

			Extended to August 15, 202	3	
	Δ	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	mУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e) 2021
			Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
Depa Inter	artment o nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late	est information.	Inspection
Α	For th	e 2021 calend	ar year, or tax year beginning OCT 1 , 2021 and ending	SEP 30, 2022	
	Check if applicab	le: C Name o	forganization	D Employer identifica	tion number
	Addre	PCMH	Management, Inc.		
	Name		usiness as ECU Health Properties	56-169074	0
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final return	2100	Stantonsburg Road	(252) 847	-5129
	termir ated	-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,918,305.
	Amen	- Gree	nville, NC 27835	H(a) Is this a group retu	urn
	Applie tion	^{ca-} F Name a	nd address of principal officer: Andrew K. Zukowski	for subordinates?	Yes X No
	pendi	^{ng} same	as C above	H(b) Are all subordinates inclu	uded? Yes No
		empt status:		527 If "No," attach a lis	st. See instructions
			ecuhealth.org	H(c) Group exemption	
				ear of formation: 1990 M	State of legal domicile: NC
Pa	art I	Summary			
Ð	1		be the organization's mission or most significant activities:		clinical
anc			rimarily to entities in the ECU Health		
ernë	1		x if the organization discontinued its operations or disposed of me	1 1	ts.
Governance	3		ting members of the governing body (Part VI, line 1a)		<u>1</u>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		dependent voting members of the governing body (Part VI, line 1b)		<u> </u>
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		0
tivit	6		of volunteers (estimate if necessary)		0.
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	0.	0.
anc	9		ce revenue (Part VIII, line 2g)	7,074,731.	7,913,402.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	10,816.	4,903.
ŭ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,853.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,088,400.	7,918,305.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.
ý	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
ad X	. b	Total fundrais	ing expenses (Part IX, column (D), line 25) ►0 .		
Û	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	5,165,977.	5,581,602.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,165,977.	5,581,602.
	19	Revenue less	expenses. Subtract line 18 from line 12	1,922,423.	2,336,703.
Net Assets or				Beginning of Current Year	End of Year
sset	20	Total assets (F		44,108,971.	44,875,638.
et A	21		(Part X, line 26)	2,835,316.	3,601,983.
Ž	<u>22</u> art II		fund balances. Subtract line 21 from line 20	41,273,655.	41,273,655.
				amonto and to the base of a l	noulodge and hell of the
	-		I declare that I have examined this return, including accompanying schedules and stat		nowledge and belief, it is
true	, corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer nas any knowledge.	
		Cignotur	a af affinan	Dete	

Sign	Signature of officer	ture of officer										
Here	Andrew K. Zukowski ,	CFO										
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	Amy Bibby	Amy Bibby		23 self-employed P00445891								
Preparer	Firm's name 🕨 FORVIS, LLP		F	Firm's EIN ▶ 44–0160260								
Use Only	Firm's address 🖕 500 Ridgefield Co	ourt										
	Asheville, NC 288	Phone no. (828) 254-2254										
May the IF	RS discuss this return with the preparer shown above	ve? See instructions		X Yes No								
132001 12-09	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)											

	990 (2021) PCMH Management	, Inc.		56-1690740	Page <b>2</b>
Pa	t III Statement of Program Service Accom	plishments			
	Check if Schedule O contains a response or note to	o any line in this Pa	rt III		
1	Briefly describe the organization's mission: To provide appropriate works	and and a	liniaal faaili	tion in a mannor	~
	which enhances employee and p				
	which emances employee and p	Jacrene ba			
2	Did the organization undertake any significant program so	ervices during the y	ear which were not listed or	n the	
	prior Form 990 or 990-EZ?			Ye	s 🛛 No
	If "Yes," describe these new services on Schedule O.			_	
3	Did the organization cease conducting, or make significant	nt changes in how	t conducts, any program se	rvices?	s [ X.] No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishmediate accomplish	nents for each of it	s three largest program serv	ices as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required				
	revenue, if any, for each program service reported.				
4a	(Code:)(Expenses \$ Provision of office and clini	including grants of \$		) (Revenue \$	)
	Provision of office and clini	cal space			
			· . · ·		
	Provided 378,000 square feet				
	facilities in a manner which satisfaction.	ennanced	emproyee and p	atient	
	satistattion.				
4b	(Code: ) (Expenses \$	including grants of \$		) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$		) (Revenue \$	)
				,	
4d	Other program services (Describe on Schedule O.)		. <i></i>		
40	(Expenses \$ including grants of \$		) (Revenue \$	)	
<u>4e</u>	Total program service expenses			Form	<b>990</b> (2021)
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 Form 990 (2021)
 PCMH
 Management,
 Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
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		<b> </b>
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,		77	
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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	444		x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u></u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
120		12a		x
h	Schedule D, Parts XI and XII	12a		
b		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.10		
5	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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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 PCMH Management, Inc.
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 Part IV
 Checklist of Required Schedules (continued)
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T ai	Continued)			
			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 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		37	
	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	0.7		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1	34	- 72	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		36		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20		31		- 23
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par		00		L
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·	<u></u>	Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
5	(gambling) winnings to prize winners?	1c		
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ar	<b>TV</b> 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,			Tes							
	filed for the calendar year ending with or within the year covered by this return	2a	0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	3									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	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	ccount)?	4a		X						
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 Ad	counts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
àa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).				_						
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	? <b>7</b> a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required									
	to file Form 8282?		7c		X						
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								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f								
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 organiza	tion file a Form 1098-C?	7h								
3	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	Did the sponsoring organization make any taxable distributions under section 4966?		9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
)	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
I	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders	11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
3	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	<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									
					X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b								
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or									
	excess parachute payment(s) during the year?		15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
		income?	16		X						
;	Is the organization an educational institution subject to the section 4968 excise tax on net investment										
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.										
6 7											
	If "Yes," complete Form 4720, Schedule O.	any	17								

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	90 (2021) PCMH Management, Inc.	56-16			age <b>6</b>
Part			or a "No" r	espon	se
	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
ectio	on A. Governing Body and Management				
				Yes	No
аE	nter the number of voting members of the governing body at the end of the tax year	1a	1		
lf	there are material differences in voting rights among members of the governing body, or if the governing				
b	ody delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
bΕ	nter the number of voting members included on line 1a, above, who are independent	1b	0		
D	id any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
0	fficer, director, trustee, or key employee?		. 2		X
D	id the organization delegate control over management duties customarily performed by or under the	direct supervision			
0	f officers, directors, trustees, or key employees to a management company or other person?		3		X
D	oid the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		Х
D	oid the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
D	bid the organization have members or stockholders?		. 6	Х	
a D	id the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
n	nore members of the governing body?		. 7a	Х	
bА	re any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or			
р	ersons other than the governing body?		. 7b		Х
D	id the organization contemporaneously document the meetings held or written actions undertaken during the yea	by the following:			
аT	he governing body?		. 8a	Х	
	ach committee with authority to act on behalf of the governing body?				Х
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
о	rganization's mailing address? If "Yes." provide the names and addresses on Schedule O				Х
	on B. Policies (This Section B requests information about policies not required by the Internal Re-				
		,		Yes	No
аD	id the organization have local chapters, branches, or affiliates?		10a		Х
	"Yes," did the organization have written policies and procedures governing the activities of such cha				
		· · · ·	10b		
	las the organization provided a complete copy of this Form 990 to all members of its governing body			Х	
	escribe on Schedule O the process, if any, used by the organization to review this Form 990.	Ũ			
	bid the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
	id the organization regularly and consistently monitor and enforce compliance with the policy? <i>Jf</i> "γ				
	n Schedule O how this was done	,	12c	х	
	id the organization have a written whistleblower policy?			Х	
				Х	
	id the process for determining compensation of the following persons include a review and approval				
	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by macpendent			
	he organization's CEO, Executive Director, or top management official		15a	х	
	ther officers or key employees of the organization			X	
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		. 150		
	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ant with a			
			16-		Х
	axable entity during the year?		. <u>16a</u>		Λ
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	· ·			
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		101		
	xempt status with respect to such arrangements?		.   <b>16</b> b		
		-1 000 T ( +!	( <b>0</b> ) = = = =   . )		
	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	a 990-1 (section 501(c)	(3)s only)	avallal	DIE
to I	pr public inspection. Indicate how you made these available. Check all that apply.				
[		on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	ntlict of interest policy,	and financ	cial	
	tatements available to the public during the tax year.				
	itate the name, address, and telephone number of the person who possesses the organization's boo	ks and records 🕨 🔤			
	Vennifer Worsley - (252) 847-2254				
2	100 Stantonsburg Road, Greenville, NC 27835			000	
06 1	2-09-21		Form	990	(2021)
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Form 990 (2021)	PCMH Management,	inc.	56-1690740	Page 1				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employee	s, and Independent Contracto	irs						
Check if Sche	edule O contains a response or note to	any line in this Part VII						
Section A. Officers, Di	rectors, Trustees, Key Employees, an	d Highest Compensated Employees						
1a Complete this table for	or all persons required to be listed. Repo	ort compensation for the calendar year	ending with or within the organization's	tax year.				
<ul> <li>List all of the organ</li> </ul>	ization's current officers, directors, trus	stees (whether individuals or organizatio	ons), regardless of amount of compensa	ition.				
Enter -0- in columns (D), (I	E), and (F) if no compensation was paid.							
I ist all of the organ	ization's current key employees if any	See the instructions for definition of "k	(ev employee "					

on'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) who received reportable compensation (box 5 of Form W-2, 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	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	id a d I	irecto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru:	nal t		loye(	e com		1099-NEC)		and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lnst	Offi	Key	Hig e m	For			
(1) Dr. Michael Waldrum	2.00									
Chairman	50.00	Х						0.	1,408,998.	255,791.
(2) David S. Hughes	2.00									
Secretary/Treasurer	50.00			Х				0.	673,007.	388,122.
(3) Matt Williams	40.00									
President				Х				0.	131,842.	63,386.
132007 12-09-21		•		•	•			•	-	Form <b>990</b> (2021)

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	<u>990 (2021)</u> PCMH Mana	<u>agement</u> ,	I	nc	•					56-1	<u>690'</u>	740	Pa	age <b>8</b>	
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	st C	ompensated Employee	s (continued)					
	(A) (B)						(C) (D)						(F)		
	Name and title Average			Position Reportable						Reportable	,	Es	timate	d	
	hours per					rson i	s both	n an	compensation	compensatio	on	amount of			
	week (list any				d a di	irecto	or/trus T	tee)	from	from related	k		other		
									the	organization			pensat		
		hours for	or director	ee ee			ated		organization	(W-2/1099-MI			om the		
		related organizations	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)		•	anizati		
		below	ual tri	ional		ploye	t com		1099-NEC)				l relate		
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	115	
			-	-	õ	¥	Ξə	포							
1b	Subtotal								0.	2,213,8	47.	707	7,29	9.	
	Total from continuation sheets to Part VI								0.		0.		,	0.	
	Total (add lines 1b and 1c)								0.	2,213,8	47.	707	7,29	9.	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	e				
	compensation from the organization													0	
													Yes	No	
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	phest compensated empl	loyee 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	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization					
	and related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	X		
5	Did any person listed on line 1a receive or a														
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	oers	on .					5		Х	
Sec	tion B. Independent Contractors	-													
1	Complete this table for your five highest co	•	•								pensat	ion fro	m		
	the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin T		ear.					
	(A) Name and business	address							<b>(B)</b> Description of s	ervices	С	(C omper		ı	
A &	B Cleaning Services,														
	5 Charles Blvd, Greenv		С	27	85	8			Cleaning Ser	vices		265	5,67	/9.	
								_							
											<u> </u>				
2	Total number of independent contractors (in		ot lin	nitec	to t			ted	above) who received mo	ore than					
	\$100,000 of compensation from the organiz	zation 🕨				1	L					Form <b>9</b>	200 /-		
												⊢orm	ッコリ (2	.021)	

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				H Manage	me	nt, Inc.			56-1690	740 Page 9
Pa	rt V	/111								
			Check if Schedule O c	ontains a respo	nse (	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under sections 512 - 514
s s	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b			]			
ts, C			Fundraising events							
, Gif ilar			Related organizations Government grants (contri							
ons Sin			All other contributions, gifts, g							
buti			similar amounts not included							
ontri od O		g	Noncash contributions included in li							
<u>n n</u>		h	Total. Add lines 1a-1f			Business Code				
•	2	2	Medical Facil:	itv Rent			7,913,402,	7,913,402.		
Program Service Revenue	~	b								
Ser		с								
ram Seve		d								
rog		e								
ш		f a	All other program service r Total. Add lines 2a-2f			<b>b</b>	7,913,402.			
	3	9	Investment income (includ							
			other similar amounts)				4,903.			4,903.
	4		Income from investment of	-						
	5		Royalties	(i) Real	<u></u>	(ii) Personal				
	6	а	Gross rents	6a						
				6b						
		с	Rental income or (loss)	6c						
			Net rental income or (loss)							
	7	а	Gross amount from sales of assets other than inventory	(i) Securit	ies	(ii) Other				
		b	Less: cost or other basis	7d						
an			and sales expenses	7b						
venue		с	Gain or (loss)	7c						
r Re			Net gain or (loss)			····· ►				
Other Re	8	а	Gross income from fundraisin including \$	•						
0			contributions reported on I							
			Part IV, line 18	-	8a					
			Less: direct expenses		8b					
	_		Net income or (loss) from f	-		<u></u>				
	9	а	Gross income from gaming Part IV, line 19		9a					
		b	Less: direct expenses		9b					
			Net income or (loss) from g		s	►				
	10	а	Gross sales of inventory, le							
		h	and allowances Less: cost of goods sold		10a 10b					
			Net income or (loss) from s							
		-			,	Business Code				
∋ous	11	а								
ellaneo evenue		b								
Miscellaneous Revenue		с с								
Mi			All other revenue			<b>&gt;</b>				
	12		Total revenue. See instruction				7,9 <u>18,</u> 305.	7,913,402.	0.	4,903.
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		ise of fible to any fille in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuale. Cas Dart IV line 00				
~	· · · · · · · · · · · · · · · · · · ·				
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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	247,889.			
b		365.			
0		11,485.			
ט ה	Accounting	11,403.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	000 274			
	column (A), amount, list line 11g expenses on Sch 0.)	998,274.			
12	Advertising and promotion	002			
13	Office expenses	883.			
14	Information technology				
15	Royalties	1 000 100			
16	Occupancy	1,209,432.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,015,828.			
23	Insurance	63,206.			
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.)	24.040			
а	Other Expenses	34,240.			
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,581,602.			
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 Time if following SOP 98-2 (ASC 958-720)				

# Form 990 (2021)

PCMH Management, Inc. Part IX Statement of Functional Expenses

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

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

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2021.06000 PCMH MANAGEMENT, INC.

Form 990 (2021)

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(A) Beginning of year         End of year           1         Cash - non-interest-bearing         3, 380, 660.         1         2, 682, 244.           2         Savings and temporary cash investments         3         3         3         3         3         0         60.         1         2, 682, 244.           3         Piedges and grants receivable, net         3         3         4         Accounts receivable, net         4         4           4         Lands and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 3%k controlled entity or family member of any of these persons         5         5           6         Lands and other receivables from other disqualified persons (as defined under section 4368(H)(J) and persons deactived in section 4958(H)(J) and person deactived in section 4958(H) and 42, 780.         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1 <td< th=""><th></th><th></th><th>Check if Schedule O contains a response or note</th><th>e to any</th><th>/ line in this Part X</th><th></th><th></th><th></th></td<>			Check if Schedule O contains a response or note	e to any	/ line in this Part X			
2       Savings and temporary cash investments       2         3       Pledges and grants receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from many current or former officer, director, trustes, key employee, creator or founder skubstantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 49580(10)), and persons described in section 4958(c)(3)(B)       6         7       Notes and loans receivable, net       7         9       Propade expenses and deferred charges       44, 6144. 9         10a       96, 753,999.       10a         10a       96, 753,999.       10a         11       Investments - publicly traded securities       11         11       Investments - publicly traded securities       11         12       Investments - publicly traded securities       14         13       Investments - product related. Se Part IV, line 11       14         14       Intrasets. See Part IV, line 11       14         15       Other securities. See Part IV, line 11       14         16       Total assets. Add lines 1 through 15 finust equal line 33)       44, 108, 9711. is       44, 12, 735, 782.         16       Total assets. Add lines 1 through 15 finust equal line 33)       589, 325. is       1								
2       Savings and temporary cash investments       2         3       Pledges and grants receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from many current or former officer, director, trustes, key employee, creator or founder skubstantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 49580(10)), and persons described in section 4958(c)(3)(B)       6         7       Notes and loans receivable, net       7         9       Propade expenses and deferred charges       44, 6144. 9         10a       96, 753,999.       10a         10a       96, 753,999.       10a         11       Investments - publicly traded securities       11         11       Investments - publicly traded securities       11         12       Investments - publicly traded securities       14         13       Investments - product related. Se Part IV, line 11       14         14       Intrasets. See Part IV, line 11       14         15       Other securities. See Part IV, line 11       14         16       Total assets. Add lines 1 through 15 finust equal line 33)       44, 108, 9711. is       44, 12, 735, 782.         16       Total assets. Add lines 1 through 15 finust equal line 33)       589, 325. is       1		1	Cash - non-interest-bearing			3,380,660.	1	2,682,244.
3       Plodges and grants receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamily member of any of these persons       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(8)       6         7       Notes and loans receivable, net       7         8       Interview for sale or use       1,187.         9       Prepade expenses and defered charges       44,614.         10a       26,753,999.       44,614.         11       Interview for sale or use       1,187.         11       Investments -publicly traded securities       11         12       Investments -publicly traded securities       11         13       Investments -publicly traded securities       11         14       Intanjole asset       5       6         15       Other assets. See Part IV, line 11       12         14       Itanjole asset       58 9,325.       17       1,235,782.         17       Accounts payable and accrued expenses       589,325.       17       1,235,782.         18       Total assets. Add lines 1 t		2					2	
9       Accounts receivable, net       4         5       Lans and other receivables from 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       5         6       Lans and other receivables from other disgualified persons (as defined under section 49580;(7)); and persons described in section 49580;(3)(6)       6         7       Notes and loars receivable, net       7         9       Prepaid expenses and deterred charges       44, 6144.         9       Prepaid expenses and deterred charges       44, 6144.         9       Prepaid expenses and deterred charges       44, 0067, 960.         10       Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10         10       Less: accumulated depreciation       10         11       Investments- publicly traded securities       11         11       Investments- publicly traded securities       11         11       10       64, 108, 971.       16         12       Investments- publicly traded securities       11       12         13       Investments- publicly and accrued expenses       589, 325.       17       1, 235, 782.         14       Intraspate       14       14       14         1		3					3	
S       Lans and other receivables from any current or former officer, director, trustes, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         See Set 1000000000000000000000000000000000000		4					4	
get         controlled entity or family member of any of these persons         5           1         Loans and other receivables from other disqualified persons (as Gefined under section 4958(r)(3)(a) and persons described in section 4958(r)(3)(B)         7           7         Notes and loans receivable, net         7           8         Inventries for sale or use         1,187, 8           9         Prepaid expenses and deferred charges         444,614. 9         422,780.           10         Land, buildings, and equipment: cost or other         10a         96,753,999.         440,067,960.         10c         411,002,103.           11         Investments - publicly trade securities         11         12         11         12           12         Investments - program-related. See Part IV, line 11         13         14         14           13         Investments - program-related. See Part IV, line 11         13         14         12,35,782.           16         Total assets. Add lines 1 through 15 (must equal line 33)         444,108,971.         16         444,875,638.           17         Accounts payable and accound expenses         589,325.         17         1,235,782.           18         Grants payable         3,948.         19         948.           20         Tax exempt bord itabilities		5						
6         Loans and other receivables from other disqualified persons (as defined under section 4958)((11)), and persons described in section 4958)((3)(8)         6           7         Notes and loans receivable, net inventories for sale or use         1,187.         a         1,715.           9         Prepaid expenses and deferred charges         44,614.         g         42,780.           10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         96,753,999.         44,614.         g         42,780.           11         Investments - publicly traded securities         111         12         11         11         12         11         11         12         11         11         12         11         13         11         11         12         11         13         11         14         13         13         11         14         13         11         14         13         14         14         11         13         14         14         14         14         14         14         14         14         15         0         14,875,638.0         14,475,638.0         14,475,638.0         14,475,638.0         14,475,638.0         12         20         21         22         22         22         22			trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
6       Loars and other receivables from other disquallied persons (as defined under section 4958(f(1)), and persons desorbed in section 4958(c(3)(B)       6         7       Notes and loars receivable, net       1,187.       8         9       Prepaid expenses and deferred charges       44,614.       9       42,780.         10a       Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D       10a       55,751,896.       40,067,960.       10c       41,002,103.         11       Investments - publicly traded securities       11       12       11         11       Investments - publicly traded securities       11       12       11         12       Investments - publicly traded securities       11       13       14       14       13         13       Investments - publicly traded securities       14       14       14       14         14       Intagible assets       6       1,46,796.       16       1,46,796.         14       Intagible assets       16       144,875,638.       17       1,235,782.         18       Grants payable and accrued expenses       589,325.       17       1,235,782.         19       Deferred revenue       20       21       22         21       Ecrow or custodial acco			controlled entity or family member of any of thes	e perso	ons		5	
9       7       Notes and loans receivable, net       7         9       Inventories for sale or use       1,187.8       1,715.         9       Prepaid expenses and deferred charges       14,614.9       42,780.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       96,753,999.       10b         11       Investments - publicly traded securities       11       12       11         12       Investments - publicly traded securities       11       12         13       Investments - publicly traded securities       11       12         14       Intargible assets       11       14         15       Other assets. See Part IV, line 11       13       14         16       Total assets. Add lines 1 through 15 (must equal line 33)       44,108,971.16       44,875,638.         17       Accounts payable and accrued expenses       589,325.17       1,235,782.1         18       Grants payable       10a       948.19       948.1         19       Deferred revenue       20       22       22         22       Loans and other payables to any current of forcer, director, trustes, key employee, creator of former officer, director, trustes, key employee, creator or founder substantial contributor, or 35% controlled entity or thank		6	Loans and other receivables from other disqualif	ied per				
8       Inventories for sale or use       1,187.       8       1,715.         9       Prepaid expenses and deferred charges       44,614.       9       42,780.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       96,753,999.       40,067,960.       10c       41,002,103.         11       Investments - publicly traded securities       11       112       Investments - program-related. See Part IV, line 11       12       12         12       Investments - program-related. See Part IV, line 11       12       13       14       14       14.1,46,796.         14       Intragible assets       614,550.       15       1,146,796.       14       1,235,782.         16       Total assets. Acid lines 1 through 15 (must equal line 33)       44,108,971.       16       44,975,638.         17       Accounts payable and accrued expenses       589,325.       17       1,235,782.         18       Grants payable, or any of these persons       22       20       24         21       Escrow or custodial account equal line 30 or traded third parties       24       24       24         25       Other liabilities (including federal income tax, payables to related third parties       24       24       2			under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
88       Inventories for sale or use       1,187.8       1,715.         9       Prepaid expenses and deferred charges       44,614.9       42,780.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       96,753,999.         b       Less: accumulated depreciation       10b       55,751,896.40,067,960.10c       41,002,103.         11       Investments - publicly traded securities       11       11       12         12       Investments - program-related. See Part IV, line 11       13       13         13       Investments - program-related. See Part IV, line 11       13       14         14       Intangible assets       614,550.15       1,146,796.53.82         15       Other assets. Add lines 1 through 16 (must equal line 33)       44,108,971.16       44,875,638.         16       Total assets. Add lines 1 through 15 (must equal line 33)       16       14       10a         16       Total assets. Add lines 1 through 15 (complete Part IV of Schedule D       21       22       23         20       Tax-evempt bond liabilities       23       20       24         21       Loss and other payable to any current or former officer, director, utstatual contributor, or 55%       22       23         23       Secu	s	7	Notes and loans receivable, net				7	
1       Toplands and equipment costs or other basis. Complete Part Vi of Schedule D       10a       96, 753, 999.       40, 067, 960.       10c       41, 002, 103.         1       Investments - publicly traded securities       10b       55, 751, 896.       40, 067, 960.       10c       41, 002, 103.         1       Investments - publicly traded securities       111       112       111       111         1       Investments - program-related. See Part IV, line 11       133       111       113         1       Investments - program-related. See Part IV, line 11       133       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114       114	set	8					8	1,715.
basis. Complete Part VI of Schedule D         10a         96,753,999.         10b           10         bcss: accumulated depreciation         10b         55,751,896.         40,067,960.         10c         41,002,103.           11         Investments - publicly traded securities.         See Part IV, line 11         11         11         11           12         Investments - program-related. See Part IV, line 11         13         11         11           13         Investments - program-related. See Part IV, line 11         13         14           14         Intrasple assets.         614,550.         15         1,146,796.           14         Intrasple assets.         614,550.         15         1,146,796.           16         Total assets. Add lines 1 through 15 (must equal line 33)         44,108,971.         16         44,875,638.           17         Accounts payable         18         14         12         12           10         Deferred revenue         3,948.         19         948.         20           21         Ecrow or custofial account liabilities         20         21         22           22         Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family me	¥	9				44,614.	9	42,780.
11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 16 (must equal line 33)       44 , 108 , 971.       16       44 , 875, 638.         17       Accounts payable and accrued expenses       589 , 325.       17       1 , 235 , 782.         18       Grants payable       3 , 948.       19       948.         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities. Add lines 17 through 25       2 , 835 , 316 .       26 3 , 601 , 983.         27		10a	Land, buildings, and equipment: cost or other					
11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 16 (must equal line 33)       44 , 108 , 971.       16       44 , 875, 638.         17       Accounts payable and accrued expenses       589 , 325.       17       1 , 235 , 782.         18       Grants payable       3 , 948.       19       948.         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities. Add lines 17 through 25       2 , 835 , 316 .       26 3 , 601 , 983.         27			basis. Complete Part VI of Schedule D	10a	96,753,999.			
12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       614,550.       15       1,146,796.         16       Total assets. Add lines 1 through 15 (must equal line 33)       444,108,971.       16       444,875,638.         17       Accounts payable and accrued expenses       589,325.       17       1,235,782.         18       Grants payable       18       9       948.         19       Deferred revenue       3,948.       19       948.         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other 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       22       23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24       22,242,043.       25       2,855,255.       2,835,316.       26       3,601,983.         27       Net assets without donor restrictions       41,273,655.       27		b	Less: accumulated depreciation	10b	55,751,896.	40,067,960.	10c	41,002,103.
13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       614,550.15         16       Total assets. Add lines 1 through 15 (must equal line 33)       44,108,971.16       44,875,638.         17       Accounts payable and accrued expenses       589,325.17       1,235,782.         18       19       Defered revenue       3,948.19       948.         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loas and other payables to any current or former officer, director, trustee, key employee, creator of ounder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured notes and loans payable to unrelated third parties       24       24         24       Unscured notes and loans payable to related third parties       24       2         23       Cortral labilities. Add lines 17 through 25       2,835,316.26       3,601,983.         27       Net assets with donor restrictions       28       41,273,655.27       41,273,655.         24       Net assets with donor restrictions       29       29       3		11					11	
14       Intangible assets       14         15       Other assets. See Part IV, line 11       614,550.       15       1,146,796.         16       Total assets. Add lines 1 through 15 (must equal line 33)       44,108,971.       16       44,875,638.         17       Accounts payable and accrued expenses       589,325.       17       1,235,782.         18       Grants payable       3,948.       19       948.         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other 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       22         23       Secured mottgages and notes payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       2,242,043.       25       2,365,253.         26       Total liabilities. Add lines 17 through 25.       2,835,316.       26       3,601,983.         07 ganizations that follow FASB ASC 958, check here ▶ 3       24       24       24         27       Net assets with donor restrictions       24       24,273,65		12	Investments - other securities. See Part IV, line 1	1			12	
15       Other assets. See Part IV, line 11       614,550.       15       1,146,796.         17       Accounts payable and accrued expenses       589,325.       17       1,235,782.         18       Grants payable       18       18         19       Deferred revenue       3,948.       19       948.         20       21       20       21       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       2,835,316.       26       3,601,983.         27       Net assets without onor restrictions       28       27       41,273,655.       27       41,273,655.       28         28       Organizations that dollow FASB ASC 958, check here ▶ □       30       31       30       31		13	Investments - program-related. See Part IV, line 1	11			13	
16       Total assets. Add lines 1 through 15 (must equal line 33)       44 , 108 , 971.       16       44 , 875 , 638.         17       Accounts payable and accrued expenses       589 , 325.       17       1 , 235 , 782.         18       Grants payable       3 , 948.       19       948.         19       Deferred revenue       3 , 948.       19       948.         20       Tax exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       20         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities (ncluding federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       2, 242, 043.       25       2, 365, 253.         26       Total liabilities. Add lines 17 through 25       2, 835, 316.       26       3, 601, 983.         27       Net assets with donor restrictions       28       28		14						
17       Accounts payable and accrued expenses       589,325.       17       1,235,782.         18       Grants payable       3,948.       19       948.         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D       2, 242, 043.       25       2, 365, 253.         26       Total liabilities. Add lines 17 through 25       2, 835, 316.       26       3, 601, 983.         7       Net assets without onor restrictions       41, 273, 655.       27       41, 273, 655.       27         8       Net assets with donor restrictions       28       29       30       30         30       Paich nor capital subck or trust principal, or current funds       30       31       30         31       Retained earnings, endowment, accumulated income, or other fund		15	Other assets. See Part IV, line 11		······  -			
18       Grants payable       18         19       Deferred revenue       3,948.       19       948.         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other 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       22       23         23       Secured mortgages and notes payable to unrelated third parties       24       24       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       2, 242, 043.       25       2, 365, 253.         26       Total liabilities. Add lines 17 through 25       2, 835, 316.       26       3, 601, 983.         27       Net assets with donor restrictions       41, 273, 655.       27       41, 273, 655.         28       Net assets with donor restrictions       28       29       30         29       Capital stock or trust principal, or current funds       29       30       31         31       Retained earnings, endowment, accumulated income, or other funds       31       31		16						
19       Deferred revenue       3,948. 19       948.         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       2, 242, 043. 25       2, 365, 253.         26       Total liabilities. Add lines 17 through 25       2, 835, 316. 26       3, 601, 983.         27       Net assets with donor restrictions       41, 273, 655. 27       41, 273, 655.         28       Organizations that do not follow FASB ASC 958, check here        28         0       Gapital stock or trust principal, or current funds       29         29       Capital stock or trust principal, or current funds       31         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endo						589,325.		1,235,782.
20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       2,242,043.25       2,365,253.2         26       Total liabilities. Add lines 17 through 25       2,835,316.26       3,601,983.         7       Net assets with othor restrictions       41,273,655.27       41,273,655.27         28       Net assets with donor restrictions       28       28         0       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       Capital stock or trust principal, or current funds       29       29         29       Capital stock or trust principal, or current funds       31         30       Paid-in or capital surplus, or land, building, or equipment fund       30						2 040		040
21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D       2,242,043.25       2,365,253.         26       Total liabilities. Add lines 17 through 25       2,835,316.26       3,601,983.         0       Organizations that follow FASB ASC 958, check here       X       41,273,655.27       41,273,655.         28       Net assets with donor restrictions       29       29       20       20         29       Capital stock or trust principal, or current funds       20       20       20         29       Paid-in or capital surplus, or land, building, or equipment fund       30       31         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       44,108,971.33       44,875,638. <th></th> <th></th> <td></td> <td></td> <td></td> <td>5,940.</td> <td></td> <td>940.</td>						5,940.		940.
22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       2       2         26       Total liabilities. Add lines 17 through 25       2, 242, 043.       25       2, 365, 253.         27       Net assets without donor restrictions       41, 273, 655.       27       41, 273, 655.         28       Organizations that follow FASB ASC 958, check here        30       28         0       Organizations that do not follow FASB ASC 958, check here        30         29       Capital stock or trust principal, or current funds       29         29       Capital stock or trust principal, or current funds       29         20       Total liabilities and net assets or fund balances       41, 273, 655.       32       41, 273, 655.         30       Retained earnings, endowment, accumulated income, or other funds       31       31         31       Retained earnings, endowment, a								
and complete lines 27, 28, 32, and 33.       21, 273, 655.         27       Net assets without donor restrictions       41, 273, 655.         28       Organizations that do not follow FASB ASC 958, check here ▶ □         and complete lines 27, 28, 32, and 33.       28         29       Capital stock or trust principal, or current funds         29       Capital stock or trust principal, or current funds         29       Capital stock or trust principal, or current funds         29       Capital stock or trust principal, or current funds         29       Capital stock or trust principal, or current funds         29       Capital stock or trust principal, or current funds         29       Capital stock or trust principal, or current funds         21       Total liabilities and net assets/fund balances         31       Retained earnings, endowment, accumulated income, or other funds         31       Total liabilities and net assets/fund balances         32       Total liabilities and net assets/fund balances         32       Total liabilities and net assets/fund balances         32       Total liabilities and net assets/fund balances         33       Total liabilities and net assets/fund balances							21	
23       Secured infortages and indices payable to unrelated third parties         24       Unsecured notes and loans payable to unrelated third parties         25       Other liabilities (including federal income tax, payables to related third parties         26       Other liabilities not included on lines 17:24). Complete Part X of Schedule D         27       Total liabilities. Add lines 17 through 25         28       Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.         27       Net assets with donor restrictions         28       Vet assets with donor restrictions         29       Capital stock or trust principal, or current funds         29       Capital stock or trust principal, or current funds         30       Paid-in or capital surplus, or land, building, or equipment fund         31       Retained earnings, endowment, accumulated income, or other funds         32       Total liabilities and net assets/fund balances         33       Total liabilities and net assets/fund balances	ies	22						
23       Secured infortages and indices payable to unrelated third parties         24       Unsecured notes and loans payable to unrelated third parties         25       Other liabilities (including federal income tax, payables to related third parties         26       Other liabilities not included on lines 17:24). Complete Part X of Schedule D         27       Total liabilities. Add lines 17 through 25         28       Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.         27       Net assets with donor restrictions         28       Vet assets with donor restrictions         29       Capital stock or trust principal, or current funds         29       Capital stock or trust principal, or current funds         30       Paid-in or capital surplus, or land, building, or equipment fund         31       Retained earnings, endowment, accumulated income, or other funds         32       Total liabilities and net assets/fund balances         33       Total liabilities and net assets/fund balances	bilid						22	
24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D       2,242,043.25       2,365,253.         26       Total liabilities. Add lines 17 through 25       2,835,316.26       3,601,983.         Organizations that follow FASB ASC 958, check here ▶ X       and complete lines 27, 28, 32, and 33.       41,273,655.27       41,273,655.27         27       Net assets with donor restrictions       28       28       29         Organizations that do not follow FASB ASC 958, check here ▶ □       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total liabilities and net assets/fund balances       41,273,655.32       41,273,655.32         33       Total liabilities and net assets/fund balances       41,273,655.32       41,273,655.32	Lia	23						
25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D       2,242,043.25       2,365,253.2         26       Total liabilities. Add lines 17 through 25       2,835,316.26       3,601,983.         Organizations that follow FASB ASC 958, check here ▶ X       2,1273,655.27       41,273,655.27         27       Net assets without donor restrictions       41,273,655.27       41,273,655.27         28       Organizations that do not follow FASB ASC 958, check here ▶ □       28         Organizations that do not follow FASB ASC 958, check here ▶ □       29         and complete lines 29 through 33.       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       41,273,655.32       41,273,655.32         33       Total liabilities and net assets/fund balances       44,108,971.33       44,875,638.								
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33 Total liabilities and net assets/fund balances	ces		and complete lines 27, 28, 32, and 33.					
33 Total liabilities and net assets/fund balances	lan	27	Net assets without donor restrictions			41,273,655.	27	41,273,655.
33 Total liabilities and net assets/fund balances	Ba	28					28	
33 Total liabilities and net assets/fund balances	pun		Organizations that do not follow FASB ASC 9	58, che	ckhere 🕨 🛄			
33 Total liabilities and net assets/fund balances	Ē							
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		აა	TOTAL HADIIITIES AND HEL ASSETS/TUND DAIANCES	<u></u>		44,100,971.	აა	

Form 990 (2021)
Part X Balance Sheet

PCMH Management, Inc.

	990 (2021) PCMH Management, Inc.	56-1	690740	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,918		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,581		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,336		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,273	, 65	55.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,336	,70	03.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	41,273	, 65	<u>55.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				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	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		_X_
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		3b		

Form **990** (2021)

132012 12-09-21

SC	HEDULE D	Supplementa	al Financial	Statements		OMB No. 1545-0047
(For	n 990)	Complete if the orga	anization answered	"Yes" on Form 990,		2021
Depart	ment of the Treasury		Attach to Form 990	).		Open to Public
Interna	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions	and the latest information.		Inspection
Nam	e of the organizati	PCMH Management, I	nc.		Emp	bloyer identification number 56-1690740
Pa	rt I Organiza	ations Maintaining Donor Advise		er Similar Funds or Ac	cour	
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.			·
			(a) Donor ad	dvised funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in v	-			
6		on's property, subject to the organization's				Yes No
6	•	on inform all grantees, donors, and donor a poses and not for the benefit of the donor o	•	•	-	
	impermissible priv				•	Yes No
Pa		ation Easements. Complete if the org				
1		servation easements held by the organization	-			
		n of land for public use (for example, recrea	· · ·	Preservation of a histo	orically	important land area
		of natural habitat	,	Preservation of a certi		•
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation co	ntribution in the form of a co	nserva	tion easement on the last
	day of the tax yea	r.				Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	•				2b	
С		vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
•		nal Register			2d	al
3		vation easements modified, transferred, rel	eased, extinguished	, or terminated by the organi	zation	during the tax
4	year	where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per		pection handling of		
•	•	forcement of the conservation easements it		poorion, nanaing or		Yes No
6	,	er hours devoted to monitoring, inspecting,				
	►		-	-		
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservation ea	sement	ts during the year
	▶\$					
8		vation easement reported on line 2(d) abov			.,	
	and section 170(h	)(4)(B)(ii)?				Yes No
9	,	be how the organization reports conservation				
		d include, if applicable, the text of the footn	note to the organizat	ion's financial statements the	at desc	ribes the
Pa		counting for conservation easements. ations Maintaining Collections of	Art Historical	Treasures or Other S	imila	r Assats
ľ		f the organization answered "Yes" on Form				A33013.
1a		elected, as permitted under FASB ASC 95		revenue statement and hal	ance st	neet works
	0	easures, or other similar assets held for put	, I			
		Part XIII the text of the footnote to its finar				· · · · -
b	· •	elected, as permitted under FASB ASC 95			e sheet	works of
	-	sures, or other similar assets held for public				
	provide the follow	ing amounts relating to these items:				
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1				\$
						\$
2	If the organization	received or held works of art, historical treat	asures, or other simi	lar assets for financial gain,	provide	9
	-	unts required to be reported under FASB A	SC 958 relating to th	nese items:		
2	Povonuo includod	on Form 990 Part VIII line 1				¢

а	Revenue included on Form 990, Part	VIII, line 1
b	Assets included in Form 990, Part X	

	Assets included		01111 330	ט, ו מונ
1.4		De	مر م الحمد بالم	A NI

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 Schedule D (Form 990) 2021

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15 2021.06000 PCMH MANAGEMENT, INC.

Schedule D (Form 990) 2021 PCMH Management, Inc. 56-1690740 Page
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its
collection items (check all that apply):
a Public exhibition d Loan or exchange program
b Scholarly research e Other
c Preservation for future generations
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets
to be sold to raise funds rather than to be maintained as part of the organization's collection?
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or
reported an amount on Form 990, Part X, line 21.
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included
on Form 990, Part X? Yes No
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table:
Amount
c Beginning balance
d Additions during the year 1d
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities
and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 🕨%
b Permanent endowment
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by: Yes No
(i) Unrelated organizations 3a(i)
(ii) Related organizations 3a(ii)
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value
basis (investment) basis (other) depreciation
1a Land         10,301,824.         10,301,824
b Buildings 78,760,213. 52,797,206. 25,963,007
c Leasehold improvements
d Equipment 4,407,658. 2,954,690. 1,452,968
e Other 3,284,304. 3,284,304
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         41,002,103
Schedule D (Form 990) 202

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chedule D (Form 990) 2021	PCMH Management,	Inc.

TOT DESCRIPTION OF SECURITY OF CALEC	GOLY (including name of security)	(b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-or	f-vear market value
2) Closely held equity interests	、			
3) Other	······			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<b>Fotal</b> . (Col. (b) must equal Form 990	0 Part X col (B) line 12 )			
Part VIII Investments - I	Program Related.			
	-	Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of		(b) Book value	(c) Method of valuation: Cost or end-of	f-vear market value
., .		(2) 20011 10100		
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	0 Dart V. col. (B) line 12 )			
Total. (Col. (b) must equal Form 990Part IXOther Assets.	J, Fait A, COI. (D) IIIIE 13.)			
	anization answered "Yes" on '	Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
		scription		
(1)		I		(b) Book value
(1)				(b) BOOK value
(2)		•		
(2) (3)		•		
(2) (3) (4)		·		
(2) (3) (4) (5)		·		
(2) (3) (4) (5) (6)		·		
(2) (3) (4) (5) (6) (7)		•		
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9)				
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Fo	orm 990, Part X, col. (B) line 15			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Fo Part X Other Liabilitie	orm 990, Part X, col. (B) line 15	· ·		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilitie Complete if the org	orm 990, Part X, col. (B) line 15 25. ganization answered "Yes" on 1	· ·	1e or 11f. See Form 990, Part X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilitie Complete if the org 1. (a) De	orm 990, Part X, col. (B) line 15	· ·		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilitie Complete if the org 1. (a) Definition (a	orm 990, Part X, col. (B) line 15 SS. Jescription of liability	· ·		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form Part X Other Liabilitie Complete if the org (1) Federal income taxes (2) Related Party	orm 990, Part X, col. (B) line 15 SS. Jescription of liability	· ·		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Former (b) must equal Former (b) must equal Former (c)	orm 990, Part X, col. (B) line 15 SS. Jescription of liability	· ·		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal For Part X Other Liabilitie Complete if the org 1. (a) Definition (a) Definition (a) Definition (a) (a) (a) (b) (1) Federal income taxes (2) Related Party (3) (4)	orm 990, Part X, col. (B) line 15 SS. Jescription of liability	· ·		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal For Part X Other Liabilitie Complete if the org (1) Federal income taxes (2) Related Party (3) (4) (5)	orm 990, Part X, col. (B) line 15 SS. Jescription of liability	· ·		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilitie Complete if the org (1) Federal income taxes (2) Related Party (3) (4) (5) (6)	orm 990, Part X, col. (B) line 15 SS. Jescription of liability	· ·		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Former (c) must eq	orm 990, Part X, col. (B) line 15 SS. Jescription of liability	· ·		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilitie Complete if the org (1) Federal income taxes (2) Related Party (3) (4) (5) (6)	orm 990, Part X, col. (B) line 15 SS. Jescription of liability	· ·		(b) Book value

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

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 PCMH Management, Inc.		56-1690740 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	
	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		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
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	atements With Expe	nses 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:		
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 2a through 2d		
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8 <u>.</u> )	
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 X, Line 2:

501(c)(2) of the Internal Revenue Code and as such is a tax-exempt
organization. PCMH Management, Inc. has reviewed its tax positions for all
open years and has concluded that no material liabilities exist as of
September 30, 2022 and 2021. PCMH Management, Inc. files tax returns with
the U.S. federal and State of North Carolina jurisdictions. With few
exceptions, PCMH Management, Inc. is no longer subject to U.S. federal
examinations by tax authorities for years before 2019.

132054 10-28-21

132055 10-28-21	Schedule D (Form 990) 2	:021

SC	HEDULE J		OMB No. 1	545-004	47	
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>71</b>	
-	-	Compensated Employees		20		l I
Dene	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1		identificatio		nber
_		PCMH Management, Inc.	56-1	L69074	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
_	•			<b>1b</b>	_	<u> </u>
2	-	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant	ommittoo			
		ther organizations Approval by the board or compensation c	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		х
b		eive payment from a supplemental nonqualified retirement plan?				X
с	•	eive payment from an equity-based compensation arrangement?				X
-	-	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	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 compensatio	n			
	contingent on the re					
а	The organization?			5a		
b	Any related organiz	ation?		5b		
		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 compensatio	n			
	contingent on the n					
						<u> </u>
	Any related organiz	ation?				
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
				8		
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				Ĺ
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

### 56-1690740

### 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>B)</b> Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) Dr. Michael Waldrum	(i)	0.	0.	0.	0.	0.	0.	0.
Chairman	(ii)	1,108,020.	285,793.	15,185.	204,321.	51,470.	1,664,789.	0.
(2) David S. Hughes	(i)	0.	0.	0.	0.	0.	0.	0.
Secretary/Treasurer	(ii)	579,725.	93,282.	0.	347,501.	40,621.	1,061,129.	0.
(3) Matt Williams	(i)	0.	0.	0.	0.	0.	0.	0.
President	(ii)	130,342.	1,500.	0.	40,026.	23,360.	195,228.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

### Part III Supplemental Information

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:

All compensation and reimbursement listed for such items are paid at the

ECU Health entity, and the written policy and adherence to the policy is

### maintained at ECU Health.

Part I, Line 3:

The compensation is determined by the Compensation and Benefits Committee

of the ECU Health Board using comparative data from like organizations and

input from consultants. All compensation discussions and actions are

documented and approved in the minutes of the Committee.

SCHEDULE O (Form 990)

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.



Employer identification number 56-1690740

Form 990, Part VI, Section A, line 6:

ECU Health is the sole corporate member.

PCMH Management, Inc.

Form 990, Part VI, Section A, line 7a:

The Board of Directors are elected at the annual meeting of shareholders and consist of no fewer than one (1) member, such member being the CEO of University Health Systems of Eastern Carolina, Inc. (ECU Health), and no more than nine (9) members. Other than the CEO of ECU Health the Board of Directors must be current members of the Board of Directors of ECU Health, or the Board of Trustees of ECU Health Medical Center, at the time of their appointment. Currently, the Chief Executive Officer of ECU Health is the only director.

Form 990, Part VI, Section A, line 8b:

The organization did not have any committees for the fiscal year. Only one board member served during the fiscal year.

Form 990, Part VI, Section B, line 11b: The Board Member is provided a copy of the return for review prior to filing. The return is also reviewed by the Chief Financial Officer, Chief General Counsel and the Chief Audit and Compliance Officer of University Health Systems of Eastern Carolina, Inc. (D.B.A. ECU Health) prior to filing with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

 As described in the Conflict of Interest policy maintained by ECU Health,

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

 132211 11-11-21

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization PCMH Management, Inc.	Employer identification number 56-1690740
all Officers, Board Members and Key Employees are required	l to complete a
yearly comprehensive conflict of interest questionnaire. T	hese are reviewed
by legal counsel and any potential or actual conflicts are	brought to the
Board for disposition. Board Members are instructed to rep	oort any potential
conflicts arising during the year for review. Board Member	s are required to
recuse themselves from voting on issues in which they are	deemed to have a
conflict.	
Form 990, Part VI, Section B, Line 15:	
The compensation is determined by the Compensation and Ben	efits Committee
of the ECU Health Board using comparative data from like o	organizations and
input from consultants. All compensation discussions and	actions are
documented and approved in the minutes of the Committee.	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, conflict o	of interest
policy, and financial statements available to the public u	pon request for
the same period of disclosure as set forth in IRC Section	6104(d).
Form 990, Part IX, Line 11g, Other Fees:	
Contracted Services	998,274.
Total Other Fees on Form 990, Part IX, line 11g, Col A	998,274.
Form 990, Part XI, line 9, Changes in Net Assets:	
Transfer of net assets	-2,336,703.
Form 990, Part XII, Line 2c:	
The process has not changed from the prior year.	
132212 11-11-21	Schedule O (Form 990) 2021

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me of the organization		Employer identification num
PCMH Management,	Inc.	56-1690740
		Schedule O (Form 990)

132161 11-17-21 LHA

## **Related Organizations and Unrelated Partnerships**

► Co answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

SCHEDULE R (Form 990)

PCMH Management, Inc.

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	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				
	-				
	-				
	-				

#### 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 Part II 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	<b>(f)</b> Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
University Health Systems of Eastern							
Carolina D/B/A ECU Health - 56-2141073, 2100				Line 12c,			
Stantonsburg Road, Greenville, NC 27835	Healthcare	North Carolina	501(c)(3)	III-FI	n/a		Х
Pitt County Memorial Hospital, Inc. D/B/A							
ECU Health Medical Center - 56-058, 2100							
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		х
East Carolina Health, Inc D/B/A ECU Health							
Community Hospitals Group - 91-19, 2100	1						
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		х
Vidant Medical Group, LLC. D/B/A ECU Health							
Physicians - 38-3740839, 2100 Stantonsburg	7						1
Road, Greenville, NC 27835	Healthcare	North Carolina	501(c)(3)	Line 10	ECU Health		х

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

See Part VII for Continuations

Schedule R (Form 990) 2021

OMB No. 1545-0047

2021 **Open to Public** 

Employer identification number

56-1690740

Inspection

		U U
omplete	if the	organization

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> 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	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled ization?
				501(c)(3))		Yes	No
HealthAccess, Inc 56-1396133	_						
2100 Stantonsburg Road	_						
Greenville, NC 27835	Healthcare	North Carolina	501(c)(3)	Line 12b, II	ECU Health		X
The Outer Banks Hospital, Inc 56-2112733	_						
2100 Stantonsburg Road					East Carolina		
Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Health		Х
East Carolina Health-Bertie D/B/A ECU Health	_						
Bertie Hospital - 56-2072002, 2100							
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		Х
East Carolina Health-Chowan D/B/A ECU Health							
Chowan Hospital - 56-2101090, 2100							
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		Х
East Carolina Health-Heritage D/B/A ECU							
Health Edgecombe Hospital - 56-20937, 2100							
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		х
East Carolina Health-Beaufort D/B/A ECU							
Health Beaufort Hospital - 45-243627, 2100							
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		х
Duplin General Hospital D/B/A ECU Health							
Duplin Hospital - 56-6011594, 2100							
Stantonsburg Road, Greenville, NC 27835		North Carolina	501(c)(3)	Line 3	ECU Health		х
East Carolina Health, Inc. D/B/A ECU Health							
Roanoke-Chowan Hospital - 26-463, 2100	-						
Stantonsburg Road, Greenville, NC 27835		North Carolina	501(c)(3)	Line 3	ECU Health		х
Access East, Inc 56-1949493							<u> </u>
2410 Stantonsburg Rd., Stanton Square	-						
Greenville NC 27834		North Carolina	501(c)(3)	Line 10	ECU Health		х
Halifax Regional Medical Center, Inc. D/B/A							
ECU Health North Hospital - 56-0, 2100	-						
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		х
Roanoke Valley Health Services - 56-1925492	-						<u>  </u>
2100 Stantonsburg Road							
Greenville, NC 27835		North Carolina	501(c)(3)	Line 3	ECU Health		x
	-1						

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.

	······································												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Direct controlling entity exclu	Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income	Share of total income		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule		or Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10		
										+			

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) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) 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	l contr	<b>i)</b> b)(13) rolled ity?	
		country)						Yes	No	
								$\square$		

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
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		Х		
	Gift, grant, or capital contribution to related organization(s)	1b	X			
	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		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		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X		
o	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		Х		
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)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

### Schedule R (Form 990) 2021 PCMH Management, Inc.

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	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(r org Yes	e) all rs sec. c)(3) s.? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne <b>Yes</b>	al or Pe jing er? 0	<b>(k)</b> ercentage ownership

Schedule R (Form 990) 2021

Schedule R	(Form 990) 2021	PCMH	Management,	Inc.	56-169	0740
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, Address, and EIN of Related Organization:

Pitt County Memorial Hospital, Inc. D/B/A ECU Health

<u>Medical Center</u>

EIN: 56-0585243

2100 Stantonsburg Road

Greenville, NC 27835

Name, Address, and EIN of Related Organization:

East Carolina Health, Inc D/B/A ECU Health Community

Hospitals Group

EIN: 91-1997979

2100 Stantonsburg Road

Greenville, NC 27835

Name, Address, and EIN of Related Organization:

East Carolina Health-Heritage D/B/A ECU Health Edgecombe

Hospital

EIN: 56-2093700

2100 Stantonsburg Road

Greenville, NC 27835

Name, Address, and EIN of Related Organization:

East Carolina Health-Beaufort D/B/A ECU Health Beaufort

Hospital

EIN: 45-2436270

2100 Stantonsburg Road

132165 11-17-21

14280721 797738 3001319499

Schedule R (Form 990) 2021

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Provide additional information for responses to questions on Schedule R. See instructions.

### Greenville, NC 27835

Name, Address, and EIN of Related Organization:

East Carolina Health, Inc. D/B/A ECU Health Roanoke-Chowan

Hospital

EIN: 26-4634725

2100 Stantonsburg Road

Greenville, NC 27835

Name, Address, and EIN of Related Organization:

Halifax Regional Medical Center, Inc. D/B/A ECU Health

North Hospital

EIN: 56-0989789

2100 Stantonsburg Road

Greenville, NC 27835

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