,									
WINSTON SALEM, NC 27103	INACTIVE	NC	N/A	C CORP	N/A	N/A	N/A		X
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#### FORSYTH MEDICAL CENTER FOUNDATION Schedule R (Form 990) 2023

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

Not	te: 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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	
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.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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### Schedule R (Form 990) 2023 FORSYTH MEDICAL CENTER FOUNDATION

### 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h) Dispro tiona allocatio <b>Yes</b>	Code V-UBI amount in box 20 of Schedule K-1	(j) General o managing partner? Yes NO	(k) r Percentage ownership
						163			
					1				

### Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CAROLINA HEALTHCARE ASSOCIATES, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL

CENTER, LLC

Schedule R (Form 990) 2023

NAME OF RELATED ORGANIZATION:

COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC

NAME OF RELATED ORGANIZATION:

NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL

CENTER, LLC

NAME OF RELATED ORGANIZATION:

PENDER MEMORIAL HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL

CENTER, LLC

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FORSYTH MEDICAL CENTER FOUNDATION 56-2120959 Page 5